

Thyroid Surgery (Total or Hemithyroidectomy)

Procedure-Specific Information & Consent

This document explains thyroid surgery and supports your discussion with your surgeon.

Patient Name: _____ PHN: _____ Date of Birth: _____

1. Recommended procedure

- ☐ Hemithyroidectomy (removal of one thyroid lobe) ± deep lymph-node biopsy
- ☐ Total or completion thyroidectomy (removal of all remaining thyroid tissue) ± deep lymph-node biopsy
- ☐ Central neck dissection

The planned operation is discussed before surgery. Your surgeon may adjust closely related steps based on findings during surgery when needed for safety. Final pathology may show that further treatment or another operation is needed.

2. Why this procedure is recommended

To evaluate or treat one or more of the following:

- Thyroid nodule(s)
- Suspicious or indeterminate biopsy results
- Confirmed thyroid cancer
- Enlarging thyroid mass
- Compressive symptoms (swallowing difficulty, pressure, voice change)
- Hyperthyroidism not controlled medically

The goal is diagnosis, symptom relief, and/or cancer treatment.

3. What the procedure involves

- Performed under general anesthesia. You are fully asleep while an anesthesia specialist monitors you.
- Small incision made at the lower front of the neck
- Removal of one thyroid lobe (hemithyroidectomy) or entire gland (total thyroidectomy)
- Identification and protection of the recurrent laryngeal nerve(s)
- Preservation of parathyroid glands when possible
- Typical duration: 1.5–3 hours (varies)
- Most patients go home the next day

4. Expected benefits and limitations

Potential benefits:

- Definitive diagnosis
- Removal of cancer or suspicious tissue
- Relief of compressive symptoms
- Control of hyperthyroidism

Important:

- Thyroid hormone replacement is required after total thyroidectomy
- After hemithyroidectomy, about 30% of patients may require thyroid hormone treatment, such as levothyroxine (Synthroid)
- If cancer is found, follow-up may include monitoring, another operation, or radioactive iodine.

Radioactive iodine is needed only for selected patients.

5. Risks and side effects

Common or expected:

- Neck discomfort or tightness
- Temporary voice fatigue or mild hoarseness
- Swelling or bruising at incision site
- Temporary numbness around incision
- Need for lifelong thyroid hormone replacement (total thyroidectomy)

Less common but important:

- Bleeding or a collection of blood in the neck (hematoma), which may require an urgent return to the operating room
 - Infection
 - Swallowing discomfort
 - Scar formation
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Nerve-related risks:

- Recurrent laryngeal nerve injury can cause temporary or permanent vocal-fold weakness, hoarseness, or swallowing problems
 - Superior laryngeal nerve injury can affect voice pitch and projection
 - Very rarely, weakness of both vocal folds after total or completion thyroidectomy can threaten breathing and require an airway procedure
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Low-calcium risks (mainly after total or completion thyroidectomy or central neck dissection):

- Temporary low calcium may cause tingling around the lips or fingers, numbness, or muscle cramps
 - Calcium and/or vitamin D may be prescribed
 - Blood tests may be needed before or after discharge; follow your written testing and supplement plan
 - Permanent low calcium is uncommon
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Deep lymph-node biopsy or central neck dissection—specific risks (if performed):

- Risks depend on the location and extent of surgery
 - Deep lymph-node biopsy may cause bleeding, infection, neck numbness, or injury to a nearby nerve or blood vessel
 - Central neck dissection increases the risk of low calcium and recurrent laryngeal nerve injury
 - A drain may be required
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6. Alternatives

- Observation, ultrasound follow-up, or repeat biopsy when appropriate
 - Active surveillance for selected small, low-risk thyroid cancers
 - Medication or radioactive iodine for some causes of hyperthyroidism
 - No treatment when medically appropriate
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7. Recovery expectations

- Most patients recover over 2 weeks
- Avoid heavy lifting for approximately 2 weeks
- Voice changes are usually temporary
- Calcium and parathyroid hormone blood tests and supplements are used when indicated; follow your written plan
- Thyroid hormone therapy may be started or adjusted postoperatively

Seek urgent medical care for:

Call 911 for trouble breathing or rapidly increasing neck swelling.

Seek same-day medical care for tingling around the lips or fingers, muscle cramps, fever, or increasing wound redness.

8. Acknowledgement

I understand the planned thyroid operation, possible related procedures, expected benefits, limits, risks, alternatives, and recovery. My questions were answered. This document supports, but does not replace, the hospital consent process.

Patient Name: _____

Signature: _____

Date: _____