

# Dr David Wilkinson

MBBS, FRACS

Specialist Thyroid and Parathyroid Surgeon

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## **AFTER YOUR SURGERY : WHAT YOU NEED TO KNOW**

### **SUMMARY OF KEY POINTS FOR WHEN YOU GO HOME**

If you have any concerns about **neck or throat symptoms** (significant swelling or redness), please let us know. Call the office first, or call Dr Wilkinson directly after hours.

Remove the **steristrips** (adhesive tapes) from the wound after 1 week. Shower and wash normally in the meantime. You may allow water to run over the steristrips, then pat dry.

Take **thyroxine** as instructed (if needed) – on an empty stomach, keep refrigerated.

Take **calcium** and calcitriol (for low calcium) as instructed, if needed. Have the blood tests as instructed and expect me to phone with the result. Contact me if you have not heard from me, or if you have tingling or cramps.

Follow up visit 6 weeks after surgery – call our office to make an appointment.

Dr Wilkinson will see you in the ward on the morning after surgery. He will give you a blood test form for thyroid hormone levels (or parathyroid and calcium) to be done a few days before your 6 week appointment.

You should be feeling well – get back to your normal activities quickly, but don't overdo it!

### **NECK OR THROAT SYMPTOMS**

During your recovery, it is **common to feel some internal tightness** in the front of your neck. This may be felt as an urge to cough or clear your throat, or the need to drop your chin and gulp when swallowing. You may feel some restriction in turning your head from side to side. If that happens, it is important to keep moving a little more each day, otherwise you may develop neck stiffness which can then take several weeks to resolve. Move your head in all directions, but avoid stretching too far backwards for the first week.

Some swelling of the tissues around and behind the wound is very common. The swelling may be diffuse (flattish) or localized to the central part, producing a little round bump, like a half a ping-

pong ball under the skin. These appearances are usually not troublesome, and will gradually get better over 1 to 2 months.

However, if you think you have more swelling than acceptable (such as a large tense area with redness or bruising, or a sense of restricted breathing), you must let us know by calling our office during the day, or call Dr Wilkinson directly if it is after hours. Sometimes we will ask you to send a photograph as an SMS (text message), or to see your GP or the hospital emergency department, depending on the circumstances.

## **WOUND CARE**

You will have either dissolving stitches hidden under the skin, or metal clips (staples) on the outside. These both produce an excellent cosmetic result. The choice of method for each individual patient depends on a number of factors, including skin type and time of discharge from hospital.

### **For dissolving stitches**

These are hidden under the skin. Your body absorbs them, so they do not need to be removed. You will have an adhesive tape (steristrip) lying horizontally over the wound.

### **For metal clips (staples)**

These will be removed before you go home from hospital. Because they are removed early, they do not leave any marks. They are applied very precisely and give accurate closure. When the nurse removes them, she/he will apply adhesive tapes (steristrips) across the wound (vertically).

### **For steristrips**

Leave the steristrips on for 1 week after surgery. No other dressings are required. You may let water run over the wound when you are washing. Gently pat dry afterwards. Leave them in place for 7 days after the operation, then gently peel them off. After a while, the tapes may begin to discolour slightly and lift off at the edges. If this happens, you may choose to peel them off a few days early (as long as at least 5 days have passed).

### **Topical skin applications**

Once the steristrips have come off, you may apply creams or oil to the skin. Most patients do not need any special skin care, and the scar will heal as a fine white line, becoming virtually invisible in time in the vast majority of people. However, if you have fair skin, a history of bad scars, feel anxious about it, or simply want to do something just in case, there are a few products you may choose to apply.

Topical skin applications such as Bio-Oil, Vitamin E cream or Rosehip oil may be helpful. A more intensive approach is to use a silicon gel such as the Strataderm brand. Put a drop of the gel on your fingertip, or directly to one end of the wound, and smear it along the wound to leave a thin, slightly shiny layer. Re-apply it each day after washing. Silicon may help to prevent bad scars in susceptible patients, but needs to be used every day for at least 3 months for best effect, so you may prefer to use a simpler method, or nothing at all, depending on your degree of concern.

Avoid strong direct sunlight and dehydration of the skin.

## THYROID MEDICATIONS

This only applies to “Total Thyroidectomy” patients.

If you have had the whole thyroid removed, you will require thyroid hormone replacement medication which is called thyroxine (T4 or levothyroxine) and some common brands are Oroxine and Eutroxsig. The dose will be estimated according to your body weight, and it will be adjusted after 6 weeks if necessary, depending on the results of a blood test done at that time. You will be given a pathology request form to take home with you from the hospital with an approximate date on which to do the test, a few days before your appointment to see Dr Wilkinson.

Thyroxine needs to be taken on an empty stomach. The usual routine is to take it as soon as you wake up, and then do not have any food (or milk or calcium) for half an hour. Alternatively, it can be taken between meals, which means at least 2 hours after a meal, and at least half an hour before a meal. Taking it some hours after a meal is more difficult to work into a routine, but is useful to know if you miss it in the morning and want to take it later. If you do miss a dose, you can simply double the dose the next morning instead (or even just go without it - that would not matter as long as it only happens on rare occasions).

Thyroxine must be kept in the refrigerator because otherwise it will deteriorate in time and lose its strength. If you are going to be travelling, or away from home for a few days, take only enough tablets for the time you are away, leaving the main supply in the fridge at home. While you are away, there will be times when you do not have access to a fridge, but this should not matter too much if it is for short periods of time.

Thyroxine does not have any side effects as such, because unlike other medicines, it is not a strange chemical that is completely foreign to your body. It has the same chemical structure as the natural thyroxine that your thyroid would make. We use exactly the same blood test to check the blood levels of thyroxine medication as the one that we use to measure natural thyroid hormone levels in anyone. If your dose is too low or too high, this will have the same effect as an under-active or over-active thyroid, and may cause problems with weight and energy. However, those kinds of symptoms are usually not due to the thyroid medication, so we wait until we have seen your 6 week blood test result before making any adjustments.

## CALCIUM

This information only applies to “Total Thyroidectomy” patients.

The little parathyroid glands that lie against the back of the thyroid are responsible for keeping your blood calcium level normal. If they are not working, the blood calcium falls very low. The resulting symptoms are a tingling sensation in the hands or around the mouth, and at lower levels, cramping of the hand muscles can occur. These symptoms are treated with calcium and special vitamin D supplements.

Parathyroid glands are tiny and very fragile, so they can be easily injured during thyroid surgery. Occasionally a parathyroid gland is hidden in a crevice in the surface of the thyroid and can be unavoidably removed with the thyroid. If this is noticed at the time, the parathyroid can be re-implanted into the neck muscle and may recover function after several weeks. More commonly, the parathyroid will be identified and retained in its natural position, but even then, its delicate blood

supply may be damaged, or the gland may be bruised. If it looks unlikely to survive, it can be re-implanted into the neck muscle where the rich blood supply can keep it alive.

You have four parathyroid glands, but you can afford to lose as many of three of them. As long as at least one of them is working properly, there is no problem. This means that if only half the thyroid is removed (hemithyroidectomy), calcium levels won't be affected, even if the two parathyroid glands on that side are not working. However, it is possible that the other half of the thyroid may need removal sometime in the future, so every effort is made to look after every single parathyroid!

If you have the whole thyroid removed (total thyroidectomy), this is when parathyroid function is at risk. A blood test for calcium levels will be done on the first two days after surgery, and the parathyroid hormone (PTH) level itself will also be measured. If these tests indicate that the parathyroids are not functioning adequately, calcium tablets (Caltrate) will be started. Sometimes a powerful form of Vitamin D is also needed (Calcitriol or Rocaltrol) to bring the blood calcium level up.

If you are sent home with these supplements, you will be given forms to have blood tests done each week or so, in order to monitor calcium levels. We expect to gradually reduce the dose until the parathyroid glands are functioning well enough on their own. This may take several weeks, and during that time we stay in contact by phone to supervise the dosage adjustments.