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THYROID SURGERY

WHY DO I NEED SURGERY?

Thyroid operations are performed through a collar-shaped incision in the front of the neck, low down. The incision is carefully located with both adequate exposure and the appearance of the final scar in mind. When possible, the incision is made in a fold in the skin and with time it becomes hard to see.

WHAT HAPPENS DURING SURGERY?

We do this procedure, called a thyroidectomy, under general anesthesia and the patient usually stays in the hospital for up to two nights. Depending on the individual problem, a complete or partial (hemi) thyroidectomy may be done. Occasionally it's not possible to say before the operation which it will be. Only the necessary operation is over done.

WHAT TO EXPECT AFTER SURGERY?

This operation is standardized and is common. Surgery in the area of the lower neck is a big part of our specialty so we ENT surgeons are very comfortable in this area. However, the unexpected can happen and patients need to know some of the possibilities.

WHAT ARE POSSIBLE RISKS AND COMPLICATIONS OF THE SURGERY?

The most serious problem is bleeding in the neck after surgery, causing pressure on the airway. We operate under high magnification and are especially careful to stop all bleeding before we close up the operative space. Patients are monitored carefully with this possibility in mind. Sometimes we leave a pressure relief drain in overnight just to be sure. This drain would be removed in 24 to 36 hours.

The nerves to the vocal cords; one on each side; run very close to the back side of the thyroid gland. They are not always in the same place in everyone. We look for them as we work and use electronic monitoring to help us avoid damage to them. They are very fragile and damage can occur despite all our precautions. Occasionally, they are involved in the process which led to the operation in the first place. Loss of one cord leaves a breathy voice and a tendency to choke on liquids. These effects are usually temporary and if they last for more than six to nine months, there are ways of restoring the voice surgically. This situation is very, very uncommon.

Damage to both vocal cords can result in the cords not opening during breathing. In these cases, it might be necessary to insert an unplanned tracheostomy; a long-term breathing hole below the cords. No patient of mine has ever required a tracheostomy after a thyroid operation. It's a risk we work hard to prevent.

Finally, the surgical risks include possible damage to the parathyroid glands. The parathyroids are four peanut-shaped glands on the four corners of the thyroid. We work to preserve all four. Any one of the four can do the work of all of them. If we should, by some chance, damage all four, changes in calcium metabolism can occur and it will be necessary to take supplemental calcium for life. In my practice, this has yet to happen in any patient with benign disease.

When the entire thyroid is removed, thyroid replacement medicine will be necessary for life. When this situation is managed with the help of an endocrinologist, there are no long-term problems for the patient besides the need to take a daily dose of thyroid hormone.

If you have any further questions after having carefully read the above information, please feel free to discuss it with me in your preoperative evaluation, prior to any surgery. Remember, there are no dumb questions! We want you to be fully informed and comfortable prior to your surgery.

Please sign and return this form to our office when you come for your preoperative visit.

Respectfully yours,

JAMES J. LEE, M.D., F.A.C.S.

JJL:nc

I understand the above information and consent to the surgery.

Patient Signature

Date

Patient Name-Printed