



EAR, NOSE & THROAT PLASTIC SURGERY CENTER

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Risks and Complications of Surgery

Thyroidectomy

VOICE PROBLEMS: The nerve to the vocal cords runs just behind the thyroid. We identify this nerve and remove the thyroid gland from the nerve. There is a very small risk of injury to the nerve. If the nerve is injured, the voice may be affected.

INFECTION: Very rarely the surgical site can become infected, or collect fluid post-operatively. Usually this is easily treated with antibiotics and/or drainage, but can delay healing.

BLEEDING: Bleeding can occur after any surgical procedure but it is very rare. Serious bleeding may require return to the operating room or possibly transfusions.

FURTHER SURGERY: Occasionally, if cancer is found more surgery to completely eliminate may be necessary. Consultations with cancer specialists will be arranged if needed.

SCARRING: All neck surgeries result in some degree of scarring. We make every effort to hide the scar in a cosmetically pleasing fashion. Rarely, undesirable scarring may occur but can often be treated.

NEED TO TAKE THYROID HORMONE: In some cases after thyroid surgery, we will recommend that you take thyroid hormone to replace your natural hormone. Generally, you will have to take this all of your life.

CALCIUM DISTURBANCES: If the entire thyroid is removed, the parathyroid glands may not work. These glands regulate body calcium, possibly for the rest of your life. Regulation of calcium is a problem, but once it is regulated, the need to take calcium and vitamin D is not too much of a problem.

ANESTHESIA COMPLICATION: These are rare, but may be serious. You may discuss questions with the anesthesiologist.

Post-operative Instructions Thyroidectomy

We hope these written instructions will be easy for you to refer to.

What to expect: Your neck will be sore. Occasionally, you will have a sore throat, and be slightly hoarse for a short period after the surgery; this will usually pass quickly.

Activity: You will be kept in the hospital after the surgery usually over night. When you go home, you should try to keep you incision dry for at least 48 hours. Rest with you head slightly elevated. No heavy lifting greater than 25 pounds for about three weeks.

Diet: No restrictions

Medications: Take any regular medications as you usually do. We will provide pain medications and antibiotics as appropriate. Apply Neosporin Ointment to the incision 2 to 3 times per day.

Dressing: Usually, a dressing is not necessary.

Follow-up: Please come in as directed after surgery. This will usually within one week.

Special Problems: We will not release you from the hospital until you are surgically stable. If you have any muscle cramping or persistent twitching, significant neck swelling or difficulty swallowing please call your surgeon.

- **We cannot predict everything which might go wrong after your operation. If you have any special problems or questions which have not been addressed, please call (678) 838 – 3903.**

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MEDICATIONS TO AVOID

Due to bleeding problems encountered during surgery, please make sure that patients scheduled for surgery discontinue taking any of the following medications or any that are related to them for **TWO WEEKS BEFORE AND AFTER SURGERY.**

SALICYLATES

Aspirin
Bufferin
Anacin
Alka Seltzer
Easorin
Zorprin
Ascriptin
Ecotrin

IBUPROFEN

Motrin
Advil
Nuprin
Rufen
Medipren

OTHERS

Naprosyn
Persantine
Coumadin
Clinoril
Indocin
Ticlid
Toradol
Tolectin
Nalfon
Feldene
Norgesic
Voltaren

Medications containing acetaminophen such as Tylenol are acceptable.