



PATIENT INFORMATION

Complex Thyroidectomy

*Please bring this book to the hospital
on the day of your surgery.*

THE OTTAWA HOSPITAL

Name _____

Disclaimer

This is general information developed by The Ottawa Hospital. It is not intended to replace the advice of a qualified health-care provider. Please consult your health-care provider who will be able to determine the appropriateness of the information for your specific situation.

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Introduction

Welcome to The Ottawa Hospital. You are being admitted for a Thyroidectomy.

Please read and bring this booklet to the hospital, as team members will refer to these instructions throughout your hospital stay.

This book will tell you how to prepare for surgery, your hospital stay and care at home after your surgery.



Health-Care Team

The following members of the health-care team will help you during your hospital stay.

Otolaryngology (ENT) Surgeon

The Otolaryngology Surgeon and team of surgical residents will discuss your care and answer any questions you might have. The Surgeons will be in charge of your care.

Clinical Manager

The Clinical Manager provides leadership, direction and supervision to ensure the clinical unit is running effectively and efficiently.

Clinical Care Leader (CCL)

The CCL assists the manager to ensure the clinical unit is running effectively and efficiently.

Nurse Educator

The Nurse Educator is responsible for designing, implementing, evaluating and revising academic and continuing education for nurses.

Nurse

The Nurse will be responsible for the management of your care; through on-going assessment, and by ensuring that your learning and teaching needs have been met.

Patient Care Assistant (PCA)

The PCA will work with the team to help with your care, for example, by providing baths, assisting you out of bed, to the toilet as needed.

Physiotherapist

The Physiotherapist will help you regain your functional ability after your surgery as needed.

6 North West ENT Unit

Visiting unit information:

- **Your** information is personal and confidential and **family cannot** be given information over the telephone.
- Leave all valuables at home, or have a relative retain them for you.
- There is a visitor's/patient lounge that is located on the 6 North West Unit.
- You will be given information about our unit upon arrival.

Clinical Pathway – Complex Thyroidectomy			
	Day of Admission / Surgery Post-Op	Post-Op Day 1	Post-Op Day 2 Possible Discharge Day
Tests	<ul style="list-style-type: none"> • Lab tests 	<ul style="list-style-type: none"> • Lab tests 	<ul style="list-style-type: none"> • Lab tests
Treatments	<ul style="list-style-type: none"> • Intravenous (IV) • Wound • Drain output 	<ul style="list-style-type: none"> • Saline lock • Wound • Drain output 	<ul style="list-style-type: none"> • Removal of drain • Saline lock • Wound
Medications	<ul style="list-style-type: none"> • Pain medication as needed • Patient specific medications • Oxygen as needed 	<ul style="list-style-type: none"> • Pain medication as needed • Patient specific medications 	<ul style="list-style-type: none"> • Pain medication as needed • Patient specific medications
Activity	<ul style="list-style-type: none"> • Head of bed up • Deep breathing and coughing every hour while awake • Foot and Ankle exercises • Walking with assistance as needed 	<ul style="list-style-type: none"> • Head of bed up • Deep breathing and coughing every hour while awake • Foot and Ankle exercises • Walking independently 	<ul style="list-style-type: none"> • Head of bed up • Deep breathing and coughing every hour while awake • Foot and Ankle exercises • Walking independently
Nutrition	<ul style="list-style-type: none"> • Clear fluids to regular diet 	<ul style="list-style-type: none"> • Resume regular diet 	<ul style="list-style-type: none"> • Resume regular diet
Patient Teaching/ Discharge Planning	<p>Patient Teaching</p> <ul style="list-style-type: none"> • Reinforce: <ul style="list-style-type: none"> Signs and symptoms of low calcium levels Smoking cessation <ul style="list-style-type: none"> – Deep breathing and coughing Foot and ankle exercises Pain control goals Diet <p>Discharge Planning</p> <ul style="list-style-type: none"> • Discuss expected length of stay/discharge plan with the patient/family 	<p>Patient Teaching</p> <ul style="list-style-type: none"> • Patient has teaching booklet • Reinforce: <ul style="list-style-type: none"> Signs and symptoms of low calcium levels Smoking cessation <ul style="list-style-type: none"> Deep breathing and coughing Foot and ankle exercises Pain control goals <p>Discharge Planning</p> <ul style="list-style-type: none"> • Review discharge issues • Confirm 10 a.m. discharge plan with patient/family • Follow-up appointment(s) made 	<p>Patient Teaching</p> <ul style="list-style-type: none"> • Review discharge teaching instructions as per education booklet <p>Discharge Planning</p> <ul style="list-style-type: none"> • Review discharge issues/discharge plan with the patient/family • Possible discharge day if discharge criteria met

Clinical Pathway – Complex Thyroidectomy		
	Post-Op Day 3	Post-Op Day 4 Discharge Day
Tests	<ul style="list-style-type: none"> • Lab tests 	<ul style="list-style-type: none"> • Lab tests
Treatments	<ul style="list-style-type: none"> • Saline lock • Wound 	<ul style="list-style-type: none"> • Saline lock • Wound
Medications	<ul style="list-style-type: none"> • Pain medication as needed • Patient specific medications 	<ul style="list-style-type: none"> • Pain medication as needed • Patient specific medications
Activity	<ul style="list-style-type: none"> • Head of bed up • Deep breathing and coughing every hour while awake • Foot and Ankle exercises • Walking independently 	<ul style="list-style-type: none"> • Head of bed up • Deep breathing and coughing every hour while awake • Foot and Ankle exercises • Walking independently
Nutrition	<ul style="list-style-type: none"> • Resume regular diet 	<ul style="list-style-type: none"> • Resume regular diet
Patient Teaching/ Discharge Planning	<p>Patient Teaching</p> <ul style="list-style-type: none"> • Review discharge teaching instructions as per education booklet <p>Discharge Planning</p> <ul style="list-style-type: none"> • Confirm 10 a.m. discharge plan with patient/family • Prescription(s) written • If blood work necessary, forms given • Follow-up appointment(s) made 	<p>Patient Teaching</p> <ul style="list-style-type: none"> • Review discharge teaching instructions as per education booklet • Take education booklet home <p>Discharge Planning</p> <ul style="list-style-type: none"> • Follow-up appointment(s) provided • Prescription(s) provided • If blood work necessary, forms given • Discharge home by 10 a.m.

Preparing For Surgery

Helpful points before coming to hospital

- Exercising: walking at a brisk pace for 30 to 45 minutes daily starting with the confirmation of your upcoming surgery.
- **Stop Smoking!** Tobacco in any form should be avoided. This includes pipes, cigars, cigarettes, and chewing tobacco. Tobacco smoke has many harmful substances that damage cells. Smoking places you at risk for lung complications after surgery. Cilia (lining of the airway) helps expel secretions. Long term exposure to tobacco smoke destroys cilia and, as a result, you may have more difficulty clearing secretions after surgery. It is never too late to stop smoking. Smoking cessation programs can help you stop smoking.

Prevention and Wellness Centre: 613-761-4753

- This six month program involves behavioural therapy; addictive disorders therapy; pharmacologic therapy (nicotine patch or gum); and relapse prevention.
- Covered by the Ontario Health Card or the Régie d'assurance maladie du Québec
- Offered in English and in French

The Public Health Information Line at 613-724-4179

- Multilingual

The Pre-Admission Unit Visit

Before you are admitted for surgery you will have an appointment at the Pre-Admission Unit (PAU). Please bring all of your regular medications, including your over the counter medication and herbal remedies to this appointment. A nurse and a doctor will see you. The nurse will ask about your medical history and what medications you usually take.

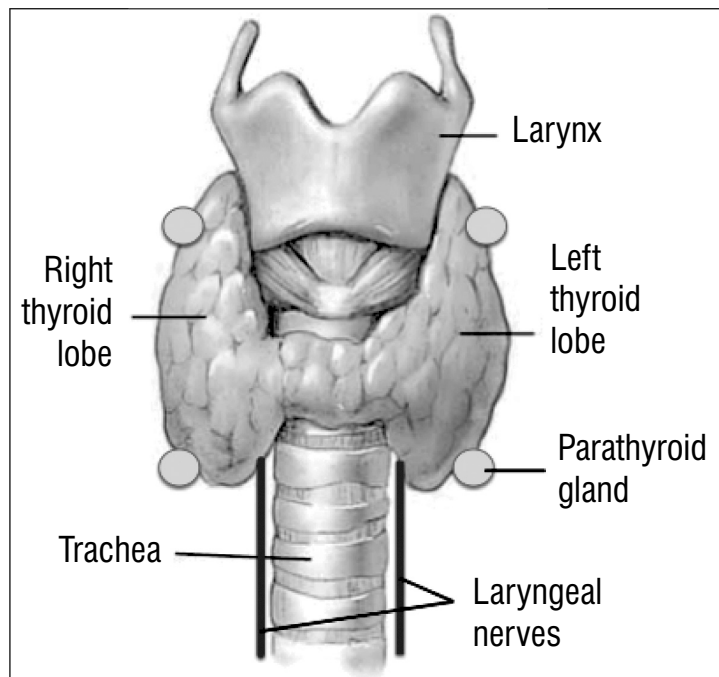
Morning of Your Surgery (Pre-op)

Please follow the pre-op instructions provided by the nurse during your PAU visit.

- If you have been told to take some of your usual medications (such as your blood pressure pills or heart pills) on the morning of surgery, you may take them with a sip of water.
- Bring in your personal care items such as a toothbrush, comb, and shampoo.
- Bring telephone numbers of your spouse/relative who will be helping you, so they can be contacted if needed. Include the home, cell and work numbers.

What is a Thyroidectomy?

This is an operation to remove the thyroid gland. The thyroid is located at the base of the neck. It is shaped somewhat like the letter “H”. The right and left lobes lie on either side of the trachea (windpipe). The thyroid gland stores and releases hormones. These hormones are necessary to maintain balanced energy levels. Sometimes surgery is necessary to treat thyroid problems. These include overactive thyroid (hyperthyroidism or goiter) or cancer of the thyroid. The thyroid gland can be totally or partially removed (called thyroidectomy). A person who has had a total thyroidectomy must take a thyroid pill (hormone replacement) every day for the rest of their life. With a partial thyroidectomy there may be enough thyroid hormone left, eliminating the need for a thyroid pill.



Lying at each of the four corners of the thyroid gland are four small parathyroid glands. These glands release hormones that maintain balanced calcium levels. Calcium is important to proper functioning of your heart and muscles. Too much or too little calcium can be dangerous to your health. Sometimes surgery for the thyroid causes temporary injury to the parathyroid glands. If they become injured, the parathyroid gland may not release the necessary amount of hormones, and the calcium levels in your blood may drop. Your blood calcium levels will be monitored very carefully after surgery for this reason. Early signs of low calcium levels may include numbness and tingling around your mouth or fingers. If your calcium levels fall, you will be given calcium and vitamin D supplementation until the levels return to a normal, safe level. You may have to continue taking calcium and vitamin D as prescribed for a few weeks after surgery until the parathyroid glands recover their normal function.

Two important nerves lie under the thyroid gland and run along each side of the trachea. These nerves control movement of the vocal cords. Although rare, sometimes surgery for the thyroid can cause temporary or (very rarely) permanent injury to one or both of these nerves. If one nerve is injured, you may experience temporary or permanent hoarseness. If both nerves are injured, you may have difficulty breathing. If this happens, you may require another surgery to allow you to breathe. Your breathing and voice will be monitored carefully after surgery. It is common to have some hoarseness following surgery caused by irritation from the breathing tube used during your surgery. This usually resolves after a few days and does not mean the nerves to your vocal cords were damaged. Permanent vocal cord or nerve injury is very rare.

Patient length of stay can be two to four days; however stay may be extended until calcium level stabilize.

After Surgery (Post-Op)

Following surgery, you will awaken in the Post-Anaesthetic Care Unit (PACU). When you are ready, you will be transferred to a room on the 6 North West ENT Unit.

Pain Management

The goal is well-controlled pain at rest and with activity. With good pain control at rest, you will be comfortable enough to sleep. With activity, there may be an

increase in pain but should not prevent you from deep breathing and coughing, and moving about as well as you like.

You will be given medication to control your pain either by pills or by injection. It is important to report any discomfort to your nurse.

Your pain will be assessed using a scale of 0 to 10. Zero is no pain and 10 is the worst pain possible. You will be asked to rate your pain level, both while resting and during activity. In addition, you will be asked if the pain prevents you from moving and if you are satisfied with your pain.

Wound Care

The incision(s) are usually closed with sutures, staples, or steristrips. If there is a dressing on your incision it will be removed when there is no drainage and left open to air.

Surgical Drain

The surgeon may insert a small drainage tube at the time of surgery. It is used to collect excess discharge that collects in the area of the surgical site. It will be in place for a couple of days before being removed by the nurse.

Intravenous (IV)

You will have an IV to replace your fluids until you are able to drink well. Once you are drinking sufficiently, the nurses will stop the IV fluids but maintain IV access with a saline lock. Do not pull on the IV tubing. When walking, push the IV pole using your hand that does not have the IV.

Oxygen

Oxygen is an important part of the air we breathe. Sometimes the body may require extra oxygen.

During your hospital stay, you may receive extra oxygen. This is given through a mask placed over your nose and mouth or small tubes placed in your nostrils (nasal cannula).

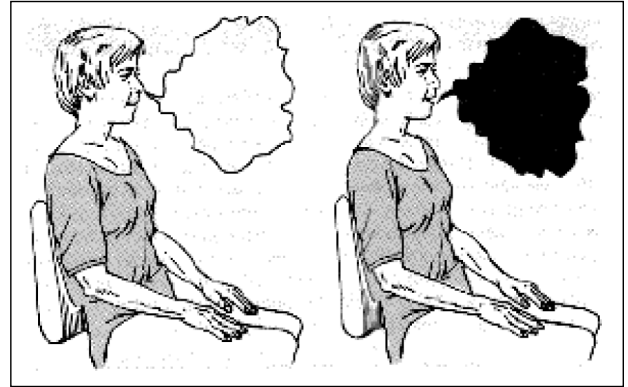
The amount of oxygen in your blood is testing by placing a small clip on your finger. This is called pulse oximetry. This test is used to check that your body is getting the right amount of oxygen. When you no longer need extra oxygen it will be removed.

Deep Breathing and Coughing Exercises

After surgery, we tend to take smaller breaths. This can be due to pain, anaesthetic medications given during surgery, or due to you not being as active as before your surgery. Doing deep breathing and coughing exercises will help to keep your lungs healthy.

Deep breathing exercises work best when you are sitting up in a chair or on the side of the bed.

- Take a deep breath in through your nose. Hold for three seconds.
- Breathe out through your mouth slowly.
- Repeat this exercise ten times each hour while you are awake and until your activity level increases.



Coughing exercises help to loosen any secretions that may be in your lungs and should be done after your first five deep breaths.

Keep Moving

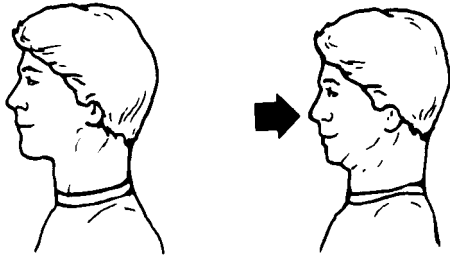
- While in bed it is important to change positions frequently.
- To avoid stress on the incision, support the head and neck with your hands while moving.
- Avoid unnecessary talking and strong coughing.
- You will be encouraged to be out of bed and walking.
- You will be taught exercises for the neck, **to begin after you have had your follow-up appointment** with your physician and he/she has told you to start your exercises.

You should report any of the following:

- Difficulty swallowing
- Nausea and/or vomiting
- Any tightness or pressure around the incision site
- Numbness or tingling around mouth or toes and fingers

Neck Exercises

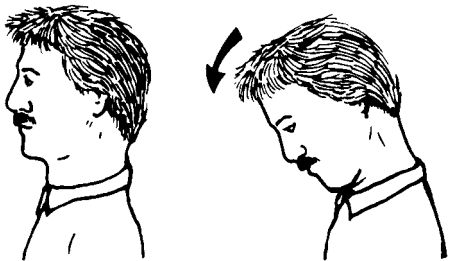
These exercises should only **begin after you have had your follow-up appointment** with your physician and he/she has told you to start your exercise. After the incision is healed, these exercises are to be done daily and repeated as indicated. These exercises are to be done slowly in a controlled manner, which may cause mild discomfort lasting a few minutes. If pain is more severe or longer lasting, stop the exercises and consult your doctor. Follow instructions carefully.



1. **Head/Neck Retraction:**

Sit comfortably. Tuck your chin in, and draw your head and neck backwards as far as you can. (Do not tilt your head backwards, as in looking up). Hold for five seconds. This exercise can also be done in a lying position.

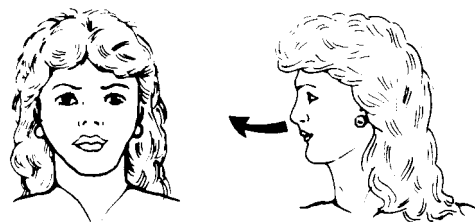
Repeat five to ten times.



2. **Flexion:**

Slowly drop your chin towards your chest. Hold for slow count of five. Return to starting position. Keep chin in.

Repeat five to ten times.



3. **Rotation:**

Slowly turn your head to the right as far as you can. Hold for five seconds. Return to starting position.

Repeat five to ten times.

Repeat to the left.



4. **Side Bending:**

Tilt your head to the right. Bring your ear towards your shoulder. Keep looking straight ahead. Hold for slow count of five. Return to starting position.

Keep chin in. Repeat five to ten times.

Repeat to the left.

Walking

Walking is an important part of your recovery. At first you **may** need help from your physiotherapist or nurse. Frequent short walks during your hospital stay will help fill your lungs with air and regain your strength. You should continue these walks at home while slowly increasing the distance walked.

- This exercise program should be done slowly and continued at home for at least two weeks.
- Do not lift more than ten pounds for three weeks.

Discharge Teaching Instructions

When you are discharged from the hospital, you may need general help at home. **It is best to make plans before being admitted to the hospital for your surgery.** Discuss your discharge plans with your nurse.

Look at your Clinical Pathway as this will give you and your family an idea of what to expect on a daily basis.

Before leaving the hospital, make sure you have:

- Your prescription for your medication.
- Your surgeon may request that you have blood work done before your follow-up appointment. If blood work is necessary you will be given a form and instructions before leaving the hospital.
- Information regarding a follow-up appointment to see your Otolaryngology Surgeon in about one to three weeks.
- Arranged for someone to pick you up at 10 a.m. on the day of discharge.

Be sure you understand information related to the following, as well as any additional information not provided in this booklet.

Activity

- Avoid strenuous exercise including lifting heavy objects, grocery bags, shoveling snow and pushing a lawn mower until after you have seen your doctor at your first follow-up appointment.
- Resume your regular activities gradually over two to three weeks. Discuss any specific concerns with your doctor.
- Do not drive your car while taking narcotics to manage your pain.

- Take frequent rest periods as necessary. Let your body be your guide.
- **Do not begin neck exercises until after you have had your follow-up appointment** with your physician and he/she has told you to start the exercises as indicated.

Wound Care

- Observe the incision for increased redness, tenderness, drainage, and open areas. Notify your doctor if any of these occur.
- Swelling or bruising may appear around the wound. This may continue for several weeks.
- Shower or tub bath as you prefer. Avoid hot tubs, Jacuzzis and saunas.
- Clean your incision with mild soapy water and pat incision dry.
- The sutures (stitches), clips (staples) in your neck incision will be assessed at your follow-up visit with the surgeon. If steri-strips are in place they will fall off on their own, if they remain in place after two weeks gently remove them.

Medication

- If advised to take thyroid medication and/or Calcium and Vitamin D supplementation, a prescription will be provided.
- Take pain medication as needed, for example, before going to bed, prior to activities. You should expect some pain for a length of time after discharge.
- Add fiber to your diet to avoid constipation from the pain medication, e.g. bran, whole grains, fruit. A laxative or stool softener may be necessary until your bowels are regular.

When to call the doctor or go to the Emergency Department

- Chills or fever (temperature greater than 38.5° C)
- Increased pain, redness, swelling or drainage or open areas in the incision.
- Difficulty breathing
- Increased pain in your throat and or difficulty swallowing
- Swelling in your leg(s)

Symptoms of HIGH Calcium:

- Severe constipation, unrelieved by laxatives, lasting two to three days.
- Nausea that interferes with your ability to eat, and is unrelieved by prescribed medications.
- Vomiting (vomiting more than four to five times in a 24 hour period).

Symptoms of LOW calcium:

- Numbness or tingling of fingertips or around your mouth that does not go away after 10 to 15 minutes.
- Muscle spasm or twitching.

Follow-Up

You will see your Otolaryngology Surgeon in one to three weeks after you leave the hospital. Your appointment will be at the Otolaryngology (ENT) Clinic located at the General Campus on the 2nd Floor, Module O. During this visit, your surgeon will check your incision and review your blood work (if required). Discuss any specific concerns you may have at this time with your surgeon. If you wish to contact your Otolaryngology Surgeon for any post-operative issues or to reschedule your appointment etc., please call the number for your surgeon below.

Otolaryngology Surgeon can be reached at:

Dr. H. Alsaffar Office number: 613-739-6831

Dr. S. Johnson-Obaseki Office number: 613-737-8596

Dr. A. Lamothe Office number: 613-737-8372

Dr. K. MacDonald Office number: 613-729-2834

Dr. L. McLean Office number: 613-562-9000

Dr. M. Odell Office number: 613-737-8899, ext. 73287

Otolaryngology Surgeon: _____

Office number: _____

Resources

The diagnosis and treatment of thyroid cancer may have a major impact on you and the people close to you. The disease may affect your physical, emotional, social, spiritual and practical needs. As a result, you may experience many issues. There are many resources available within the hospital, community and internet to help you and your family.

The Ottawa Hospital Learning Services

Do you need help finding more information about your disease?

Please email Learning Services at learningservices@toh.ca.

Publications

- *What You Really Need to Know About Cancer: A Comprehensive Guide for Patients and Their Families*. R. Buckman, Key Porter, 1995.
- *Everybody's Guide to Cancer Therapy: How Cancer is Diagnosed, Treated, and Managed Day to Day*. M. Dollinger, E.H. Rosenbaum, G. Cable. Sommerville House, 1995.
- *Coping With Cancer Magazine* Published bi-monthly phone: 790-2400 E-mail: Copingmag@aol.com

Telephone

- **Canadian Cancer Society** 1-888-939-3333

General information on health

- www.publichealth.gc.ca
The Public Health Agency of Canada provides bilingual online national health information. They are a division of Health Canada.
- www.nlm.nih.gov
U.S. National Library of Medicine. Select "Medline Plus" to find information for patients on cancer and other health topics. You can search the Medline database (PUBMED) for free from this site.

General information on cancer

The web sites in this section are from national, government, non-profit and professional organizations and contain general information on cancer treatment, prevention, support etc. and links to other sites. If you are looking for information on rare cancers, you may wish to check these sites.

National organizations:

- www.cancer.ca
Canadian Cancer Society – includes information about prevention, treatment, support in the community. Many booklets are available in PDF format.
- cancer.org – American Cancer Society
- www.wellspring.ca – Wellspring (cancer support group)

Government and non-profit organizations

- cancercare.on.ca
Cancer Care Ontario is the agency of the Government of Ontario that oversees provision of cancer care in the province. Practice guidelines, drug information and links to the other Cancer Centre's in Ontario are found here.
- www.cancer.gov
U.S. National Cancer Institute's site. Treatment and supportive care information for patients and health professionals. Clinical trials information is available here.
- www.cancercare.org
Cancercare is a US site that offers treatment information, supportive care and many free publications.
- www.cancerindex.org
Guide to Internet Resources for Cancer. Extensive resources for cancer information from around the world. A good source for information on rare types of cancer. U.K.
- www.hc-sc.gc.ca
Health Canada's Web site. Has information on many health-related topics, as well as cancer. Also has information on nutrition.
- www.oncolink.org
Oncolink, from the University of Pennsylvania Cancer Centre, is an excellent source of treatment, clinical trial, support information and cancer news. U.S.

Cancer Web Resources

- **Canadian Cancer Encyclopedia:**
www.thecanadianencyclopedia.com/en/article/cancer/
- **CancerNet (U.S. National Cancer Institute):**
www.cancer.net

Professional organizations:

- www.asco.org
American Society of Clinical Oncology. ASCO is the professional organization which represents cancer physicians.
- www.astro.org
American Society for Therapeutic Radiology and Oncology. Includes patient information on radiation therapy and related links.

We hope this booklet has helped to guide and support you at this time. This information comes from team members and patients like you. Your suggestions are important. The Division of Otolaryngology asks for your support in attaining Excellence in patient Care, Research and Education. Donations are welcome and should be directed to The Ottawa Hospital Foundation with attention to the: Ear, Nose and Throat fund.

The Ottawa Hospital Foundation

Attention: Ear, Nose and Throat Fund

737 Parkdale Avenue, 1st floor (Box 610)

Ottawa ON K1Y 1J8

www.ohfoundation.ca

613-798-5555, ext. 14677

Notes