

Thyroid surgery: your recovery journey

Information for patients

You are going to have surgery to remove part of or all of your thyroid and we want to ensure you recover from your operation as quickly and as well as possible.

This booklet explains what happens after your operation and what you can do to help your recovery. Everyone gets over surgery in different ways so not all of the advice in this booklet will be suitable for you.

If you have any questions or concerns, please do not hesitate to speak to any member of the team caring for you. They will help you to make the right decisions for a safe and fast recovery.

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

If we don't ask these questions, then please ask us to check. Ensuring your safety is our primary concern.

www.kch.nhs.uk

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Diet and swallowing

Following your surgery, you will be cared for on a post-surgical ward. The ward nursing staff will let you know when you can start eating and drinking again. This may be as early as an hour after surgery, depending on how quickly you get back your ability to swallow after the anaesthetic used during your operation begins to wear off.

- You may find it hard to swallow at first, so start by drinking liquids and then eating soft foods such as pudding, yogurt, scrambled eggs and mashed potatoes. Avoid eating hard or scratchy foods such as crisps or raw crunchy vegetables. You can also take pain relief.
- You can eat whatever you like after surgery, though we would advise you have a healthy balanced diet to help ensure you have all the nutrients you need for healing.
- Your bowel movements might not be regular immediately after your surgery and you may have some constipation. This is common. You can ease constipation by eating high-fibre foods and drinking plenty of fluids to help make your stools softer. If you remain constipated, ask your pharmacist or GP for a laxative.

Medication

Total thyroidectomy (whole of your thyroid removed)

- **Levothyroxine:** If you have your whole thyroid removed, we will give you at least two weeks supply of a thyroid hormone replacement medicine called levothyroxine when you are discharged home. You will need to keep taking this medication for the rest of your life.
 - ➤ Take levothyroxine on an empty stomach and at least **30** minutes before breakfast.
 - ➤ Do not take levothyroxine together with calcium and zinc wait for at least **four hours** before taking these supplements.
 - ➤ Please contact your GP for a repeat prescription one week after discharge.
- Calcium and vitamin D: We may give you a short course of calcium and vitamin D supplements when you go home, usually one to two weeks supply. This is to prevent the symptoms of low calcium developing after surgery, allowing your parathyroid glands time to recover so that your calcium level is maintained naturally. You do not need to keep taking these supplements once you have used all the tablets we have given you unless you have been instructed to do so by the surgical team or you develop symptoms of low calcium level, including:
 - ➤ Tingling or numbness in your fingertips, toes and lips
 - ➤ Twitching facial muscles
 - ➤ Muscle pains or cramps, particularly in your legs and feet
 - ➤ Mood changes, such as feeling irritable, anxious or depressed
 - ➤Dry, rough skin
- Fingernails that break easily or coarse hair that may fall out Please contact your surgeon, CNS (see page 14) or call 111 if these symptoms develop.

Hemithyroidectomy (part of your thyroid removed)

If you have part of your thyroid removed you may not require any new medication when you are discharged home.

Caring for your wound and scar

Wound care

- Your wound will be covered with special skin glue.
- You can shower with soap the day after surgery. Pat the area dry

 do not rub. The glue will start to dissolve and will come away
 slowly over a two week period.
- Do not bathe or swim or do any other activity where your wound is put completely under water for at least two weeks or until your surgeon says it is safe to do so.

Signs of healing

- **Swelling up to six days:** The area around your wound might look a little red and swollen and feel warm for up to six days after your operation. This is because fresh blood is bringing more oxygen and nutrients to your wound. You might see clear fluid in or around your wound and this means white blood cells are working on defending and rebuilding.
- Rebuilding up to a month: You might notice a fresh, raised, red scar forming over the wound for up to a month after surgery. It is also normal to see some new red bumps inside your shrinking wound.
- **Remodelling up to a year:** The first scab over your wound will fall off. The area might feel itchy or tight. During the year after your surgery the scar will gradually change from looking thick and red to thinner and flatter and more your usual skin colour.

Signs of Infection

- Fever temperature of 38°C or more.
- Increased pain around your wound.
- Increased redness, swelling or warmth around your wound.
- Discoloured and/or foul-smelling discharge from your wound. If you are experiencing any signs of infection please contact your surgeon, CNS (see page 14), GP or call 111 for advice.

Scar care

- **Massage:** You can help flatten the scar tissue by starting to massage the area around your wound as soon as you have no pain after surgery.
 - ➤ Using your fingertips, gently rub in a circular motion with steady pressure along the entire length of your scar.
 - ➤ Massage for about five minutes, two times a day.
 - ➤ After two weeks you can massage using unscented moisturising cream or oil.
- **Sunscreen:** Using sunscreen on your scar will help to prevent sunburn. If it does get sunburnt, it may look redder for longer. Use sunscreens that contain zinc oxide, or titanium dioxide rather than chemical sunscreens, because these are less likely to irritate the area.

Neck and shoulders exercises

To start the healing process and prevent neck stiffness you can start doing gentle neck and shoulders exercises as early as the day after your surgery, as long as your wound is closed by stitches inside and glue outside.

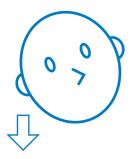
Try to do these exercises two times a day, for three months, even if you have regained full movement and strength.

When you first start doing them, you can take painkillers 30 minutes before you start to ensure you are comfortable and do not have any pain.

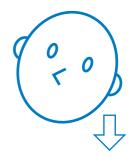
Neck exercises

1. Ear to shoulder

- Slowly tip your head to the right until you feel the stretch. Hold it here for three to five seconds.
- Slowly move your head back up to the centre, then tip it to the left and hold it here for three to five seconds.
- Do this five to ten times on each side.







2. Side to side

- Slowly turn your head and look over your right shoulder until you feel the stretch. Hold it here for three to five seconds.
- Slowly turn your head back to the centre, then turn it and look over your left shoulder until you feel the stretch. Hold it here for three to five seconds.
- Do this five to ten times on each side.



3. Up and down

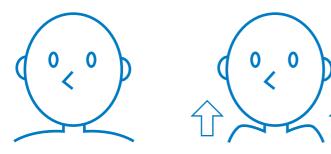
- Slowly move your chin down towards your chest. Hold it here for three to five seconds, then move it back upright.
- Slowly move your head back as far as it will go until you feel the stretch. Hold it here for three to five seconds if you can.
- Do this five to ten times, forwards and back.



Shoulder exercises

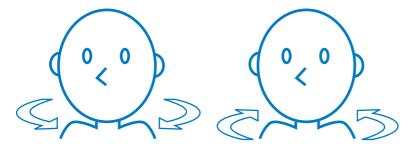
1. Shrugging shoulders

- Slowly move both of your shoulders up and then down again, together at the same speed.
- Do this five to ten times.



2. Rotating shoulders

- Slowly roll both of your shoulders forwards and then backwards, together at the same speed.
- Do this five to ten times.



Activity

On the ward

On the day of your surgery, we will encourage you to get up and walk soon after you have come round from the anaesthesia, as long as it is safe for you to do so. You can also get dressed and have a wash.

At home

Start by doing some light activities when you first get home, such as getting up and down from your chair and a little cooking. Avoid lying in bed or sitting on the sofa all day.

- **Weeks one two:** gradually start some light activities such as walking and jogging for 15-30 minutes at a time. Avoid lifting anything heavier than a kettle or carrying heavy shopping bags.
- Weeks two four: Gradually start to build up your activities and do them for longer. You can also start doing heavier tasks as long as what you pick up weighs less than 5 kg (11lb). Avoid standing up for long periods and do not overdo it.
- Weeks four six: Gradually return to your normal activities.

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Going back to work

You will need to take time off work to recover from your operation. When you can go back to work depends on how well your surgery went, how well you heal and the type of job you do.

- It is usually reasonable to return to work two weeks after surgery.
- If your job involves a lot of heavy lifting, standing up or walking for long periods, you may need to take longer off work.

Please ask your surgeon to give you a fit note before you are discharged home from hospital. If you need another fit note, please discuss this with your GP to work out the best time for you to go back to work.

Driving

Do not drive for at least **two weeks** following your surgery. After this time, you can start driving if:

- your pain relief is **not** making you feel drowsy
- you can turn your head to look in the blind spot without having any neck pain or stiffness
- you are comfortable holding your arms to the steering wheel for a period of time.

Smoking

Smoking affects your circulation and breathing.

Stopping smoking will help your wound to heal faster and better. It will also help you to recover from your operation faster and better.

Your recovery journey

Days after surgery	Expected Surgical Outcomes	Expected Activites	Back to work/ drive?
0-3	 Area around your wound looks a little red, swollen and feels warm. Difficult to swallow solid foods Voice a little husky A little weak from the anaesthesia. Small drain tube attached to your wound to stop fluid from building up. 	 Eat and drink as soon as an hour after surgery. Pain relief if required. Wound to be checked by nurses and doctors. Six to eight hours after surgery begin to mobilise around the ward. Blood tests prior to discharge. Drain to be removed prior to discharge. Request a fit note before discharge, if required. Leave the hospital on the day you had your surgery or the day after. Shower with soap the day after you go home. Light activities only. Neck and shoulder exercises. 	No
4-14	 Soreness gets better or you have no pain. Swelling comes and goes but gets better. A scab forms and falls off. Skin glue dissolves from day seven. Tired. 	 Eat and drink as normal if you do not have any pain. Massage your scar if you do not have any pain. Shower as normal. Light endurance training. Rest until you get your strength back. Neck and shoulder exercises. 	No

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Weeks after surgery	Expected Surgical Outcomes	Expected Activites	Back to work/ drive?
2-4	 No pain. Some redness on scar. 	 Start to build up to longer and heavier tasks but do not pick anything weighing more than 5kg (11lb). Keep massaging your scar with cream or oil. Put sunscreen on your scar. Keep doing neck and shoulder exercises. Go back to work after two weeks if you have job that does not involve strenuous physical activity or heavy lifting. Drive if you have full neck movement without using pain relief. Outpatient surgical appointment for postoperative surgical review. 	Yes
4-6	• Some redness on scar but getting better.	 Gradually start doing normal activities. Keep massaging and putting sunscreen on your scar. Keep doing neck and shoulder exercises. 	Yes
6-8	• A little redness on scar.	 Back to normal lifestyle. Keep massaging and putting sunscreen on your scar. Keep doing neck and shoulder exercises. Thyroid function and calcium level (blood test) to be checked through hospital or with GP. 	Yes

Who can I contact with queries and concerns?

Thyroid surgeon

King's College Hospital (Denmark Hill)

Tel: **020 3299 1378**

Secretary to Thyroid Surgeons: **020 3299 36351** 9am – 5pm, Monday to Friday (not bank holidays)

Princess Royal University Hospital

Secretary to Ear, Nose and Throat: **01689 863743** Secretary to Thyroid Surgeon: **01689 864441** 9am – 5pm, Monday to Friday (not bank holidays)

Thyroid clinical nurse specialists

King's College Hospital (Denmark Hill)

Tel: 020 3299 7336

Email: kch-tr.endonurses@nhs.net

8am – 6pm, Mondays and Thursdays only (not bank holidays)

Princess Royal University Hospital

Tel: 01689 864617

Email: kch-tr.headneckandthyroidcnspruh@nhs.net

8am – 6pm, Monday, Tuesday, Thursday and Friday (not bank

holidays)

Out of hours non-emergency medical advice

Tel: 111 – 24 hours a day, seven days a week

Emergency medical advice

Call 999 – 24 hours a day, seven days a week.

More information

ENT UK

www.entuk.org

British Thyroid Association

www.british-thyroid-association.org

British Thyroid Foundation

www.btf-thyroid.org

Macmillan Cancer Support

www.macmillan.org.uk

Cancer Research UK

www.cancerhelp.org.uk

NHS Stop Smoking Service

smokefree nhs uk

Department for Work and Pensions

www.gov.uk/government/organisations/department-for-work-pensions

DVLA - Driver and Vehicle Licensing Agency

www.gov.uk/browse/driving/disability-health-condition

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. They can also pass on praise or thanks to our teams.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS:

Tel: 020 3299 3601

Email kch-tr.palsdh@nhs.net

You can also contact us by using our online form at **www.kch.nhs.uk/contact/pals**

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND

Tel: 01689 863252

Email: kch-tr.palspruh@nhs.net

If you would like the information in this leaflet in a different language or format, please contact our Communications and Interpreting telephone line on 020 3299 4826 or email kch-tr.accessibility@nhs.net

Urgent & Planned Care

Corporate Comms: 2887

Author: Wanique Ng Edited by: Laura Squire