



Department of Surgery

Thyroidectomy

Overview

The thyroid gland is an organ in the lower part of the neck that produces hormones that regulate the body's metabolism. Occasionally, it is necessary to remove all or part of the thyroid gland.

Reasons you may need a thyroidectomy include tumors or generalized enlargement of the gland (goiter) that can cause swallowing or breathing problems.

Thyroidectomy Risks

Bleeding: Significant postoperative bleeding is rare. If it does occur, immediate surgical treatment is necessary.

Infection: Infection can occur with any surgical procedure. This is a rare complication with thyroidectomy. If it does occur, prolonged antibiotic therapy and possible surgical intervention may be necessary.

Vocal cord paralysis: The recurrent laryngeal nerves are closely associated with the thyroid gland. These nerves may be injured during thyroidectomy. Occasionally, a recurrent laryngeal nerve is involved with cancer and must be sacrificed, resulting in vocal cord paralysis.

Vocal cord paralysis can cause hoarseness as well as swallowing problems. If total thyroidectomy is performed and both recurrent laryngeal nerves are injured, the patient may have difficulty breathing, and this condition could require tracheotomy. This is a very rare occurrence.

Hypocalcemia: The parathyroid glands regulate the calcium levels in the blood. These glands are intimately associated with the thyroid gland. During thyroidectomy, these glands may be bruised, or their blood supply may be compromised. Occasionally, parathyroid glands are removed if they are cancerous or could become cancerous.

Hypocalcemia can cause multiple problems, including cardiac arrhythmias, muscle spasms and seizures. If hypocalcemia occurs after thyroidectomy, it may be temporary or permanent. Hypocalcemia is treated with calcium and occasionally vitamin D supplementation.

Scar: The thyroidectomy incision is placed low on the neck or paralleling a prominent skin crease if possible.