

Thyroidectomy/ Parathyroidectomy Post-Operative Instructions

What should I expect after my surgery?

- Your recovery will depend on why you had surgery, the type of surgery performed, and your previous activity level.
- Neck incisions heal rapidly. You may shower and wash gently with soap and water over the incision 24 hours after surgery.
- You will see swelling or bruising develop in the area around the incision 1-3 days after surgery. You may also notice swelling, firmness, a pulling sensation, or even some trouble swallowing. This often increases over the first 1-2 weeks and then begins to resolve over 6-8 weeks. These are normal sensations.
- Your scar will be most visible for the first 1-2 months after surgery, improve significantly over 2-3 months, and gradually fade over the next 6-9 months.
- UV rays from sunlight can make your scar darker than normal. Plan to use sunblock (SPF over 30) over your incision daily for at least one year.
- Allow one full year for your incision site and scar to take its final form, color, and consistency. The scars are often barely noticeable, but everyone heals their scars in their own way. If you are concerned about the appearance of your scar after a year, there are options for treatment.

Will my neck hurt?

- You may apply a cold pack over your incision to relieve any pain and help minimize swelling. This is most beneficial in the first 24 hours after surgery.
- Most patients have mild pain from the incision and may complain more about a sore throat from the breathing tube. You may have stiffness or soreness in your shoulders, back, or neck. You may also have tension headaches which may last a few days before they go away.
 - You can treat these common symptoms with anti-inflammatory medications, warm compresses, and light massage.

- You may also use a heating pad on the affected areas for 15-20 minutes at a time several times a day. Do not sleep on the heating pad or leave the heating pad directly on the skin for extended periods of time to prevent accidental injury or burns.
- For a sore throat, try liquids, throat lozenges, or throat sprays for relief. Pain medication is often not particularly helpful for pain inside the throat when swallowing.
- The skin just above and below your incision will feel numb. This will usually improve over several months, although this can be permanent in some patients.
- Do not be afraid to move your neck. You may move your head in all four directions. Be careful about looking upward to any great extent so the edges of the incision do not separate.

Will my voice be affected?

Your voice may be slightly hoarse or weak after surgery. This is normal and does not mean there was damage to the nerves that make the vocal cords move. The breathing tube used during surgery often irritates the vocal cords. Your voice will usually return to normal within 6-8 weeks after surgery and often after only several days.

Can I resume my previous medications?

- Please read your discharge summary for the latest and most up to date list of medications you should take.
- Before discharge, be sure to review your medications with your doctor or inpatient medical team if you have any questions about what medications you should or should not take.

What new medications might I need to take?

- **Thyroid Hormone:** If you had thyroid surgery, you may be prescribed a type of thyroid hormone replacement called levothyroxine (Synthroid, Levothroid, Levoxyl, etc.). **Take your thyroid hormone medication on an empty stomach and by itself. Avoid taking calcium or any other medication within an hour of taking your thyroid hormone pill.** You will have a blood test in 6-8 weeks to ensure the amount prescribed is correct. If you have thyroid cancer and will

need to have a radioactive iodine scan, you will likely be placed on liothyronine (Cytomel) instead of levothyroxine. After your radioactive iodine scan, you will be placed on levothyroxine.

- **Calcium Supplement:**

Your body’s calcium level may decrease after undergoing total thyroidectomy, completion thyroidectomy, or parathyroidectomy. If you only had part of your thyroid gland removed most patients do not require calcium supplementation, but follow your surgeon’s instructions regarding this.

We recommend you purchase Citracal Maximum Plus with Vitamin D3 (pictured below). This is available at most pharmacies and grocery stores as an over-the-counter medication. You do not need a prescription for this. The cost is approximately \$10-\$15 per bottle.



Supplement Facts					
Serving Size: 2 caplets					
Servings Per Container: 90					
		Amount Per Serving	% Daily Value		
Calories		5		Copper	0.45 mg 50%
Vitamin D	25 mcg (1000 IU)		125%	Manganese	1.15 mg 50%
Calcium		650 mg	50%	Sodium	5 mg <1%
Zinc		5.5 mg	50%		

Ingredients: Calcium Citrate, Polyethylene Glycol, Croscarmellose Sodium; Less than 2% of: Copper Gluconate, Hydroxypropyl Methylcellulose, Magnesium Silicate, Magnesium Stearate, Manganese Gluconate, Oligofructose Enriched Inulin, Polyvinylpyrrolidone, Propylene Glycol Dicaprylate/Dicaprate, Titanium Dioxide (color), Vitamin D₃ (Cholecalciferol), Zinc Oxide.

Citracal Maximum (calcium citrate 650mg with 1000 IU Vitamin D3):

2 tablets of calcium are equal to one “serving”. Each tablet has 325 mg calcium per tablet and 500 IU of Vitamin D3. Taking 2 tablets provides 650mg of calcium and 1000 IU of Vitamin D.

The standard dose following surgery is 2 tabs three times daily; however, the overall dose and the number of times during the day you should take the medication following surgery will depend on your surgeon’s instructions.

- **Vitamin D:** If you are vitamin D deficient, your doctor may prescribe a Vitamin

D supplement such as calcitriol (Rocaltrol) or high dose ergocalciferol in addition to the small amount contained in the calcium tablets. The prescription should be filled before you leave the hospital as many pharmacies do not regularly stock these medications.

How will I care for my incision?

- You may shower 24 hours after surgery. Wash gently over the incision with soap and water, and then gently pat the incision dry.
- If you have paper “steri-strips” over your incision, leave them in place until you come back to the clinic. If they begin to peel up, you may trim them.
- If your incision was closed with skin ‘glue’, you may notice tiny pieces of yellow/white material on your washcloth. This is normal.
- Do not apply ointments, powders, Vitamin E cream, moisturizers, or anti-scar creams to the incision until you see your doctor back in the clinic for your postoperative visit.
- Once your surgical dressing has come off and any surgical adhesive has dissolved, please use sunblock (SPF over 30) over your incision daily and re-apply frequently when outdoors for long periods of time.
- Do not expose your incision to the lights used in tanning salons.

Are there any diet restrictions?

Usually not. This will depend on the type of operation you had. Always eat a well-balanced diet unless directed otherwise by your physician. If you had a modified radical neck dissection for thyroid cancer and have a drain in place, please eat a low-fat diet until your drain is removed.

How will I manage my pain at home?

You can expect to have some pain after surgery. This is normal. It’s typically worse the day after surgery and quickly begins to get better.

NSAIDs (non-steroidal anti-inflammatory drugs) such as ibuprofen (Motrin, Advil), naproxen (Naprosyn, Aleve), or acetaminophen (Tylenol) are most helpful for any pain after thyroid or parathyroid surgery. In general, over the counter, anti-

inflammatory medications are more helpful than stronger opioid pain medicines (also called narcotics) for these types of surgeries.

We recently conducted a study that found many patients are able to manage their pain after surgery with over-the-counter medication such as Tylenol and Motrin. Most patients who did use opioids reported using 5 pills or less.

Research has shown that **Around-The-Clock dosing** of pain medications is very effective to control pain after surgery. This means that you will take a dose of pain-relieving medication on a set schedule rather than taking them as needed when you feel pain. On this schedule, you will alternate Acetaminophen (Tylenol) and Ibuprofen (Motrin or Advil). Alternating NSAIDs and acetaminophen work better than taking them at the same time.

How will I alternate pain medication Around-The-Clock?:

You will take a dose of pain medication every three hours.

- Start by taking 650 milligrams (mg) of Acetaminophen (2 pills of 325 mg)
- 3 hours later take 600 mg of Ibuprofen (3 pills of 200 mg)
- 3 hours after taking the Ibuprofen take 650 mg of Acetaminophen
- 3 hours after that take 600 mg of Ibuprofen.

See example - if your first dose of Acetaminophen is at 12:00 PM

12:00 PM	Acetaminophen 650 mg (2 pills of 325 mg)
3:00 PM	Ibuprofen 600 mg (3 pills of 200 mg)
6:00 PM	Acetaminophen 650 mg (2 pills of 325 mg)
9:00 PM	Ibuprofen 600 mg (3 pills of 200 mg)
Continue alternating every 3 hours	

What are the risks of pain medications?

- Ibuprofen may cause an upset stomach and indigestion. Taking the medication with food or milk may help avoid these effects.
- Acetaminophen -taking more than 4 grams (4000 milligrams or mg) of acetaminophen per day may cause serious injury to your liver and kidneys.

What if my doctor prescribes an opioid for me?

You may receive a prescription for a few tablets (3-5) of stronger pain medication or an opioid (such as Tramadol, Vicodin, Norco, or Oxycodone) at the time of discharge. Do not feel you need to automatically fill this prescription. It is usually not unnecessary. Take the opioids only if you have severe pain that is not controlled with acetaminophen or NSAIDs.

Important:

- Do not take more than 1 prescription pain pill every 4-6 hours.
- Never take more frequent or higher doses than prescribed.

Visit <http://michmed.org/ea93D> to learn more about taking opioids safely.

Warning: Some opioid pain medications **also contain acetaminophen** in addition to the opioid. Check the label to see if your medication contains acetaminophen and if it does make sure you **count this amount in daily intake** which is less than 4000mg of acetaminophen in a 24-hour period. Do not take an opioid that contains acetaminophen, such as Vicodin or Norco **at the same time** you take Tylenol. If your doctor prescribes an opioid pain medication you can **replace** one of the acetaminophen or ibuprofen doses with a dose of the opioid.

For example, your schedule could look like this:

12:00 PM	Acetaminophen 650 mg (2 pills of 325 mg)
3:00 PM	Ibuprofen 600 mg (3 pills of 200 mg)
6:00 PM	Oxycodone 5mg (1 pill of 5 mg)
9:00 PM	Ibuprofen 600 mg (3 pills of 200 mg)
12:00 AM	Acetaminophen 650 mg (2 pills of 325 mg)
Continue alternating every 3 hours	

What are the risks of prescription pain medications?

- Opioids may cause constipation. Stool softeners (Colace), fiber (fruits, bran, vegetables), and extra fluid may help. A stimulant laxative (Milk of Magnesia, Senokot) may also help.
- Do not drive a car, operate other heavy equipment, or drink alcohol while taking narcotic medications

If you require a prescription pain medication recognize that the development of an opioid addiction, overdose, coma and death are possible. Use as few as possible.

Where should I store opioid medications?

Leftover pain medications make tempting targets for theft. They can also be dangerous if children or pets find them

Store opioids out of sight and reach of children, teens, and pets.

- Store opioids in private areas rather than common rooms like bathrooms or kitchens.
- Lock up the pills if possible.
- Keep a count of how many pills you have left.

How should I dispose of unused opioids?

The safest way to dispose of old medications is to take them to an authorized “Take-Back” program. Visit <http://michmed.org/5LWpZ> to find a location in your area.

- To find locations in all US states visit AwareRxE at: <https://nabp.pharmacy/initiatives/awarxe/drug-disposal-locator/>
- If a take-back program is not available in your area visit <http://michmed.org/MmA6N> to learn how to properly dispose of medications.

When may I return to normal activities?

- You may resume most normal activities as soon as you are discharged with the limitation of no heavy lifting over 15 pounds for the first two weeks after

surgery. After two weeks, you may gradually resume full normal activities unless specifically directed not to by your physician.

- You may drive a vehicle as long as you are not taking any opioid pain medications and can freely move your head in all four directions without being limited by pain.
- You may return to work as soon as you would like (usually within 2-3 days, sometimes a week). If your job requires heavy lifting or strenuous physical activity, your doctor may ask you to wait to return to work until after your post-operative appointment.
- Contact one of the endocrine surgery outpatient medical assistants at 734-936-5738 if you need employer or Family and Medical Leave Act (FMLA) forms completed.

When should I call my doctor?

Most patients have no problems after surgery, but if you are concerned, please do not hesitate to call us if you have any of the following:

- Trouble talking or breathing.
- Numbness and tingling in the area around your mouth/lips or the tips of your fingers on both sides of your body. This may indicate your calcium level is low. These symptoms may also be related to side effects of some pain medications, the position of the breathing tube during surgery, positioning of your arms and hands in the operating room, or how you were positioned when sleeping at home. If the numbness and tingling sensation does not go away or worsens within 30 minutes, please call us so we may determine the cause of these symptoms. Your calcium supplementation may need to be increased. Occasionally, we will ask you to have labs drawn.
- Fever over 101.5 degrees Fahrenheit. We **do not** recommend you regularly take your temperature. Take your temperature only if you feel like you have a fever. It is common to have a low-grade fever in the late afternoon/early evening. This does not mean you have an infection.
- Difficulty breathing or note yellow sputum production when you cough.

- Redness around the incision.
- Drainage of fluid from your incision.
- Difficulty urinating and feeling like you aren't fully emptying your bladder.
- Feeling worse several days after surgery rather than better.
- You are discharged with a drain and have:
 - redness or swelling around and the site.
 - a large change in the amount of drainage (more or less).

Our contact information is on page 10.

When will I receive follow-up care?

- The clinic nurse coordinator will call you 1-3 days after your discharge to see how you are feeling.
- You will be scheduled for a follow-up Video Visit or an In-Clinic Return Visit with your surgeon about 2 weeks after surgery.
 - **Video Visit:** This is a visit where you connect via the MyUofMHealth patient portal for the appointment with your surgeon. If blood tests are needed, please take the lab orders to your local lab 3-4 days before the Video Visit so results can be reviewed during your appointment.

For more details visit <https://www.uofmhealth.org/virtualcare/virtual-care-video-visits>. If you have difficulty preparing for the Video Visit, call (734) 615-0872 during business hours (9 am-5 pm) to speak with a patient portal representative.

- **In-Clinic Return Visit:** This is a visit in person in the clinic with your surgeon. If blood tests have been requested at the time of your return visit, please go to the lab before you check-in for your appointment. Allow 15-20 minutes to have your blood drawn.

Do I need a radioactive iodine scan if I have thyroid cancer?

If you have a specific type of thyroid cancer, you may need a radioactive iodine scan. Your doctor will discuss this with you after your final pathology results are

available for review. The report takes 5-7 days to be completed by the pathologist.

- If you need a radioactive iodine scan, you will receive information by mail about what to expect and how to prepare for the scan.
- You will need to stop taking thyroid hormone about two weeks before this test. Information about this and when to start a low iodine diet is included in the packet that will be sent to you.

For specific questions about the radioactive scan contact the Nuclear Medicine Thyroid Clinic at 734-232-6072.

Who should I call if I have questions?

Please try to call during the day between 7:30 am and 4:30 pm, but you may call at any time if there is a problem.

- **Call Center: 734-936-5738**

During business hours, contact the Call Center and ask for the Endocrine Surgery Nurse Coordinator (Monday - Friday, 8 am - 4 pm)

- **Hospital Paging: 734-936-6267**

On weekends, holidays, or evenings after business hours call hospital paging and ask for the General Surgery Blue team resident-on-call. You may also call the main hospital number (734) 936-4000.

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