

Thyroidectomy or Parathyroidectomy: After Hospital Care

The following provides helpful information to assist your recovery after thyroid or parathyroid surgery. If you have any questions or concerns, please ask your doctor or nurse.

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Activity

Gradually increase your activity each day, but no strenuous activity for 7 to 10 days. Your activity level will be guided by how your body feels. Rest if you get tired. Feeling tired is to be expected for several weeks after surgery. Try to get a good night's sleep. Taking pain medicine before activity and at bedtime may be helpful.

Avoid sitting for prolonged periods of time, which may increase your risk for blood clots. When sitting, elevate your feet. Your doctor will advise you on returning to work. Most patients usually take about 1 to 2 weeks of time off from work.

Many patients have questions about resuming sexual activity after surgery. If you feel good and are well rested, sexual activity may be resumed. Avoid positions that strain the incision site.

Driving

You may resume driving when you are free from incision pain, are no longer taking pain medicine, and feel you can react in an emergency situation. Due to the site of your incision, make sure you are able to move your head in all directions without discomfort prior to driving.

Bathing

You may shower after surgery. Avoid soaking the incision site. Do not swim or use hot tubs for 10 days.

Wound Care

Keep your incision clean and dry. Allow soap and water to wash over the incision site. Carefully pat dry, do not rub. Inspect the site daily. Some bruising, redness, itching or a small amount of drainage are normal. Excessive redness, swelling, pain or drainage from the incision may be a sign of infection. Report these signs to your doctor or nurse. Do not apply creams or lotions to the incision.

Protect the incision from sunlight for at least 1 year after surgery.

Diet

You may resume your regular diet as tolerated. Do not eat foods that are crunchy or hard to swallow such as chips or crackers for a few days.

Also, it may be helpful to take pain medicine 30 minutes before eating. This allows you to swallow without discomfort.

Medication

Take all other medicines as directed by your doctor. Do not take any extra aspirin or anti-inflammatory medicines, such as Motrin® or Aleve® unless directed by your doctor. They can increase your risk of bleeding. Many over-the-counter drugs contain aspirin. If you are unsure about what the drug contains, check with your pharmacist or doctor before taking it.

For mild discomfort, you may take plain Tylenol® (acetaminophen). Follow dose directions, but do not take more than 4,000 mg of acetaminophen in 24 hours. This includes other medicines that you may be taking.

- Many medicines including narcotic pain medicines have acetaminophen in them. Be sure to read labels carefully or check with your pharmacist to be sure. It is important that you look at your total intake of acetaminophen. Do not take more 4,000 mg of acetaminophen in 24 hours.
- Talk with your doctor about 24-hour limits that may be proper for you. Patients who are fasting/undernourished, have diabetes, are taking isoniazid or are frequent alcohol users may need to limit acetaminophen to just 2,000 to 3,000 mg per day – in divided doses. It is possible your doctor may tell you not to take acetaminophen at all.

Do not take any other medicines containing acetaminophen.

Take pain medicine with food to prevent nausea. To avoid constipation, drink plenty of fluids along with eating fiber or bran. If needed, you may take Colace®, an over-the-counter stool softener, as directed.

The parathyroid glands help control the amount of calcium available for your body. After removal of a parathyroid gland, your calcium levels may decrease. A calcium supplement may be prescribed. The dose is adjusted to your calcium blood level. If you were taking Synthroid® or another thyroid hormone medicine before surgery, your doctor will instruct you about when you should resume taking this medicine.

If you are started on Synthroid® after surgery, take this medication first thing in the morning, on an empty stomach, at least 1 hour before eating and drinking. Do not take calcium or any other vitamins at the same time you take thyroid replacement medicine.

Special Instructions

If your calcium levels need to be checked after you go home, you will be given a prescription to have your blood drawn. You may have your blood drawn at the Northwestern Memorial Hospital Diagnostic Testing Center (312.926.4200), by your own doctor, or at a lab near your home. Ask that the results be faxed to your doctor.

When to Call Your Doctor

If the following occurs:

- Temperature over 101° F.
- Signs of infection as described earlier.
- Side-effects related to the dose of thyroid hormone replacement, which are sleeplessness, palpitations or diarrhea.
- Increasing difficulty swallowing or the feeling of a “lump” in your throat.
- Worsening hoarseness or loss of your voice.
- Uncontrolled vomiting.
- Numbness or tingling around your mouth, finger tips or toes.

For any questions or concerns, please contact your surgeon.

Northwestern Medicine – Health Information Resources

For more information, contact Northwestern Memorial Hospital’s Alberto Culver Health Learning Center (HLC) at hlc@nm.org, or by calling 312.926.5465. Health information professionals can help you find the information you need and provide you with personal support at no charge.

For more information about Northwestern Medicine, please visit our website at nm.org.

Para asistencia en español, por favor llamar al Departamento de Representantes para Pacientes al 312.926.3112.

The entities that come together as Northwestern Medicine are committed to representing the communities we serve, fostering a culture of inclusion, delivering culturally competent care, providing access to treatment and programs in a nondiscriminatory manner and eliminating healthcare disparities. For questions, please call either Northwestern Memorial Hospital’s Patient Representatives Department at 312.926.3112, TDD/TTY 312.926.6363 or the Northwestern Medical Group Patient Representatives Department at 312.695.1100, TDD/TTY 312.926.6363.

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