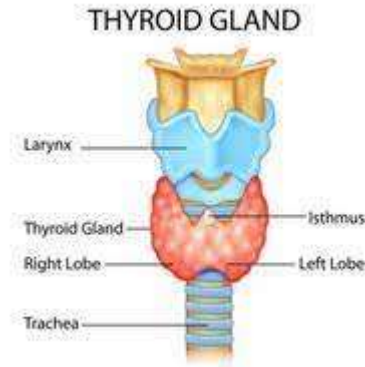


Post-operative instructions: Total Thyroidectomy



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

- T** 02 9030 1652
- F** 02 9030 1655
- M** 0400 209 039
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Post-operative instructions: Total 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 1-2 weeks after surgery to review and discuss results. You will need to ring the office if an appointment has not yet been made. There is no charge for this visit if you were a private patient.
2. a final surgical follow-up consult at 3 months. There is a charge for this visit, partly claimable from Medicare.

In addition you will need to be seen by your GP on a weekly basis to have blood calcium level test, and to have your calcium supplements gradually reduced. You will also need to be reviewed by your GP or endocrinologist at about 6-8 weeks after surgery and have thyroid function tests to check your Thyroxine (Oroxine) dose, which may need to be adjusted. Your GP or endocrinologist may need to see you more frequently for specific review if there are any problems.

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. Please contact us for advice.

Thyroxine medication



You will need to take Thyroxine for life. The initial dose will be checked by your endocrinologist or GP at 6-8 weeks and adjusted if necessary. Thyroxine is best **taken half an hour before breakfast** and **should not** be taken with your calcium supplements which are best taken with meals.

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

Calcium supplements



A temporary drop in calcium levels is very common. The calcium level is checked in hospital and for precautionary measures, you will be sent home on just calcium supplements (Caltrate). If the calcium level is low, you may also be sent home on Vitamin D tablets (Rocaltrol) in addition. You will 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 at right. Please give this protocol to your GP.

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:

If your patient is just on Caltrate tablets:

On discharge they will normally be on:

- Caltrate twice a day.

If calcium is normal at one week reduce to:

- Caltrate twice a day.

If calcium is normal the next week reduce to:

- Caltrate daily.

If calcium is normal the next week:

- Cease Caltrate.

If your patient is just on Caltrate and Rocaltrol:

On discharge they will normally be on:

- Caltrate twice a day and 2 Rocaltrol twice a day.

If calcium is normal at one week reduce to:

- Caltrate twice a day and 1 Rocaltrol twice a day.

If calcium is normal the next week reduce to:

- Caltrate daily and 1 Rocaltrol daily.

If calcium is normal the next week reduce to:

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.