What kinds of surgeries are done at the Rose Thyroid & Parathyroid Center?
The most common types of thyroid surgery include:
1. Removal of one half of the thyroid (lobectomy)
2. Removal of almost all of the thyroid (sub-total thyroidectomy) where only a small amount of thyroid is left behind
3. Removal of all of the thyroid (total thyroidectomy)
4. Lymph node removal for cancer
5. Minimally invasive parathyroid surgery
6. Exploratory parathyroid surgery
7. Re-operative thyroid and parathyroid surgery
8. Others

Why do people need their thyroid gland removed (thyroidectomy)?
The most common reason a person needs part or all of his/her thyroid removed is due to a worrisome mass or nodule. Many times these are biopsied with a small needle (fine needle aspiration, or FNA) and the nodule has been found to be abnormal. The mass may have been found to be a cancer, a nodule highly suspicious for cancer or inconclusive and in need of further testing. In these instances, surgery is usually the next step.

In some cases, a person may need his/her thyroid removed due to its extreme size (goiter), nodules that are benign but otherwise causing bothersome symptoms (due to their size or over-functioning) or as a treatment for difficult-to-control hyperthyroidism.

Why do people need their parathyroid glands removed?
Parathyroid surgery is done when one or more of the parathyroid glands have become enlarged and are making too much parathyroid hormone (PTH). Too much PTH leads to high blood calcium levels known as hypercalcemia. Most often, only one of the parathyroid glands is enlarged, known as parathyroid adenoma, which is a benign growth, not cancerous. In some patients, benign enlargements occur in more than one parathyroid gland at the same time, which is a condition known as parathyroid hyperplasia.
Which surgery is the right one for me?
The surgery that is right for your circumstances will be determined after a consultation with your surgeon. When the surgery is being done for cancer, it will frequently also involve removal of lymph nodes in the areas around the thyroid gland. Most thyroid surgery is accomplished through a small incision on your lower neck.

What are the risks of thyroid/parathyroid surgery?
In addition to the usual risks of any surgery, there are three main risks associated with thyroid surgery, all of which are rather uncommon.
1. Injury to the nerves (recurrent laryngeal and superior laryngeal nerves) that control vocal cords. These course right behind the thyroid gland. This could result in hoarseness, inability to sing high notes and in unusual and extreme cases and/or difficulty with breathing.
2. Injury to your parathyroid glands, which are responsible for regulating calcium levels in the body. This can result in temporary or permanent problems with low calcium levels.
3. Bleeding. This is a rare but serious problem because it can cause difficulty with breathing due to the fact that the patient’s trachea (windpipe) lies right below the thyroid gland and significant bleeding can compress the trachea.
4. Change in pathology results or a disease reoccurrence that may necessitate additional procedures or surgery

What do I need to do to prepare for surgery?
Depending on the your age and other health issues, you may need very little further workup or you might be asked to complete blood tests, EKGs, among other tests to be sure you are safe for surgery. As with all surgery, patients must stop eating or drinking after midnight the day before the surgery so they are sure to have an empty stomach during the surgery.

Depending on the reason for surgery (such as certain kinds of cancers) and/or your family history, you may need a more extensive workup to look for other kinds of tumors that can be found in certain conditions. For example, if you have some preexisting hoarseness in your voice, you may need to have a formal evaluation of your vocal cords prior to any thyroid surgery. Speak with your physician about any preexisting conditions.
What can I expect the day of surgery?
You will present to the preoperative check-in several hours before the surgery. Any remaining hospital paperwork will be completed, an IV will be started and you will see your surgeon, the operating room staff and anesthesiologist. The length of the surgery varies depending on the surgical need; it can last as little as one hour to several hours. From the operating room, you will be transported to the recovery room where you will be watched closely after the surgery. Once you are stable and fully awake, you will most likely be moved to a regular hospital room and if all goes well, discharged the next day. In general, the incision used for thyroid or parathyroid surgery is not terribly painful and any discomfort is usually effectively treated with mild oral painkillers. You may experience a sore throat that should subside fairly quickly. Your diet is generally unrestricted.

What is life like after thyroid surgery?
Once you are home, normal activities can be resumed. In general, most surgeons allow showers to resume 24 hours after surgery and prefer that you participate in no strenuous activities for 10-14 days. However, please be sure to ask about and follow your surgeon’s discharge instructions and particular restrictions carefully and keep any requested follow up appointments.

Once fully recovered from surgery, you should be able to live life without any restrictions. Depending on your surgery, you may need to take thyroid hormones to replace the thyroid function you lost or extra calcium. This is particularly true if you underwent a subtotal or total thyroidectomy. If you will need radioactive iodine after the surgery (see Thyroid Cancer pdf), you will likely not start thyroid replacement until after you have completed this treatment.