

Jeff M Robichaud, Medicine, Professional Corporation Bsc MD FRCSC, DABOto
Assistant Clinical Professor McMaster University
Otolaryngology- Head & Neck Surgery Facial Plastic Surgery

23 Hannover Drive. Unit # 5
St Catharines, ON L2W 1A3
Phone: 905-685-0267 Fax: 905-685-0265
info@niagararhinoplasty.com

Thyroid and Parathyroid Surgery.

Before the operation:

2 weeks before the operation you should not take any ASA. Non-steroidal anti-inflammatory medications such as Motrin, Ibuprofen (Advil), Naproxen or any medications containing these drugs can be taken up to five days preoperatively. Celebrex and Mobicox may be taken up to the day prior to surgery. All herbal medications should also be avoided as they can interfere with normal blood clotting and anesthetic agents. If you take pills for high blood pressure, you should still take them the morning of surgery with sips of water. One of the risks of the surgery is post-operative bleeding which will be less likely if these instructions are adhered to. There are many new blood thinners now being used which each have a different duration of effect. Please make certain you review this with the office, so you are only off them the appropriate amount of time.

The incision generally heals quite well post operatively. If you are prone to prominent scars, you may wish to purchase Skinuva cream from the office which has been shown to significantly reduce post-operative scar formation.

Patients will attend a pre-operative tour at the hospital where blood work and pre-operative testing will be done if any has been ordered. If this is not attended and we are unable to contact you to confirm that you are still going ahead with your surgery, it will be cancelled.

After the Operation:

You will be discharged 1-2 days following the surgery in most cases. Some patients can be discharged home the same day of surgery, but all patients are seen the day following surgery to have any drains removed. Most patients do not require a drain post operatively. After thyroid or parathyroid surgery, you should expect to have some small tapes over the incision to help reduce wound tension and result in a smaller finer scar. You can remove these tapes 5 days after surgery by getting them wet in the bath or shower and peeling them off the neck. The sutures are dissolvable and will not need to be removed. It can be helpful to use Skinuva cream twice a day for 3 months, starting ten days after surgery over the incision to produce optimal healing. You can shower the day you go home but should have a Band-Aid over any drain sites.

If you develop significant swelling over the incision site, redness or difficulty breathing, you

should contact the office or go to the nearest emergency room for treatment. Following parathyroid surgery, you may experience paresthesias, or tingling, in the hands, feet or lips. If this persists you would need to go to the emergency department or contact the office to have your calcium and parathyroid hormone levels checked. Patients can often have these symptoms temporarily from having the calcium level return to normal following surgery. This tingling results from a temporary state of perceived excitement by your nervous system due to the lower level of calcium in your blood and will be temporary.

In a patient who has had a total thyroidectomy, these symptoms need to be addressed by increasing oral calcium intake and possibly Rocaltrol, which is an active form of Vitamin D prescribed by Dr. Robichaud. If you are not on Rocaltrol you need to contact the office or go to the nearest Emergency department to have your calcium level checked. All patients who undergo a total thyroidectomy will have their calcium monitored after surgery to determine if they need to take Rocaltrol and extra calcium when they go home. 15-20% of patients who undergo total thyroidectomy will have temporary loss of function of their parathyroid glands leading to abnormally low calcium levels which must be treated.

All patients should expect to have some neck pain and possibly headache after surgery. This is from the positioning required to perform the procedure. The neck is extended to optimize access to the thyroid or parathyroid glands and identify important nerves and blood vessels during the surgery. This can result in some post operative neck tension and secondary headaches which will resolve over time. You will have appropriate pain medication prescribed to treat your pain as needed. All patients undergoing partial or total thyroidectomy will need to have their thyroid hormone levels, TSH, checked one week and 4-6 weeks after surgery.

Follow up is recommended at 2 weeks following surgery and the time and day is generally provided at the time of discharge. The office can be reached at the number listed above or can also be reached by email at info@niagararhinoplasty.com if you need to reschedule your appointment.