

## Pre-Op

### What to expect on your initial visit

- Thorough history and physical.
  - Review of your existing labs, x--rays and other information.
  - Ultrasound of your thyroid and neck if indicated.
  - Fine needle aspiration (biopsy) of a thyroid nodule or neck mass if indicated.
  - Evaluation of your vocal cords if indicated.
  - Discuss treatment plan and follow-up.
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### Special instructions before surgery

- Stop using Aspirin or Ibuprofen (Advil, Motrin) 7 days prior to surgery.
- If you are on a blood thinner such as Coumadin, Plavix, Effient, Brilinta, or any other blood thinning agent, this must be stopped. Talk to Dr. Kroeker as well as your cardiologist about when to stop this medication before surgery.
- Stop all vitamins, herbal supplements, and any other homeopathic medications for 7 days before surgery.
- You will receive a call from the outpatient surgery team several days prior to your surgery. At that time, a pre-operative nurse will review your medical information with you and will provide you with details for the day of surgery.
- Do not eat or drink anything after midnight the night before your surgery. Your stomach must be empty of food before you go to the operating room.
- You may have a very small sip of water to take your usual medications the morning of surgery unless Dr. Kroeker or the anesthesiologist has specified otherwise.
- The day of surgery, arrive at the hospital or surgery center at the specified time by the outpatient surgery department. Please arrive promptly and always allow extra time for Austin traffic

## Post-Op

### What to expect after surgery in the hospital

- Immediately following your surgery, Dr. Kroeker will locate your family and speak to them privately in a consultation room located near the waiting room.
- You will wake up in the recovery room where you will spend about an hour, to ensure you are fully awake and ready to go to your hospital room. Your family will be notified where to go in order to meet you upon your arrival in your hospital room.
- The head of your bed will be raised 45 degrees for the first 24 hours to prevent blood from pooling in the head and neck region.
- You will be able to speak and swallow immediately following surgery, although you will have a very sore throat from the breathing tube inserted by your anesthesiologist. This will ease over the course of a few days. Ice chips and throat lozenges will provide some relief.
- Your neck incision will be covered with white, thin, sticky strips called steri-strips.
- It is normal to have some discomfort, although you will be surprised how little pain you have following thyroid/parathyroid surgery. The discomfort is usually controlled with over the counter Tylenol and Ibuprofen, but stronger medications will be available should you need them. An ice pack placed directly over the incision will also provide some relief.
- Some people experience nausea and vomiting following surgery. Dr. Kroeker does NOT want you to vomit after surgery; therefore, if you feel the slightest bit of nausea, call your nurse immediately to ask for an anti-nausea medicine.
- After surgery, you may need calcium and vitamin D. Signs of low calcium are numbness and tingling around your lips, mouth, fingers, and toes. If you experience any of these symptoms, notify your nurse immediately. Dr. Kroeker will determine any necessary home needs at the time of discharge.
- You will be on a clear liquid diet immediately following surgery and will restart all of your home medicines. The following morning, you may resume a regular diet.
- You will have an intravenous line (IV) in your arm to give you fluids and medications until you are drinking adequately and taking your oral medications. At that point, the intravenous fluids will be stopped.
- Later in the day following your surgery, you will walk to the bathroom, sit in a chair, and walk in the halls. The nursing staff will be happy to assist you. The more active you are following surgery, the faster you will recover.
- Most patients who have thyroid and parathyroid surgery will go home the following morning after surgery.

## What to do and expect when you go home

- Eat regular food. Remember your sore throat will improve within several days.
- Resume your normal activities when you feel ready. Be active!
- It is normal to feel tired and groggy for the first few days after surgery. The amount of time for recovery varies for each patient. Return to work when you feel ready. Most patients take 3-7 days off from work.
- There are no activity or lifting restrictions after surgery.
- You may drive when you feel like you have good range of motion of the neck to be a good defensive driver.
- You may shower 24 hours after surgery. It is okay for water, shampoo, and soap to run over the top of the steri-strips. Do not scrub or rub the steri-strips. When you get out of the shower, pat the steri-strips dry with a towel.
- No swimming or soaking the incision underwater for 1 week after surgery.
- Do not remove or pick at the steri-strips. Dr. Kroeker will remove these in the office when she sees you for your follow-up visit.
- You may take over-the-counter Tylenol and Ibuprofen as needed at home for any discomfort you may have. Using an ice pack directly on the incision as needed can provide some relief during the first few days at home.
- If you had a total thyroidectomy, continue to take name-brand Synthroid (thyroid hormone) as prescribed.
- If you required calcium carbonate (Os-Cal, Caltrate, Tums, etc.) and vitamin D (rocaltrol/calcitriol) in the hospital, continue to take this as directed by Dr. Kroeker at home. If at all possible, do not take calcium at the same time as Synthroid, as calcium will interfere with the absorption of Synthroid.
- It is normal to have minor swelling around and under the incision site. This will disappear in the next 3-6 months.
- Call Dr. Kroeker's office to make a one week follow-up appointment.
- Call Dr. Kroeker's office or go to the nearest ER if you have any of the following:
  - persistent numbness or tingling around the lips/mouth or of the fingers/toes
  - redness/increased swelling/increased pain around the incision site
  - pain/redness/swelling in your leg
  - stabbing chest pain
  - difficulty breathing

## How to take care of your incision after surgery

- Do not remove the steri-strips. Dr. Kroeker will remove these at your follow-up visit.
- While the steri-strips are in place, do not place any cream or ointment on top of the strips.
- You may shower, but do not scrub or rub the steri-strips. Allow water/shampoo/soap to run over the steri-strips in the shower, then gently blot dry with a towel.
- If there are any tiny scabs, do NOT pick at them. Allow them to fall off in their own time. Do not “clean” your incision with anything (no soap, alcohol, etc.). Do not scrub or rub the incision in the shower.
- For first 2 weeks after steri-strips are removed by Dr. Kroeker: Apply a generous layer of Aquaphor 3-4 times per day and as needed to keep the incision moisturized.
- Following the 2 weeks of Aquaphor: Apply a silicone-based moisturizer such as Kelocote or a silicone scar strip. These are over the counter- you can find them at your local drugstore or on Amazon.com. Continue this for at least 3 months.
- Apply a broad-spectrum sunscreen SPF 50 or greater to the incision when outside, or wear a scarf/hat to protect the incision from the sun. Sun protection is vital for minimizing a scar and preventing hyperpigmentation.
- Six weeks after surgery, you may start gently massaging the scar several times a day to help soften underlying scar tissue.
- What to expect at your first post-operative visit
- The steri-strips will be removed, and the blue suture will be slide out easily.
- Your vocal cords will again be evaluated with flexible laryngoscopy.
- Dr. Kroeker will review the surgical pathology results with you.
- If you were discharged with Calcium and Vitamin D, you will be given a lab order to re-check the calcium level.
- If indicated, Dr. Kroeker will refer you to an endocrinologist for future follow-up.

## Trusted Patient Education Websites

### **American Association of Endocrine Surgeons**

<http://endocrinediseases.org/index.shtml>

### **American Thyroid Association**

<http://www.thyroid.org/patient-thyroid-information/ata-patient-education-web-brochures/>

### **National Cancer Institute**

<http://www.cancer.gov/cancertopics/types/thyroid>

### **American Cancer Society**

<http://www.cancer.org/cancer/thyroidcancer/detailedguide/index>