Ear, Nose and Throat (ENT) Department

Patient Information

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Information

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Thyroid Lobectomy

The purpose of this information sheet is to tell you about the thyroid gland and the operation of thyroid lobectomy. Your surgeon will explain the reason for recommending this operation to you.

The thyroid gland

Your thyroid gland is situated in the front part of your neck. It produces a chemical substance (a hormone) called thyroxine. This hormone circulates around your body in the blood and controls the speed at which your body's chemical processes work.

What is thyroid lobectomy?

Thyroid lobectomy is an operation to remove one side of your thyroid gland. The operation is performed under general anaesthetic, which means you will be asleep throughout.

The surgeon will make an incision across your neck, a fingerbreadth above the top of your breastbone. This 'collar' incision will be in a central position, even though only one side of your thyroid is being removed. The surgeon will remove the required amount of thyroid and may insert a drainage tube in your neck. This will normally be removed on the first or second day after surgery. The wound is closed with a stitch which runs underneath the skin. This stitch may be dissolvable or may need to be removed after about three days.

You will need to stay in hospital for one or two days.

Will I need replacement thyroxine after the operation?

A normal thyroid gland has considerable spare capacity for making thyroxine. Often removal of half of the gland can be undertaken without any need to give thyroxine replacement. The ability of your remaining thyroid gland to produce thyroxine will be monitored with blood tests in the weeks after your operation. If your remaining thyroid tissue is unable to produce enough thyroxine, you will need to take thyroxine replacement in the form of daily tablets for the rest of your life. Thyroxine tablets have no side effects when taken at the correct dose.

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Are there any possible complications?

All operations carry risks, including:

- post-operative infections (e.g. a wound infection or chest infection)
- bleeding beneath the wound, which occasionally requires further surgery

There are also some other possible complications which are more specific to thyroid surgery:

- **Scar:** most thyroidectomy incisions heal to leave a neat scar. Your scar may become thick and red for a few months after the operation before fading to a thin, white line. Some patients develop a thick exaggerated scar but this is uncommon.

- **Voice change:** it is impossible to operate on the neck without producing some change in the mechanics of the voice. This change is not usually obvious.

- **Nerve injury:** injury to the laryngeal nerves which control movement of the vocal cords can occur. These pass close to the thyroid gland and are very susceptible to injury during thyroid surgery. Injury to these nerves may be temporary or permanent. Temporary damage is quite common, but is reversible. Permanent damage is rare, but will result in a permanent change in the voice.

  Injury to one of the recurrent laryngeal nerves causes hoarseness and weakness of the voice. In the case of temporary nerve damage the voice recovers over a few days or weeks (improvement can be expected for up to three months). The risk of permanent damage to one of the recurrent laryngeal nerves is about 1%. In this case, voice changes may persist. However, improvement can be expected for up to a year with the help of speech therapy. Sometimes surgery to the vocal cords can further improve the quality of the voice.

  The external laryngeal nerve may also be injured during surgery. This can result in voice weakness, although the sound of the voice may be unchanged. If this occurs, you may find difficulty reaching the high notes when singing. Your voice may tire more easily and the power of the shout may be reduced. If the nerve damage is temporary, the voice may recover. If the damage is permanent, the changes may persist indefinitely.

  You will normally have an appointment in the ear, nose and throat (ENT) clinic before your operation to examine your vocal cords and ensure they are working normally beforehand. This test may be repeated following your surgery.

- **Swallowing difficulty:** for patients undergoing surgery for thyroid enlargement (goitre), swallowing may be improved after surgery. However, after any thyroid surgery some mild difficulty in swallowing may develop and be persistent.

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Consent

We must by law obtain your written consent to this procedure beforehand. Staff will explain all the risks, benefits and alternatives before asking you to sign a consent form.
If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak with a senior member of staff.

Further information

British Thyroid Foundation: www.btf-thyroid.org

Macmillan: www.macmillan.org.uk

British Association of Endocrine and Thyroid Surgeons (2003) *BAETS and BTA Guidelines*, [online] Available at: http://www.baets.org.uk/guidelines/ [Accessed 17 April 2014].

Contact details

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Yeovil

To contact the ENT secretaries at Yeovil District Hospital please telephone 01935 384210.

Acknowledgement

The content of this information leaflet was written by the Network Endocrine Multidisciplinary Team at Poole General Hospital (May 2014) but has been adapted for use at Dorset County Hospital NHS Foundation Trust.

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