

Calcium supplements:

A temporary drop in calcium levels is very common after total thyroidectomy. The calcium level is checked in hospital and if it is normal, you will be sent home just on calcium supplements (Caltrate). If the calcium level is low, you may also be sent home on vitamin D tablets (Calcitriol) as well as Caltrate. 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 attached protocol that needs to be given to your local doctor.

Constipation:

The combination of pain medication and calcium supplements can sometimes cause constipation, abdominal bloating and/or crampy abdominal pains. It is important to drink adequate fluids and it may be necessary to take aperient (laxative) medication from your chemist to ensure your bowels function regularly

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Postoperative Instructions

TOTAL THYROIDECTOMY



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MONASH University
Endocrine Surgery Unit

TOTAL THYROIDECTOMY

Wound Care:

Your wound will be covered with tape, which should be left in place for about 2 weeks. The tape will be removed at your first postoperative 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, you can shower with the wound exposed. The tape can then be replaced each day for 4-6 weeks after surgery in order to get the best possible cosmetic result. The preferred tape is ½ inch, flesh coloured Micropore tape which can be obtained from your chemist. Once finished with taping, massaging vitamin E moisturiser cream into the wound will help soften the wound and improve healing.

Activities:

You should generally restrict vigorous activities for 1-2 weeks after surgery. There are no particular restrictions on lifting or general activities, common sense should guide you on returning to regular activities. Swimming should be avoided for at least 2 weeks after surgery. You can return to work and driving a car when you are moving freely and not requiring any pain medication.

Local symptoms:

A variety of local symptoms are common for several weeks after surgery including:

General tiredness. Tightness and swelling around the wound. A choking sensation and difficulty swallowing. Numbness of the skin above the wound.

Weakness of the voice with prolonged use.

Headaches and neck stiffness (gentle neck exercises will help with this).

Constipation (especially if you are using stronger pain medication) and aperients (laxatives) may be needed if your bowels are not moving.

Occasionally a symptom may last for several months.

Late complications:

The only delayed complication of concern is wound infection. This may have occurred if the wound becomes very red, hot, painful and more swollen. You may or may not develop a fever. If this occurs, you must seek attention from your surgeon or your local doctor straight away to review the wound and arrange for you to have antibiotics.

Follow-up:

Generally, your follow-up will consist of:

- Weekly visits to the GP for calcium checks and weaning of calcium supplements (see over leaf)
- Surgical review 2-3 weeks after surgery to check your wound, review the pathology and check your overall progress. If an appointment was not provided on discharge, please contact our rooms.
- Review with your surgeon or endocrinologist 6 weeks after surgery to check your thyroid levels
- A final surgical check-up at 3 months

Country patients:

If you are unable to return to Melbourne 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. We would need to confirm these arrangements before you leave hospital.

Thyroxine medication:

You will need to take thyroxine (Oroxine / Eutroxig / Eltroxin) for life. The initial dose will be checked 6 weeks after surgery 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.

Please detach this form and give it to your doctor one week after discharge.

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 2 tablets, twice daily

If calcium is >2.0mmol/L at one week, reduce to:

Caltrate 1 tablet, twice daily

If calcium is >2.0mmol/L the next week, reduce to:

Caltrate 1 tablet daily

If calcium is normal the next week:

Cease Caltrate

If your patient is on Caltrate + Calcitriol tablets

On discharge they will normally be on:

Caltrate 2 tablets, three times daily and Calcitriol 2 tablets, twice daily

If calcium is >2.0mmol/L at one week, reduce to:

Caltrate 2 twice daily and Calcitriol 1 twice daily

If calcium is >2.0mmol/L the next week, reduce to:

Caltrate 1 twice daily and Calcitriol 1 daily

If calcium is >2.0mmol/L the next week, reduce to:

Caltrate 1 daily

If calcium is normal the next week:

Cease Caltrate

If you have any questions or concerns, please contact Mr Grodski as listed overleaf.

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