

△ GENERAL INFORMATION

The thyroid gland is located in the neck on each side of the *trachea* (windpipe), just below the *larynx* (voicebox). It manufactures hormones that regulate how slow or fast many areas in your body work.

Sometimes the cells in the thyroid gland don't work as well as they should; they are weak. The body has the thyroid make more cells, expecting that having more cells will make up for the fact that they are weak. The result is that the thyroid gland becomes large. This is called a *goiter* (Fig. 1). The reason these cells are weak may be unknown, or the weakness can be an inherited trait, or there may not be enough iodine in the diet (rare).

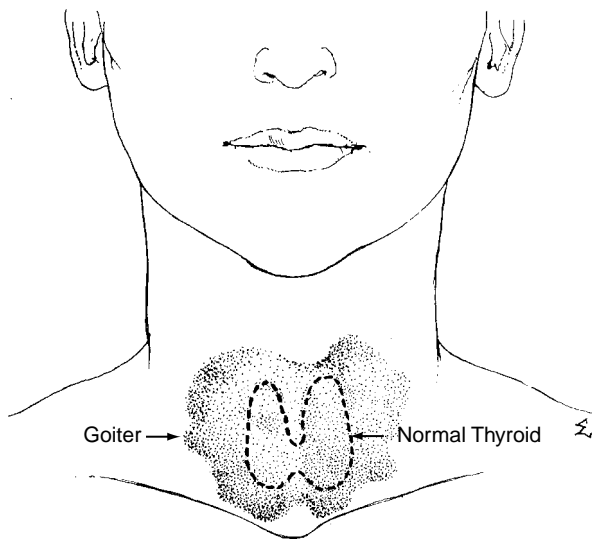


Figure 1. A goiter can assume many shapes inside the neck and can come close to vital structures such as the recurrent laryngeal nerves that supply the larynx (voice box), the parathyroid glands that regulate calcium metabolism, and the trachea (windpipe). These structures must not be damaged during the operation.

COMMON SIGNS AND SYMPTOMS

- Some difficulty with breathing or swallowing.
- A change in the character of the voice.
- The veins in the neck stand out.

DIAGNOSIS

The diagnosis can be determined by taking a detailed history, doing a thorough physical examination, and considering the laboratory reports carefully. Some or all of the following tests may be done:

- You will have an examination of your blood, urine, heart (EKG), and lungs (chest x-ray).
- Ultrasound: Harmless sound waves are aimed at the area of your thyroid gland. The sound waves bouncing back (the echoes) from this area are seen as a picture on a screen. Ultrasound is a convenient and painless way to examine fine details in your thyroid gland.

- CT scan (computed tomography scan): These special x-rays are taken as very thin slices through the neck and upper chest. This makes it possible to see more accurately how large the gland is, how much it surrounds and presses on the trachea and esophagus, and whether it extends down into the chest.

○ TREATMENT

The treatment of a goiter depends a lot on the cause of the goiter.

- Inherited difficulty with making thyroid hormone: Give the hormone (thyroxin).
- Rarely, there is not enough iodine in the diet: Supply the iodine or give hormone.
- Stop any medicines that prevent the thyroid from making hormone.

An operation to remove most of the thyroid is recommended in the following circumstances:

- The goiter responds poorly or not at all to other treatments.
- The symptoms (pain, difficulty with swallowing or breathing, voice change) continue.
- There are many lumps in the thyroid. This type doesn't respond well to medical therapy.
- The person with the goiter simply wants it removed because it is unsightly.

PREOPERATIVE PREPARATION

- Do not eat or drink anything for 8 hours before the operation.
- Shower (and shave) as usual on the morning of the operation.

□ OPERATION

- You will be asleep for the operation.
- A cosmetic incision will be made crosswise in a crease in your lower neck.
- The operation usually takes about 2 hours.

POSTOPERATIVE CARE

- You will be taken to a recovery room and observed. When your blood pressure, pulse, and breathing are stable, you will be taken to a regular hospital room.
- Pain will be controlled with medicine.
- You may be a little hoarse for a few days.
- That evening you will be helped to sit up in bed and on the next day to get out of bed.
- You will advance from drinking liquids to eating solids within 24 hours of the operation.
- You should be able to go home in 1 or 2 days.
- As with any operation, complications are always possible. With this type of operation, they can include bleeding, low calcium, and hoarseness. The hoarseness is usually temporary, but very rarely it can be permanent. There are ways to treat this.
- Arrangements will be made for your medicine, follow-up office visit, and stitch removal.

⊕ HOME CARE

- You may walk about as you wish, even climb stairs.
- Unless instructed otherwise, you may shower if you

wish and with any dressings on or off. After you dry yourself, replace any dressings with clean, dry ones.

- Don't drive a car unless you can move freely and without pain and you are not taking medicines that decrease your alertness.
- You may return to work when you feel up to it but let's first talk about it during your follow-up office visit.

 **CALL OUR OFFICE IF**

- You develop any tingling of the fingers, toes, or around your lips, or you develop cramps or spasms of your hands or feet.
- The incision becomes red or swollen, or there is drainage from it.
- You develop a temperature higher than 100°F.
- You have any questions.