

## How you can help!

After surgery, tell your nurse/doctor if you have any of the following problems

- Breathing difficulty
- Muscle spasm
- Twitching or tingling in your lips or finger tips
- Please tell the nurse of any other problems / concerns you might be experiencing.

## Exercises for after your Operation

### 1. Exercises for Circulation

Bend feet up and down. Repeat 10 times every hour.

Circle feet in as large a circle as possible. Repeat 10 times every hour.

Bend one knee upwards, keeping the heel on the bed, slide it down again, repeat with the other. Repeat 5 times every hour.

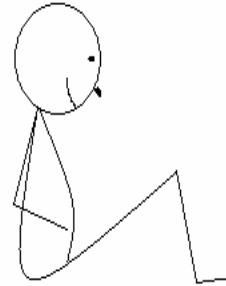
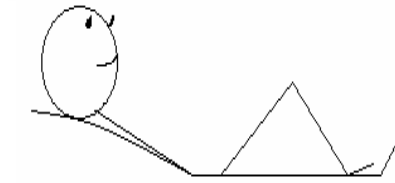
With your legs straight, stiffen your legs and tighten your bottom, hold for a count of 5 and then relax. Repeat 5 times every hour.

### 2. Breathing and Coughing

Deep breathing: When sitting or lying, place your hands on the sides of your lower ribs. Breathe deeply making sure your ribs move under your hands. Relax, and breathe out slowly. Repeat 5 times every hour.

Huffing to assist coughing: Breathe deeply and huff on outward breath. Repeat twice every hour.

Coughing: Breathe in deeply and cough. Repeat once every hour.



## Thyroid Surgery

Most people recover fairly quickly from thyroid surgery.

You should be able to resume most normal activities within one to two weeks.

You are likely to have some neck stiffness, numbness of the skin in front of your neck, and may have mild difficulty swallowing for four to six weeks.

**Pain Relief:** After surgery it is usual to have narcotic pain relief for 24 hours via an infusion (drip), called a PCA (patient controlled analgesia). Usually you will be able to self administer a bolus, a set amount of drug, safely prescribed to you by your anaesthetist. This allows you to have more medication when you need it, for example, when you first get out of bed. A 'background' dose will be infusing all the time for the first 24 hours.

Avoid sudden movements and brace your neck when you cough or move to avoid pain

### Risks of Thyroid Surgery

Due to the many small nerves and other important structures in the neck, surgery of the thyroid or parathyroid can be very challenging. It is only performed by surgeons who are experienced in thyroid surgery.

Recovery is usually uncomplicated, but the following problems may occur.

- Difficulty breathing due to swelling around the throat, usually settles after a couple of days.
- Bleeding caused by injury to blood vessels during surgery. Transfusion is rarely necessary.
- Injury to the laryngeal nerve may occur during surgery, causing hoarseness. The laryngeal nerves control the voice box. Of every 100 patients having thyroid surgery, one or two will have injury to the laryngeal nerve.
- The parathyroid glands can be damaged during thyroid surgery, you will have daily blood tests to check calcium levels. Of every 100 patients who have total thyroidectomies, two will need to take calcium supplements
- If you have had a total thyroidectomy you will need to take thyroid hormone replacement medication for the rest of your life.

Modern surgery is very safe but does have risks. Surgical problems are more likely in the elderly and in people with serious medical illnesses

- Heart and circulation problems such as heart attack and clot formations. Clots which form in the leg veins sometimes move to the lungs and can be fatal. Blood clots can also develop in or move to the brain, causing a stroke. (Exercises—as above and antiembolism (TED) stockings help prevent clot formation)
- Wound infections are not common but are more likely in people with diabetes
- Chest infections may develop after a general anaesthetic especially in smokers and people with asthma and bronchitis

Reference: Surgery of the Thyroid Gland and Parathyroid Glands—A guide for patients (Royal Australasian College of Surgeons, Mi-tec Publishing)

**Disclaimer:** This patient pathway is intended as a guide only. As each patient is an individual and responds differently, the care plan may alter. If you have questions, please discuss with your Doctor or Nurse.



## PATIENT PATHWAY FOR THYROIDECTOMY

### INFORMATION FOR YOU . . .

The following information will be discussed with you in the Pre-Admission Clinic.

Date of Admission to Hospital: .....

You will need to telephone the Day Procedure Unit on (03) 5381 9265 between 1.00 p.m. and 3.00 p.m. on: .....

You will need to stop eating and drinking 6 hours before your admission time. You may have a couple of sips of water up until 2 hours before your admission.

You will need to shower at home on the morning of your operation. You will need to remove all jewellery (your wedding ring may be left on).

### BEFORE YOUR SURGERY YOU NEED TO TAKE:

**Your Own Medication(s):** to be taken with a sip of water on the morning of your operation, unless otherwise advised.

**When you come into hospital bring your:**

- Own medications (tablets / drops / inhalers) you are taking. These will be continued whilst you are in hospital.
- Eye glasses and /or hearing aids if you use them.
- Toiletries, night clothes (3-4 changes), .

Do **not** bring a large amount of money, jewellery or valuables.

### Admission / Discharge Arrangements:

- Please report to Hospital Reception at your admission time.
- Your stay is expected to be about 3 days unless otherwise advised by your surgeon
- Before you come into hospital please make arrangements for someone to drive you home on discharge.
- It is best to limit the number of visitors you have immediately after your surgery.
- It is policy that you will be in Intensive Care for 24 hours after a thyroidectomy—this allows for close monitoring.

### Your Health Care Team

**Your Surgeon :** Mr Graham Kitchen / Mr Ian Campbell

**Resident Doctor:** \_\_\_\_\_

**General Practitioner:** \_\_\_\_\_

**Oxley Nurse Manager, Mrs Janette McCabe**

**Yandilla Nurse Manager,**

### YOUR CHECK LIST . . .

The following checklist is to assist you in preparing for your admission to Hospital.

Confirm Admission by phoning 5381 9265 the day before your operation:

Date: ..... Time: .....

### Confirm Fasting Time

Nothing to eat or drink from: Time: .....

Shower at home on the morning of your operation:

no powder, no deodorant.

Wedding ring ONLY.

### BEFORE YOUR SURGERY YOU NEED TO TAKE:

**Your Own Medication(s):** taken as directed

**Do not take your:** .....

**Do you have your:**

• Own medications

• Eye glasses and / or hearing aids

• Toiletries, loose pyjamas, or boxers







• Patient Pathway (this document)

### Admission / Discharge Arrangements:

• Arrangement made for family / friend to take you home on discharge from hospital.

• Present to Hospital Reception on your admission.



	At Pre-Admission	Day of-Admission / Surgery	Day 1 After Your Surgery	Day 2 and Discharge Day
<b>Treatment and Observations</b> 	<b>You will:</b> <ul style="list-style-type: none"> <li>be assessed by a doctor for the anaesthetic</li> <li>have your blood and urine tested</li> <li>have an electrocardiograph (ECG)</li> <li>have your blood pressure, pulse, oxygen levels and weight measured.</li> </ul>	<ul style="list-style-type: none"> <li>You will be seen by an anaesthetist who will look after you during your operation.</li> <li>You will be admitted to the Day Procedure Unit and usually transferred to Intensive Care after your operation.</li> <li>Your surgery will take around an hour.</li> <li>You will have an intravenous infusion, 'drip' in your arm to administer fluids and medications.</li> <li>On return to ward you will feel sleepy and nursed in a <b>sitting position</b>. This position is to help reduce swelling and reduce strain on your neck.</li> <li>You may have oxygen for 24 hours after your surgery.</li> <li>You will have frequent blood pressure, pulse and oxygen levels measured for the first 24 hours after surgery.</li> <li><b>A nurse will remind you to do your deep breathing and coughing and leg exercises.</b></li> </ul>	<b>You will</b> <ul style="list-style-type: none"> <li>have your blood pressure, temperature, pulse and oxygen saturations done every 4 hours.</li> <li>You will have bloods taken again to check your haemoglobin and Calcium levels.</li> </ul> 	
<b>Medication</b> 	<b>You will</b> <ul style="list-style-type: none"> <li>be asked about your medical history and medications you take.</li> <li>be told to stop taking aspirin one week before your operation. Some other blood thinning medications may need to be stopped earlier.</li> <li>discuss the anaesthetic you will be receiving.</li> </ul>	<b>Medications</b> Take your regular medications the morning of your operation. <b>You should not be taking Aspirin or any other blood thinning medication.</b> Upon return to the ward you would normally be receiving pain relief medication in a 'drip', the nurse will show you how to self administer additional pain medication. <b>Please advise nursing staff of any problems/concerns. Tell your nurse/doctor if you have any of the following problems.</b> <b>Breathing difficulty/muscle spasms/ tingling in your lips or fingertips.</b>	<ul style="list-style-type: none"> <li>You will have pain relief, tablets or injections.</li> <li>The intravenous fluids will stop if you are drinking enough.</li> <li>The pharmacist will see you and provide information on the medications which you will be taking home.</li> </ul> 	<ul style="list-style-type: none"> <li>Your medications will be returned to you.</li> <li>You will be provided with discharge medications.</li> <li>You will be advised what tablets to take for discomfort when you are at home.</li> <li>If you are on Aspirin / Warfarin / or any other blood thinning medication, make sure that you know when to start taking them again by discussing it with your doctor. You will need to continue taking these medications.</li> <li>The needle in your arm will be taken out before you go home.</li> </ul>
<b>Nutrition</b> 	<b>You will be</b> <ul style="list-style-type: none"> <li>Instructed when you should fast from before surgery. It is usual to have nothing to eat, except sips of water from midnight the day before your surgery.</li> <li>given instructions as to when you have to stop sipping water.</li> </ul>	After you return to the ward you will have nothing to eat/drink until you are completely awake, this may be up to 4 hours. Swallowing and eating may be difficult for the first day or two as you will have some soreness and swelling around your neck.	You may be back on your normal diet. It is not unusual to feel unwell for a day or two surgery. If you do, tell your nurse, who may be able to help with some advice or medication.	You should be having no problems with your normal diet. .
<b>Mobility</b>	<b>You will be</b> <ul style="list-style-type: none"> <li>Instructed on gentle exercises after your surgery</li> <li>Instructed about the need to get up soon after surgery to prevent complications.</li> </ul>	You will rest in bed until the anaesthetic has worn off. You are then encouraged to have short walks although it may not be until the next morning before you are out of bed. You may find bracing your neck helpful in avoiding sudden movements. Do your <b>deep breathing and leg exercises</b> (see back cover of this brochure.)	You will be encouraged to get out of bed in the morning and have short walks. Getting up soon after your operation has been shown to help with recovery, preventing problems such as chest infections and clots in the lungs.	Gradually increase the amount of walking you do each day, this will aid your recovery.
<b>Personal Care</b>	<b>You will be</b> <ul style="list-style-type: none"> <li>advised to shower before your operation.</li> <li>Advised to give up smoking to reduce risks associated with smoking and operations.</li> </ul>	After your operation you will be given a wash in bed and assisted with mouth care. You will have antiembolism stockings (TED) put on before your operation.	Nursing staff will assist you with a wash / shower, after which you will feel much better.	You will be showering and self caring with minimal assistance.
<b>Wound Care</b>	An incision is made in the front of the neck along the collar line, just under the Adam's apple The skin will be closed with either metal clips or stitches.	The incision will be covered with a dressing, and you will have a tube attached to a plastic bottle to prevent fluid from accumulating .	The dressing will usually be taken down today and you may have a dry dressing to cover the wound if you wish. It is also usual for the drain to be taken out today, (depending on the amount of drainage.)	Keep your dressing dry until the clips or sutures have been removed. The incision usually heals quickly
<b>Discharge and Education</b>	<ul style="list-style-type: none"> <li>When phoning the day before surgery, you will be given a time to come to hospital.</li> <li>You will be told to report to the admissions office, from here you will be directed to the Day Procedure Unit. (DPU)</li> </ul>		<p><i>This patient pathway is a guide to the care you will have during your stay in hospital. However, sometimes it may not be possible to follow the pathway exactly, due to complications or perhaps your particular condition does not fit .</i></p>	<p><b>Follow up by your surgeon: You will have an appointment 6 or 7 days after your operation for removal of your sutures / clips (If required). The nurse at Lister House will remove the sutures / clips and then get the surgeon to have a look at the wound and talk to you about your progress and further follow up.</b></p> <p>You will be given a wound care pamphlet to take home with you</p> 