

Mr Simon Grodski

Postoperative Instructions

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**MINIMAL ACCESS
THYROID SURGERY**



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MONASH University
Endocrine Surgery Unit

MINIMAL ACCESS THYROID SURGERY

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.

Activities:

There are no real restrictions on activities after minimally invasive thyroid surgery. Commonsense is the best way to avoid straining your neck.

Local symptoms:

A variety of local symptoms are common for several weeks after surgery including tightness, swelling of the local area around the wound, choking, or having to force down food. Weakness of the voice with prolonged use may also occur. Occasionally a symptom may last for 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

- A visit at 2 to 3 weeks to have the tape removed. You will need to ring the office to make an appointment for that visit.
- A final surgical check up at 3 months

In addition, you will also need to be reviewed by your local doctor or endocrinologist at around 6 weeks and have thyroid function tests to check the function of your remaining thyroid. Your local doctor 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 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.

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