Driving

You can drive as soon as you can make an emergency stop and look around in all directions without hurting your neck i.e. after about 2 weeks.

What about sex?

You can restart sexual relations within 2 or 3 weeks when the wound is comfortable enough.

Work

You should be able to return to a light job after about 2 weeks and any heavy job within 4 weeks.

Complications

Complications are unusual but are rapidly recognised and dealt with by the nursing and surgical staff. If you think that all is not well, please ask the nurses and doctors. Occasionally the wound swells due to a build up of blood in the neck in the 24 hours after operation. Rarely the wound needs to be re-examined in the operating theatre.

If the gland is very large then the voice may be a little hoarse after the operation due to pulling on the nerves to the voice box. A rare complication is damage to the vocal chord nerve resulting in permanent hoarseness. If both sides of the thyroid are being removed it is very remotely possible the rarest complication of permanent damage to both vocal chord nerves may occur. Discuss any further concerns in this regard with the surgeon.

Rarely tingling in the fingers or lips is felt after the operation due to an affect on the parathyroid glands in the neck. Checks on this and on your thyroid may be needed in the months following operation.

Chest infections may arise, particularly in smokers. Co- operation with the physiotherapists to clear the air passages is important in preventing the condition. Do not smoke. Wound infection is a rare problem and settles down with appropriate treatment. Aches and twinges may be felt in the wound for up to 6 months. Occasionally there are numb patches in the skin around the wound, which get better after 2 to 3 months.

General advice

The operation is well tolerated. Some patients, however, are surprised that they recover more slowly than expected but you should be back doing your normal duties within a month. If you have any problems or queries, please ask the nurses or doctors.

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THYROID

What is a thyroid?

The thyroid is an H-shaped gland that lies just in front of the windpipe in the neck. It is about 8 cms across. It makes a hormone using iodine, which passes into the blood stream and keeps the body active. Sometimes the gland produces too much hormone making the body overactive. Sometimes the gland swells, pressing on the windpipe and other parts of the neck. Sometime a lump grows in the thyroid, which needs to be removed.

What does the operation consist of?

A cut is made across the front of the neck in a skin crease. Part of the thyroid gland is removed. The cut in the skin is then closed up.

WHAT HAPPENS BEFORE THE OPERATION?

Reception

When registering at reception your medical aid details will be required. Your medical aid may require that you obtain an authority number from them for the hospital. Please check this. If you are not on a member of a medical aid you will be required to pay a deposit or to sign an indemnity form. As far as possible we will try to advise you about hospital costs before your admission.

Welcome to the ward

You will be welcomed to the ward by the nurses or the receptionist and will have your details checked. Some basic tests will be done such as pulse, temperature, blood pressure and urine examination. You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings. The surgeon will have explained the operation and you will be asked to sign your consent for the operation. If you are not clear about any part of the operation then read this again and then ask for more details from the surgeon or from the nurses.

Visit by the anaesthetist.

The anaesthetist who will be giving your anaesthetic will interview and examine you. He will be especially interested in chest troubles, dental treatment and any previous anaesthetics you have had. He may want to use a spinal or epidural anaesthetic. This helps with pain control after the operation. He will talk to you about this

Diet.

You will have your usual diet until 6 hours before the operation when you will be asked to take nothing by mouth. This will let your stomach empty to prevent vomiting during the operation.

Timing of the operation.

The timing of your operation is pre-arranged so that the nurses will tell you when to expect to go to the operating theatre. Do not be surprised, however, if there are changes to the exact timing.

Transfer to theatre.

You will be taken on a trolley to the operating suite by the staff. You will be wearing a cotton gown, rings will be fastened with tape and removable dentures will be left on the ward. There will be several checks on your details on the way to the operating theatre where your anaesthetic will begin.

The operation is then performed.

WHAT HAPPENS AFTER THE OPERATION.

Coming round after the anaesthetic

Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward. Some patients feel a bit sick for up to 24 hours after operation, but this passes. You will be given some treatment for sickness if necessary. You will have a drip tube in an arm vein. There will be a fine plastic tube coming out near the skin wound, connected to a plastic suction container. You will have a dressing on the wound. You may be given oxygen from a facemask for a few hours if you have had chest problems in the past.

Will it hurt?

The wound is uncomfortable and you will have discomfort in your neck. Swallowing may be uncomfortable. You will be given injections or pills for the pain. Ask for more if the pain is unpleasant. You will be expected to get out of bed the day after operation despite the discomfort. You will not do the wound any harm, and the exercise is very helpful for you. The second day after operation you should be able to spend a few hours out of bed. By the end of 3 days you should have little pain.

Drinking and eating

You should be able to eat and drink the day after operation provided you are not feeling sick. Then the arm drip is then removed.

Opening bowels

It is quite normal for the bowels not to open for a day or so after operation. If you have not opened your bowels after 2 days and you feel uncomfortable ask the nurses for a laxative.

Passing urine

It is important that you pass urine and empty your bladder within 6-12 hours of the operation. If you find using a bedpan or a bottle difficult, the nurses will assist you to a commode or the toilet. If you still cannot pass urine let the nurses know and then steps will be taken to correct the problem.

Sleeping

You will be offered painkillers rather than sleeping pills to help you to sleep. If you cannot sleep despite the painkillers please let the nurses know.

The wound and stitches

The wound has a dressing, which may show some staining with old blood in the first 24 hours. A thin plastic drain tube is removed when it stops draining - usually after 24 hours. There may be some purple bruising around the wound which spreads downwards by gravity and fades to a yellow colour after 2 to 3 days. It is not important. There may be some swelling of the surrounding skin, which also improves in 2 to 3 days. There are self-dissolving stitches or staples in the skin which are removed 3 days after the operation.

Washing

You can wash the wound as soon as the stitches or staples have been removed after about 5 days. Soap and tap water are entirely adequate. Salted water is not necessary.

How long in hospital?

Plan to go home 1-3 days after your operation. Before you leave hospital you will be given an appointment for a check up visit one month after your operation.

Sick notes

Please ask the doctor for sick notes, certificates etc.

After you leave hospital

You are likely to feel tired and need rests 2 to 3 times a day for a few days. You will gradually improve so that by the time 2 3 weeks has passed you will be ale to return completely to your usual level of activity.