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Risks and Complications of Thyroidectomy

Thyroidectomy is an operation to remove part or all of the thyroid tissue in the neck. It is performed for cases of confirmed or suspected thyroid tumors and some cases of hyperthyroidism (overactive thyroid gland).

As with any surgery, there are not only benefits but also risks. The following information will help you understand the risks of a Thyroidectomy. As with any operation, there may be some unanticipated complications beyond those listed here.

Bleeding: Substantial bleeding requiring transfusion is extremely rare. A hematoma or collection of blood under the skin incision is unusual. Removal of the clot may require additional surgery and prolonged hospitalization.

Infection: Though infection is not common, it is a risk with any surgical procedure. Should infection occur, it may require prolonged treatment in and out of the hospital. Fortunately this is a rare complication. A wound infection occurs in a few cases and is treated with antibiotics and drainage is usually not a serious problem.

Hoarseness / Swallowing Difficulty: The nerves controlling the vocal cords are adjacent to the thyroid gland. They may be involved by any tumors of the thyroid. Infrequently, the nerves may be injured during surgery, causing temporary or permanent vocal cord weakness and hoarseness. This may also cause problems with swallowing and aspiration. Extremely rarely, the nerves to both vocal cords could be injured and it would be necessary to place a tracheotomy (breathing hole in the neck).

Hypocalcaemia: Small glands called the parathyroids are adjacent or affixed to the thyroid glands. Sometimes they can be located inside the thyroid gland. The parathyroid glands are responsible for balancing the calcium level in the body. After surgery, infrequently there may be some temporary imbalance of calcium. This may or may not require supplementation. If this occurs, it usually resolves in a few days to weeks. Rarely, there may be prolonged or permanent hypocalcemia (low calcium level) requiring long-term supplementation with calcium and vitamin D.

Numbness: A lack of sensation around the area of your incision is very common and can last for several months. In rare instances, the numbness can be permanent.

Scar: You will have a transverse scar across the lower part of the front of your neck. Initially this will be swollen and red. As it heals, the swelling and redness will lessen. It is a good idea not to expose the scar to direct sunlight for the first six months after surgery to prevent the scar from hyper pigmentation (getting darker).

Recurrence: Although every attempt is made to remove all of the suspicious thyroid tissue, there is a small possibility of recurrence due to residual or recurrent disease. Those may require additional surgery.

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