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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 killer 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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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:

You should generally restrict vigorous activities for 1 or 2 weeks after surgery. Activities, which involve turning the head suddenly, such as driving in heavy traffic, should be avoided. 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, choking, or having to force down food. Headaches and tiredness are also common as is weakness of the voice with prolonged use. Occasionally a symptom may last for months. Swelling of the neck around the wound is also common and may benefit from daily massage with Vitamin E cream. Numbness of the skin above the wound may be present and may last for many 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 need to be seen by your local doctor on a weekly basis to have a blood test to check your calcium level, and to have your calcium supplements progressively reduced (see "Calcium supplements" below). You will also need to be reviewed by your local doctor or endocrinologist at around 6 weeks and have thyroid function tests to check your thyroxine dose, which may need to be adjusted (see "Thyroxine medication" below). 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.

Thyroxine medication:

You will need to take thyroxine (Oroxine / Eutroxig) for life. The initial dose will be checked by your endocrinologist at 6 weeks 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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