

Thyroid operations are used for patients who have a variety of thyroid conditions, including both cancerous and benign (non-cancerous) thyroid nodules, large thyroid glands (goiters), and overactive thyroid glands. The following are questions patients should ask when thyroid surgery is recommended.

Why do I need an operation?

The most common reason patients are referred for thyroid surgery is after an evaluation for a thyroid nodule (see [Thyroid Nodule brochure](#)). Surgery is also an option for the treatment of hyperthyroidism (see [Hyperthyroidism brochure](#)) and for any goiter that may be causing symptoms.

Are there other means of treatment?

Surgery is definitely required for a diagnosis of thyroid cancer or the possibility of thyroid cancer (see [Thyroid Cancer brochure](#)). In the absence of a possibility of thyroid cancer, there may be non-surgical options of therapy. You should discuss other options for therapy with your physician.

How should I be evaluated prior to the operation?

All patients considering thyroid surgery should be evaluated preoperatively with a thorough and comprehensive medical history and physical exam, including cardiopulmonary (heart) evaluation. Any patients who has had any change in voice or who have had a previous neck operation should have their vocal cord function evaluated preoperatively.

How do I select a surgeon?

In general, thyroid surgery is best performed by a surgeon who has received special training and who performs thyroid surgery on a regular basis, since the complication rate of thyroid operations is lower when the operation is done by a surgeon who does a considerable number of thyroid operations each year.

What are the risks of the operation?

Possible risks of thyroid surgery include: 1) bleeding that can cause acute breathing difficulty, 2) injury to the recurrent laryngeal nerve that can cause permanent hoarseness, and 3) damage to the parathyroid glands that control calcium levels in the body, causing hypoparathyroidism. The overall risk of complications should be <2% with an experienced surgeon.

How much of my thyroid gland needs to be removed?

Patients should discuss with the surgeon what operation on the thyroid is to be performed and how much of the thyroid should be removed.

What can I expect once I decide to proceed with surgery?

You will be scheduled for your pre-op evaluation and will meet with the anesthesiologist (the person who will put you to sleep during the surgery). You should have nothing to eat or drink after midnight on the day before surgery and should leave valuables and jewelry at home. The surgery usually takes 2-2½ hours, after which time you will slowly wake up in the recovery room. There may be a surgical drain in the incision in your neck (which will be removed the morning after the surgery) and your throat may be sore because of the breathing tube placed during the operation. Once you are fully awake, you will be moved to a bed in a hospital room where you will be able to eat and drink as you wish. Most patients having thyroid operations are hospitalized for about 24 hours and can be discharged on the morning following the operation. Normal activity can begin on the first postoperative day. Vigorous sports, such as swimming, and activities that include heavy lifting should be delayed for at least ten days.

Will I be normal after surgery?

Yes. Once you have recovered from the effects of thyroid surgery, you usually will be able to do anything that you could do prior to surgery. Many patients become hypothyroid following thyroid surgery, requiring treatment with thyroid hormone (see [Hypothyroidism brochure](#)).

ADDITIONAL PATIENT RESOURCES WWW.THYROID.ORG

For further details on this and other thyroid-related topics, please visit the patient resources section on the American Thyroid Association website at www.thyroid.org