THYROID/PARATHYROID SURGERY POSTOPERATIVE INSTRUCTIONS

CARE OF THE INCISION
*Your incision will be covered with gauze dressing and sealed with tegaderm (like sticky saran wrap.) The dressing can be removed after 48 hours. Under the dressing you will find several thin paper tapes (steri-strips) covering the incision. The steri-strips should be left in place. The stitches are beneath the skin and will dissolve. You may shower after the dressing is removed if you do not have a drain.

or
*Topical Skin Adhesive may be used over your incision instead of the paper steri-strips. It is a sterile liquid skin adhesive that holds the wound edges together. The film will usually remain in place for 5 – 10 days then naturally fall off your skin. Do not scratch, rub, or pick at the adhesive skin film. This may loosen the film before your wound is healed. If you are required to place a dressing over the incision, do not place tape over the skin adhesive since this may remove the skin adhesive.

Do not scrub the incisions. Just let the water run over them and then gently pat the areas dry. Do not submerge the incisions for 1 week (no baths, hot tubs, or swimming pools) or as directed by your physician.

DRAIN CARE – If you are having a total thyroidectomy performed, you may have a drain placed at the time of your surgery. You will be instructed on how to empty your drain and measure & record the amount of drainage before you are discharged from the hospital. The drain will need to be emptied one or two times a day depending upon the amount of drainage. If the drainage should become cloudy or looks like pus, please call the office as this could indicate infection. The drain will be removed in the office when the drainage amount decreases to 20 cc a day or less. While the drain is in place, you will find that it is easiest to wear loose fitting shirts that button down the front. You should not shower until the drain is removed. You may sponge bathe with the drain in place.

COMFORT MEASURES – You may feel tired and have some discomfort for a few days to a few weeks. The area around the neck incision may be bruised, swollen or sore. Use an ice pack or bag of frozen peas on the incision 20 minutes every hour for the first 3 days to minimize swelling. Try to keep your head slightly elevated when sleeping to prevent swelling. Use 1 or 2 pillows when sleeping or try sleeping in a recliner if you have one.

PAIN CONTROL - You will receive a prescription for narcotic pain medication to use following your surgery. Ibuprofen (Motrin, Advil) taken three times a day with food can help the prescription pain medication work more effectively. You may taper the pain medication as necessary. Ibuprofen or Tylenol may eventually be sufficient to control any discomfort.
FOLLOW-UP OFFICE VISIT – You need to be seen in the office approximately two to three weeks after your surgery. The date and time of this appointment will be included in the surgical paperwork that is mailed to you. You will be seen sooner if you have a drain.

PATHOLOGY RESULTS – Information about your pathology will usually be available five to seven business days after your operation. You will be called at home with the results, usually in the evening.

SUPPLEMENTAL MEDICATION –
Calcium Supplement - You may be asked to take a calcium supplement for a short period of time following your surgery. Please take 2 calcium tablets (Tums or Oscal+D) 4 times daily. If you experience tingling in your lips, hands or feet take an additional 2 tablets of calcium and contact the office.

Thyroid Hormone Replacement - After surgery, you may need to take thyroid hormone replacement medication (synthroid, levoxyl, levothyroxine.) If this is needed, a prescription as well as instructions as to when to begin the medication will be provided. As a general rule, you should not take any calcium (or dairy products) within 2 hours of your Thyroid replacement hormone. Taking calcium with a thyroid replacement hormone can affect the absorption of calcium.

ACTIVITY/RETURN TO WORK - Limit your activities after surgery to what is comfortable for you. Don’t do any heavy lifting or exercise for two weeks. Refrain from any activity that causes pain. Do not wear clothing that is tight or restrictive around the neck. You may turn your head. Holding yourself stiff at the shoulders and neck may actually increase your discomfort. After approximately a week, begin to stretch your neck in all directions. Most patients are able to return to work 2 to 4 weeks after surgery.

DRIVING – You may drive when you are not using any prescription pain medication and when you can turn your head to each side. Start with short trips first.

WHEN TO CALL THE OFFICE – Please contact the office if you experience tingling or numbness in the lips, hands or feet, difficulty breathing, or difficulty swallowing. Do not hesitate to call the office if you develop a fever (temperature greater than 101), shaking chills, bleeding or drainage from your incision, increased swelling around your incision, redness around your incision, persistent or increased pain, or with any other problem that concerns you.

DIET – Following surgery, eat a diet consisting of soft foods and drink plenty of liquids.

CONSTIPATION – All pain medication has the potential to cause constipation. Increasing your fiber (fruits, vegetables, bran, etc) and fluid intake will help to avoid this problem. If more than 24 hours have passed without having a bowel movement, you may use Milk of Magnesia as directed.