



Manchester University
NHS Foundation Trust

Royal Manchester Children's Hospital

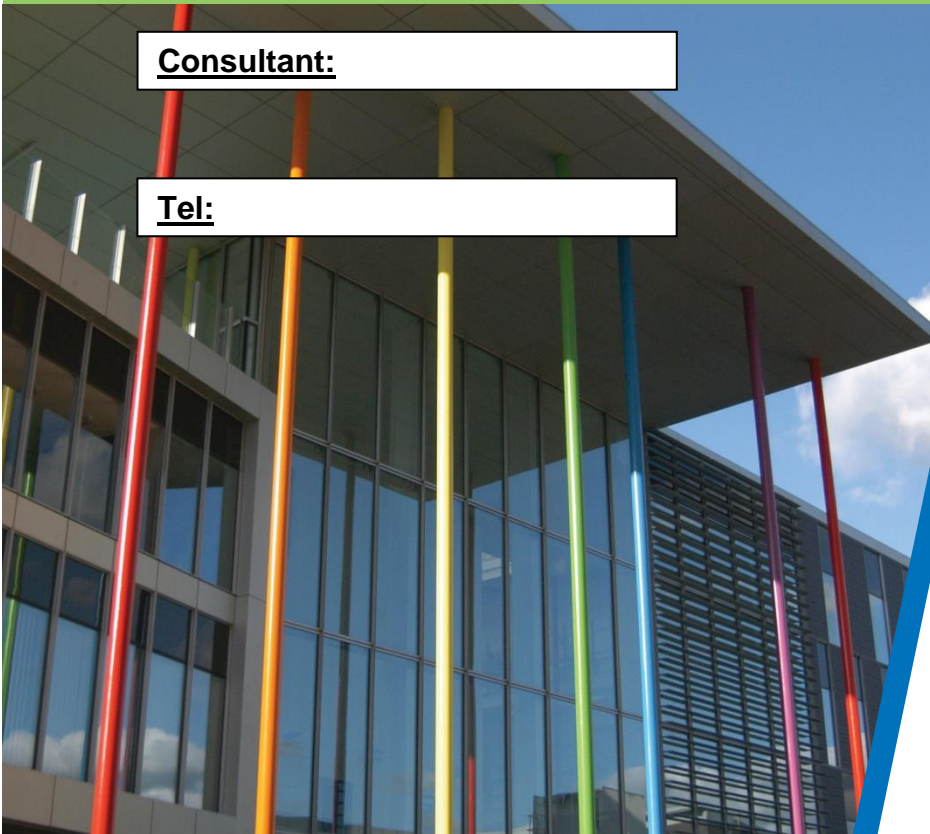
Paediatric Otorhinolaryngology (ENT)

Thyroid Surgery

Information for Parents, Carers and Patients

Consultant:

Tel:





What is the thyroid gland?

The thyroid gland is a butterfly-shaped gland located in the front of your neck. It consists of two lobes, one on each side of your child's windpipe, connected across the middle by a piece of tissue called the isthmus. The thyroid gland is one of the largest glands in your body. It makes hormones that affect all tissue and organ systems in the body. It plays an important role in regulating your child's metabolism and calcium levels.

What is a thyroidectomy?

A thyroidectomy, or thyroid surgery, involves removal of all or part of the thyroid gland

- In a thyroid lobectomy, the surgeon will remove one half of the thyroid gland, called a lobe
- A total thyroidectomy involves removal of the whole thyroid gland.

Why might my child need a thyroidectomy?

Your Endocrinologist and/or surgeon may recommend a thyroidectomy for the following reasons:

- A thyroid nodule (a lump in the thyroid gland)
- Thyroid cancer
- An overactive thyroid (hyperthyroidism) that cannot be controlled by standard medication
- An enlarged thyroid (goiter) that causes symptoms e.g. difficulty swallowing
- Genetic risk for developing thyroid cancer e.g. multiple endocrine neoplasia type 2 (MEN2), a hereditary cancer syndrome associated with certain types of thyroid cancers

Depending on the reason for thyroid surgery, your surgeon will advise you





whether part or all of the thyroid gland will need to be removed.

What are the risks of thyroid surgery?

Thyroid surgery is a common and safe operation. However, all operations carry some risks. These include:

- Infection
- Bleeding
- Injury to the nerves that control the vocal cords – this causes hoarseness and difficulty swallowing which may be temporary or, more rarely, permanent
- Injury to the parathyroid glands – these are 4 little glands, each the size of a grain of rice, found on the back of the thyroid gland, two on top, two on the bottom. They control calcium levels in the body. If injured, they can cause low calcium levels which may be temporary or permanent
- Injury to the trachea (windpipe)
- Need for further treatment - it is possible that once half the thyroid gland is removed (thyroid lobectomy), laboratory testing may reveal findings which require the remaining half to be removed
- If all of the thyroid gland is removed, your child will need to take thyroid hormone supplements (replacements) every day for the rest of their life. Your endocrinologist will go through this with you and look after you and your child throughout this process. If only half of the gland is removed, this is often not necessary although it may be required in rare instances
- There is also a very small risk with any anaesthetic. However, modern anaesthetics are very safe.

What will happen on the day of the procedure?

Information about how to prepare your child for their operation will be





included in their admission letter. It is important to follow these instructions. Failure to do so may result in the procedure being delayed or cancelled.

Your surgeon will speak to you again on the day of surgery to once again go through the procedure, risks and complications with you and to answer any questions you may have following your clinic/ward review. As the procedure is performed under a general anaesthetic, your child will also be reviewed by an anaesthetist on the day of surgery. They will be able to answer any questions you may have relating to the general anaesthetic.

Once your child is asleep, the procedure takes approximately 1-2 hours. Your surgeon will make an incision (cut) in the neck along a naturally-occurring skin crease. The muscles in front of the thyroid gland are freed to expose the underlying thyroid gland. Care is taken to protect the recurrent laryngeal nerves (nerves which supply the vocal cords) and the parathyroid glands. Once all/part of the thyroid gland has been removed, the wound is then closed in layers using absorbable stitches. Depending on each case, your surgeon may/may not leave a small drain (plastic tubing) in the wound. This is left in overnight and can easily be removed on the ward the following day. Your child will then be taken to the recovery room

What will my child be like afterwards?

Your child will recover from the anaesthetic in the recovery room and then be taken to the ward. It is not uncommon for children to be a little tired and disorientated after a general anaesthetic.

Your child can drink as soon as they are awake. Nursing staff will advise you when your child may eat.

Your surgeon will speak to you again following the procedure to let you know how it went. The length of stay in hospital will depend on whether your child had a thyroid lobe or the whole thyroid gland removed. After a thyroid lobectomy, serum calcium levels are not routinely needed.

If your child had a total thyroidectomy (whole gland removal), blood will be drawn at different times after your child's surgery to check their calcium





levels. Depending on these levels and whether they have any symptoms, your child may need to be given some calcium and Vitamin D supplements to take after the surgery and at home after you leave the hospital. Usually, the amounts of these will be slowly lowered and eventually stopped once your child's calcium levels come back to normal. If your child has had a total thyroidectomy, they will need other medication i.e. thyroid hormone supplements. You **MUST** understand the dosing of these medicines before going home. In most cases, your child will stay in hospital overnight to be monitored for any wound swelling or difficulty breathing. There may also be other factors in your child's medical history and general health that require an overnight stay, including if a drain is used.

Follow up will be arranged by the ENT team and you will be sent a letter with an appointment for your child. If your child had a total thyroidectomy, they will also be seen by the Endocrinology team a few weeks after surgery

Is there anything I need to watch for when my child goes home?

After discharge, an appointment will be made to see your surgeon in a few weeks. In the meantime, if you experience any of the following symptoms, please contact the ward from which your child was discharged for further advice:

- Increased pain, swelling, redness or tenderness around the incision
- Shortness of breath or difficulty breathing
- Bleeding or discharge from the wound site
- If your child has a persistent fever
- Tingling in the hands and/or feet or around the mouth
- Twitching of the facial muscles
- Pain that is not relieved by over the counter-pain relief





When can my child go back to school?

Your child can go back to school once you feel they are back to normal. This is usually within 1-2 weeks of surgery

Covid and surgery

It is likely that having an operation while carrying the Covid-19 virus causes an additional risk of developing complications. How much of a risk this is in children remains unclear. Whilst we are awaiting more details around this, we have taken precautions both prior to admission as well as during hospital stay to limit the risk of Covid-19 in the peri-operative period.

Questions

We understand that there may be questions that either you or your child would like answering. Most of us forget what we were going to ask the doctor or the nurse.

Please write your questions below.



No Smoking Policy

Please protect our patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted in any of our hospital buildings or grounds, except in the dedicated smoking shelters in the grounds of our Hospital site.





For advice and support on how to give up smoking, go to
www.nhs.uk/smokefree.

Translation and Interpretation Service

It is our policy that family, relatives or friends cannot interpret for patients. Should you require an interpreter ask a member of staff to arrange it for you.

تنص سياستنا على عدم السماح لافراد عائلة المرضى او اقاربهم او اصدقائهم بالترجمة لهم. اذا احتجت الى مترجم فيرجى ان تطلب ذلك من احد العاملين ليرتب لك ذلك.

بماری یہ پالیسی ہے کہ خاندان ، رشتہ دار اور دوست مریضوں کے لئے ترجمہ نہیں کر سکتے۔ اگر آپ کو مترجم کی ضرورت ہے تو عملے کے کسی رکن سے کہیں کہ وہ آپ کے لئے اس کا بندوبست کر دے۔

ইহা আমাদের নীতি যে, একজন রোগীর জন্য তার পরিবারের সদস্য, আত্মীয় বা কোন বন্ধু অনুবাদক হতে পারবেন না। আপনার একজন অনুবাদকের প্রয়োজন হলে তা একজন কর্মচারীকে জানান অনুবাদকের ব্যবস্থা করার জন্য।

Nasze zasady nie pozwalają na korzystanie z pomocy członków rodzin pacjentów, ich przyjaciół lub ich krewnych jako tłumaczy. Jeśli potrzebują Państwo tłumacza, prosimy o kontakt z członkiem personelu, który zorganizuje go dla Państwa.

Waa nidaamkeena in qoys, qaraaboamasaaxiiboaysanu tarjumikarinbukaanka. Haddiiaad u baahatotarjumaankacodsoxubinka mid ah shaqaalahainaykuusameeyaan.

我们的方针是，家属，亲戚和朋友不能为病人做口译。如果您需要口译员，请叫员工给您安排。



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