General Instructions for Surgery
(1 month prior to surgery)

Laboratory Tests – Though additional tests may be required depending upon your particular surgery and medical history, the following are standard requirements for all surgical patients:

- CBC with Platelets and Differential
- Comprehensive Metabolic Panel
- Coagulation Profile
- EKG (for patients 40 years and older)
- CHEST X-RAY (for patients 60 and older)

Call WUH pre-admission testing to make arrangements for pre-operative testing at (516) 663-2641. If we do not receive all the required test results, we will be forced to cancel and reschedule your surgery.

The Day of the Surgery

Do not eat or drink after midnight before your planned 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 up to seven days before your surgery. If you have diabetes, 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 day of surgery.

Please plan to arrive at the Winthrop-University Hospital Ambulatory Surgery Unit 2 hours prior to your surgery time. The hospital will call you to confirm on the day prior to your surgery. If you have not been called by 5:00 pm, please call the Ambulatory Service Unit at (516) 663-2995.
Thyroid Surgery

If you need thyroid surgery, it is important to know what to expect. Below are some of the most frequently asked questions. Please take a moment to read them and talk to your physician to learn more about your thyroid disease and 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 before speaking to your surgeon.

What type of anesthesia will I have?
You are given the option of either general anesthesia or local anesthesia. With general anesthesia you are completely asleep during the operation and you will have a breathing tube placed temporarily. With local anesthesia, your neck area is numbed, mild sedatives may be given to reduce anxiety, and you will be in a “twilight” state and not feel or be aware of the operation. However, since this is light sedation, your surgeon can communicate with you throughout the operation so your voice can be monitored if necessary.

How will my voice be monitored during surgery?
Voice monitoring can be done safely and reliably by having the patients speak during surgery while under local/regional anesthesia if necessary. Under general anesthesia, a device called a nerve monitor can be used to help identify and protect the nerve that controls your vocal cords.

How long will I be hospitalized?
Depending on the time you undergo surgery, the type of anesthesia you have, your medical history and your condition after surgery, you may be kept in the hospital overnight. However, most patients can go home the same day and after a 4-6 hour observation period in the recovery room.

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, which will usually last 4 to 6 hours after surgery. Although you should be able to eat and drink normally, the main complaint is pain with swallowing. Most patients take Tylenol® or Motrin® to keep them comfortable at home, but you will receive a prescription for a mild narcotic painkiller.

Will I have stitches?
Before you are discharged from the hospital, a single suture in the incision will be removed. The incision is covered with a plastic coating, which is waterproof so that you can shower as usual (but do not submerge the incision for 5 days). The coating will peel off on its own within 7-10 days and a moisturizer can be applied to the wound to improve healing.

Will I have a scar?
Yes. All surgery causes scarring, and how a patient scars is dependent on the individual. However, there are some techniques that surgeons 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 patients to have a noticeable scar after six months.

Will I have physical restrictions after surgery?
In general, your activity level depends on how much discomfort you experience. Many patients may resume regular activities within a couple of days after the operation. Most patients are able to return to work within the first week, and you are able to drive as soon as your head can be turned comfortably (this limitation is for driver safety) and you are not taking narcotic pain medication. Your surgeon will ask you not to soak in a hot bathtub or go swimming for 1 week after the surgery. You must see the surgeon for a follow-up office visit three weeks after surgery.

When will I know the findings of the surgery?
During the operation, your surgeon may consult with the pathologist who will provide a preliminary diagnosis. However, the final pathology report requires careful study of your tissue specimen. Therefore, the final report is usually not available until about one week after the operation.

What are the potential complications unique to thyroid surgery?
The possibility of 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/parathyroid surgeon.

Hoarseness – injuries of the nerves that control the voice are very rare in thyroid surgery. Most are associated with thyroid cancers or concomitant thyroid surgery. When this occurs, the main difficulties are projection of the voice and 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 and permanent change is rare.

Hypocalcaemia – Symptoms of the hypocalcaemia include numbness and tingling in your hands, the soles of your feet and around your lips. Some patients experience a “crawling” sensation in the skin, muscle cramps or severe headaches. These symptoms appear between 24 and 48 hours after surgery; it is rare for them to appear after 72 hours. These symptoms may be caused by low calcium levels after the operation. Up to 5% of people will have a temporary low calcium level post-op, and this is usually caused by the fact that once the hyperactive parathyroid gland(s) is removed, the remaining parathyroids take time to “wake up.” Less than 1% may have a permanent low calcium level. Symptoms of hypocalcaemia can generally be prevented by taking 1000 mg of calcium 4 times daily for 7 days after surgery (Tums, Caltrate or Oscal with Vitamin D). After the seventh day, reduce calcium to 1000-1200 mg daily. If symptoms develop, you should take extra calcium and call your doctor. We also may recommend a multivitamin for most patients.

Bleeding in the neck – Bleeding is a rare but potentially serious complication. You will be carefully observed for 4-6 hours in the recovery room (and sometimes stay overnight). Signs of a potential bleeding problem include swelling in the neck, feeling short of breath, a choking sensation, and a high squeaky voice. If your surgeon is concerned about bleeding, he/she may decide to open the same small incision, fix the cause and close the incision in the same fashion.