

General Instructions for Surgery

Pre-Admission Testing

All patients scheduled for surgery **must have the following tests done** at the facility of their choice up to 1 month before their planned surgery:

- Chem 7, CBC, PT, PTT
- EKG & Chest x-ray (age 45 and above, accepted up to 6 months prior to surgery)

The Day of Surgery

Please plan to arrive at La Peer Surgery Center or Cedars-Sinai Medical Center 2 hours prior to your surgery time. You will be called by the hospital or surgery center to confirm your surgery on the day prior to your surgery. If they have not called by 4:30 pm that day, please call **our office**.

Do not eat after midnight before your planned surgery. You can have clear liquids up to 8 hours before surgery. You may take your usual asthma, heart, blood pressure or seizure medication with a small sip of water that morning, unless otherwise advised. **Please do not take any aspirin or other over the counter pain medications for one week before your surgery.** You may use Tylenol in the week before surgery. If you are a diabetic, consult with your physician before taking your medication.

If you develop a cold, sore throat, fever or any illness, please call your surgeon's office prior to your surgery.

Welcome to the Center for Advanced Head & Neck Surgery. We are committed to providing our patients with experienced and distinguished surgeons and outstanding care. Our interdisciplinary, highly specialized surgical program for thyroid and parathyroid disease continually evolves, as a consequence of our dedication to giving our patients the most advanced treatment options. Since almost half of those patients who are recommended for surgery can be successfully treated medically, the main goal of our surgeons is to screen out those patients who do not truly need surgery. Our mission is to provide state-of-the-art diagnosis, treatment, education and research for thyroid and parathyroid disorders. Visit our website for more information on thyroid or parathyroid disorders.

Minimally Invasive Thyroid Surgery

Thyroid & Parathyroid
Surgical Program

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If you need thyroid surgery, it is important to know what to expect. The following are some of the most frequently asked questions:

How long will I be hospitalized?

Patients who are having half of their thyroids removed (hemi-thyroidectomy), will most likely be released to go home on the same day. When the entire thyroid (total thyroidectomy) is removed the patient may stay overnight and be released the following morning, in a majority of cases. Some patients with total thyroidectomy may be released the same day.

What type of anesthesia will I have?

General anesthesia is used in a majority of cases. With general anesthesia you are completely asleep during the operation.

How big is my incision?

Roughly an inch, unless the thyroid gland or the nodule is too big to remove through this small incision. In cases where the cancer is more extensive a larger incision may be necessary.

What are the advantages of the minimally invasive thyroid surgery?

The main advantage is **less trauma** to the tissue, thus you have less pain and recover faster. Additionally the incision is much smaller.

Will the lymph nodes be removed?

In all patients with the diagnosis of thyroid cancer, a lymph node dissection in the central compartment (around the thyroid-in the middle of the neck) is carefully considered. When indicated it is done through the same incision.

Will I have pain after the operation?

All operations involve some pain and discomfort. Our goal is to minimize this discomfort. At the time of operation, your surgeon will give you some numbing medicine that lasts for hours. The main complaint is sore throat which lasts 4 days. Most patients take Tylenol® to keep comfortable at home. However, stronger pain medications (such as Vicodin) is always prescribed as an additional measure.

When will I know the findings of the surgery?

The final pathology report requires careful study of the surgical specimen. Therefore, the final report is usually not available until about one week after the operation.

Will I have stitches?

Absorbable stitches are used under the surface that do not need to be removed. The incision will then be covered with a tape, which is waterproof so that you can shower as usual (but do not submerge the incision for 7 days). The tape will peel off on its own within 3-4 days after which antibiotic ointment (any over the counter brand) should be applied to the wound for the next 5 days to improve healing.

Will I have a scar?

Yes. All surgery causes scarring, and how the patient scars is dependent on the individual. However, there are some techniques that we use to minimize scarring. These techniques include: smaller incision size, careful incision placement, and hypoallergenic suture material (to avoid inflammation). As a general rule, it is unusual for adults to have a noticeable scar after six months. Your surgeon will discuss with you what creams to use after surgery to improve the healing process.

Will I have any physical restrictions after my surgery?

Swimming is the only major restriction. In general, your activity level depends on the amount of discomfort you experience. Many patients have resumed golf or tennis three weeks after the operation. Most patients are able to return to work within the first two weeks, and you are able to drive as soon as your head can be turned comfortably (this limitation is for driver safety). You must see your surgeon for a routine follow-up office visit one week after surgery.

What are the complications unique to thyroid surgery?

Bleeding may rarely occur in the area of the surgery. This usually happens as a consequence of an elevation of blood pressure, which causes a blood vessel in the are of the surgery to open up and start

to bleed. This is the reason for limitation in activity or lifting heavy objects for several weeks after surgery. Patients are strongly advised to stay in bed and use an icepack for the first 24 hours, to help prevent bleeding. Bleeding is a life threatening emergency and must be treated immediately.

In about 1 in 150 thyroid operations, the nerves that control the voice are affected by the surgical removal of the thyroid. When this occurs, the main difficulties are projection of the voice and production of high-pitched sounds. It is usually described as hoarse, but will not necessarily be considered abnormal by strangers. Usually, voice changes are temporary, so the voice will return to normal within a few weeks; permanent change is rare.

In about 1 in 200 thyroid operations, the parathyroid glands will not function as a result of surgery. These are four delicate glands that are located near the thyroid. Since the parathyroid glands control calcium levels, their dysfunction usually results in a lowered calcium level. Therefore, some patients require calcium supplements on a temporary basis. If the parathyroids do not function properly, calcium or vitamin D may be needed on a permanent basis.

All these possible complications are directly related to the operative experience of the surgeon. Although the risk of these complications cannot be eliminated entirely, they can certainly be minimized in the hands of an experienced thyroid surgeon.

We hope that this pamphlet has answered some of your questions about thyroid surgery at The Center for Advanced Head & Neck Surgery. We encourage you to talk to your physician to learn more about your thyroid disease and planned surgery. Although individuals have different needs, most patients follow these guidelines for their operative course. Your surgeon will discuss your individual needs at the time of your pre-operative consultation. If you find that you have additional questions after your consultation, it is a good idea to write them all down and then call your surgeon.