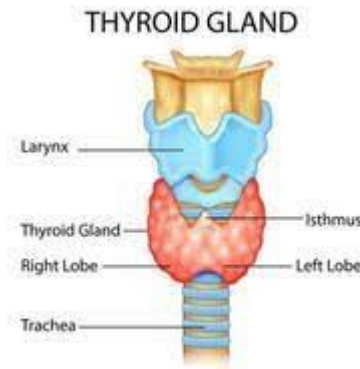


Post-operative instructions: Hemithyroidectomy and Partial Thyroidectomy

Clinical Professor Mark Sywak

T 02 9030 1652
F 02 9030 1655
M 0400 209 039
E marksywak@nebsc.com.au
W sydneyendocrinesurgery.com.au



Clinical Professor Mark Sywak

Performing surgery at all of the locations listed below:

- North Shore Private Hospital
- Mater Private Hospital
- Northern Beaches Hospital
- Royal North Shore Hospital

Clinical Professor Mark Sywak
FRACS

AMA House
Suite 202
Level 2
69 Christie Street
ST LEONARDS 2065

Northern Beaches
Hospital
Suite 15, Level 7
105 Frenches Forest Rd
FRENCHS FOREST 2086

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F 02 9030 1655
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Post-operative instructions: Hemithyroidectomy and Partial Thyroidectomy

Wound care



Your wound will be covered with tape, which should be left in place for about 1-2 weeks. The tape will be removed at your first post-operative visit. You may notice some dried blood under the tape but that is of no concern. You can wash and shower with the tape in place and even get it wet. Once removed or fallen off, the tape needs to be replaced and you will need to change it every 5 or 7 days for the next 2 to 3 months in order to get the best possible cosmetic result. The preferred tape is narrow, flesh coloured Micropore which can be obtained from your chemist.

Activities



You should generally restrict vigorous activities for 1 to 2 weeks after surgery. Activities which involve turning the head suddenly, such as driving, lifting over 10kg from the group and gym workouts.

Local symptoms



A variety of local symptoms are common for several weeks after surgery including tightness, choking or having to force down food. Headaches and tiredness are also common as is weakness of the voice with prolonged use. Swelling of the neck around the wound is also common and may benefit from daily massage with Bio Oil or Vitamin E cream but not to be used within the first 8 weeks post-surgery. Numbness of the skin above the wound may be present and may last for many months.

Late complications



The only delayed complication of concern is wound infection. This may have occurred if the wound becomes very red, hot and more swollen. If that occurs, you must seek attention from your local doctor straight away who will arrange for you to have antibiotics.

Follow-up



Generally, your follow-up will consist of:

1. a visit at 1 or 2 weeks after surgery to have the tape removed and pathology discussed. If you do not have a post-operative appointment, you will need to ring the office to make an appointment; and
2. a second follow-up consult at 3 months if needed.

Country patients



If you are unable to return to Sydney for follow-up, it may be possible for the tape to be changed and for your follow-up to be undertaken by your local doctor. We would need to confirm these arrangements before you leave the hospital.

Calcium supplements



A temporary drop in calcium levels may sometimes occur even after hemithyroidectomy or partial thyroidectomy. The calcium level is checked in hospital and if it is abnormal, you will be sent home on calcium supplements (Caltrate). You will then need to see your local doctor every week after discharge to have a blood test and to have the calcium levels checked. If, at each visit, the calcium level in the blood is normal, then the dose needs to be reduced according to the protocol below. Please give this protocol to your local doctor.

If you have any problems following your thyroid surgery, you should contact Clinical Professor Sywak or your local doctor.

IF YOU HAVE BEEN DISCHARGED ON CALCIUM MEDICATION, PLEASE DETACH THIS PAGE AND GIVE IT TO YOUR DOCTOR ONE WEEK AFTER DISCHARGE.

CLINICAL PROFESSOR SYWAK WILL ADJUST YOUR CALCIUM MEDICATION ON THE FIRST POST-OPERATIVE VISIT.

IF YOU ARE FROM OUT OF SYDNEY, YOU MAY NEED TO VISIT YOUR GP FOR MONITORING. PLEASE GIVE THIS SECTION TO YOUR GP:

Dear Doctor

Your patient has been discharged on calcium supplements following their thyroid surgery. They have been asked to see you on a weekly basis to have their serum calcium level checked and their medication reduced according to the protocol:

On discharge they will normally be on:

☞ 2 Caltrate twice a day.

If calcium is normal at one week reduce to:

☞ 1 Caltrate twice a day.

If calcium is normal the next week reduce to:

☞ 1 Caltrate daily.

If calcium is normal the next week:

☞ Cease Caltrate.

DOCTOR, IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CONTACT CLINICAL PROFESSOR MARK SYWAK AS LISTED OVERLEAF.