

## 甲狀腺切除術

### 簡介

甲狀腺是一個內分泌腺體，位於頸部環狀軟骨的下方。形狀像H形，左右側葉分別躺在氣管兩側，由一個薄的塊狀組織連接，覆蓋在氣管上方。

甲狀腺是人體的重要內分泌器官，產生甲狀腺素調節人體多方面之功能，包括：

- ◆ 新陳代謝
- ◆ 控制體重
- ◆ 調節體溫
- ◆ 調節血壓
- ◆ 使心跳速率增加，和心肌收縮力增強
- ◆ 維持神經系統的醒覺性
- ◆ 促進生長發育，主要是骨骼，骨骼肌及肝等組織

### 甲狀腺切除術

甲狀腺切除術是以外科手術將甲狀腺局部或全部切除。可適用於以下例：

- ◆ 結節性甲狀腺腫
- ◆ 甲狀腺機能過盛
- ◆ 甲狀腺腫瘤

### 手術前預備

- ◆ 血液檢查：血清T3/T4及甲狀腺刺激激素TSH；配血

- ◆ 心電圖檢測
- ◆ X-光心肺檢查
- ◆ 喉部內窺鏡檢查
- ◆ 麻醉科醫生為病人做健康評估
- ◆ 外科醫生向病人詳細解釋手術過程及可能發生之併發症
- ◆ 病人須簽署手術同意書，歡迎家屬發問
- ◆ 手術前須禁食八小時

### 手術當天

- ◆ 如有需要，醫生會為病人進行靜脈輸入(俗稱吊鹽水)，請留意勿過度牽拉喉管引致鬆脫。
- ◆ 穿著手術袍、襪及帽
- ◆ 往手術室前，請先排清小便

### 手術過程

- ◆ 手術在全身麻醉下進行，麻醉科醫生替病人插上呼吸喉，連接至人工呼吸機
- ◆ 然後，外科醫生會於病人頸部開一個切口進行手術
- ◆ 通常手術需時一至三小時
- ◆ 手術後病人會停留復甦室內接受觀察至完全甦醒，然後送回病房接受繼續觀察。
- ◆ 如手術後需接受深切治療，醫生會另作安排

### 手術後護理

- ◆ 病人的床頭會被抬高約30度以減輕局部的腫脹
- ◆ 手術後首日需要充份休息，翌日便可落床活動
- ◆ 護理人會定時為病人量血壓和脈搏
- ◆ 醫生會按時抽血檢驗血鈣濃度，如有手足搖擻，手面麻木的情況，這是由於血鈣過低。請立即通知當值醫護人員，給予補充治療。
- ◆ 手術後如有作嘔的感覺，可用止嘔藥或繼續禁食，並從靜脈輸入補充治療液
- ◆ 進食初期可試飲清水，漸進至流質、軟餐、常餐等。醫生會按病情進展而處方飲食。
- ◆ 傷口或會放置一條引流導管，將傷口內的瘀血經導管引入無菌袋。引流導管通常於手術後一至兩天便可拆除。
- ◆ 可扶持傷口及如常轉動頭部，但避免過份牽拉
- ◆ 如傷口痛楚，可服止痛藥
- ◆ 通常只須留院兩、三天便可回家

### 併發症

手術後一般能康復迅速，但仍可能出現以下的併發症：

- ◆ 出血、傷口積血腫脹引致呼吸困難
- ◆ 血鈣過低引致手足搖擻

- ◆ 喉返神經損傷引致暫時或永久性聲音沙啞
- ◆ 甲狀腺危像
- ◆ 傷口發炎
- ◆ 傷口若出現下列情況，需及早到門診求診或即往附近急症室求診：
  - 發熱
  - 紅腫
  - 劇痛流血
  - 流膿

### 手術後出院指導

一般情況，手術後一至兩星期便能恢復正常生活。仍需注意下列各點：

- ◆ **傷口處理**
  - 傷口以軟線或硬線縫合。軟線可自動溶化，不用拆除。硬線於手術後三至四天拆除，護士清洗傷口時，會加上特別敷料，俗稱「膠紙」，待五至七日後，便可自行拆除，小心保持傷口乾爽清潔便可。
  - 未拆線前，請保持傷口紗布乾潔完整，若傷口沾濕，清洗抹乾後換上消毒紗布便可。
  - 若傷口無需拆線，五至七天後，可自行在除去「膠紙」，一星期內避免沾濕傷口。當「膠紙」除去後，便可如常淋浴。
  - 可在癒合皮膚上輕輕塗搽潤滑膏，及配戴領巾遮蔽傷口

- ◆ **藥物治療**

如需長期服用甲狀腺素，請按時服藥及注意服藥後的反應
- ◆ **覆診**

請依約期攜帶覆診紙覆診
- ◆ **休息和運動**


充份的休息和適量運動，有助促進康復
- ◆ **聲線轉變**
  - 由於甲狀腺的位置特別，手術可能會影響連接聲帶的神經線，導致出院後一段時間聲音疲弱或沙啞，通常只屬暫時性，可少說話使聲帶休息。如情況嚴重，醫生會轉介言語治療師處理。
  - 如情況持續或惡化，覆診時請通知醫生
- ◆ **體內放射性碘治療**
  - 在某些情況下，手術需輔以放射性碘藉以消除存留的腫瘤細胞或治療部份已擴散的腫瘤。
  - 若已排期做放射治療，需按指示停服甲狀腺藥物及戒吃海產食物
  - 請依約期攜帶入院紙到瑪麗醫院臨床腫瘤科病房接受檢查及治療。

如有任何查詢，請聯絡你的主診醫生

以上資料由瑪麗醫院外科部內分泌組提供。



## 甲狀腺切除術 THYROIDECTOMY

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## Thyroidectomy

### Introduction

Thyroid gland is an endocrine gland with right and left lobes on either side of the trachea connected by an isthmus located in front of the trachea just below the cricoid cartilage. It is responsible for production and secretion of thyroid hormone, which, in turn, has a major role in regulating many aspects of health, including:

- ◆ the rate of "metabolism" ; that is, the use of fat, protein, sugar and starch by the body
- ◆ body weight
- ◆ body temperature
- ◆ blood pressure
- ◆ mental alertness
- ◆ muscles and nerves
- ◆ growth in children

### Thyroidectomy

The removal of whole or part of the thyroid gland is indicated for :

- ◆ multinodular goitre that is large or when it compresses nearby structures
- ◆ hyperthyroidism in selected patient
- ◆ carcinoma of the thyroid gland

### Preparation for Total Thyroidectomy

- ◆ Specific preparations for operation
  - blood tests including T3/T4, TSH, type and screen
  - electrocardiogram
  - chest x-ray

- ◆ Examination by surgeons.
- ◆ Direct laryngoscopy.
- ◆ Examination by anaesthetists.
- ◆ Sign consent form for operation, preferably in the presence of relatives.
- ◆ Fasting for operation: 12 midnight or after breakfast at the day of operation depending on the operating time.

### Operative day

- ◆ Start fasting (from 12 midnight or after light breakfast), intravenous infusion may be required, please handle with care, avoid pulling on tubings.
- ◆ Put on gown and stocking.
- ◆ Void before going to operation theatre.

### Procedure

- ◆ Patient will be intubated under general anaesthesia.
- ◆ Surgeons will incise a wound about 4-5cm over the neck and perform operation for the patient.
- ◆ Normally, procedure will last for 1 to 3 hours depending on one or both sides operation.
- ◆ Post-operatively, patient will stay in recovery room till fully awake for close observation.
- ◆ Patient will be transferred back to ward for continuous monitoring. If the patient needs intensive care after the operation, he/she will be transferred to the intensive care unit.

### Postoperative care

- ◆ You will still be under the influence of anaesthetic drugs within 24 hours after the operation although you may not be fully aware of it
- ◆ Nausea and vomiting are not uncommon. However, you may experience muscles ache, sore throat and

wound pain after surgery, but they are usually mild and self-limiting. You can tell your doctor or nurse so that appropriate measures will be given to relieve these symptoms.

- ◆ You will be nursed in a head up position after surgery, usually around 30 degrees. Overnight bed rest is recommended though you are encouraged to get up and move around the next day.
- ◆ A nurse will regularly check your blood pressure, pulse and breathing within the first 24 hours after operation
- ◆ Blood tests will be performed regularly to check calcium levels.
- ◆ You should report to your doctor or nurses any symptoms of hypocalcemia including numbness around the mouth and fingers or tightness and spasm of hands and feet. Oral or intravenous calcium will be administered if necessary as ordered by your doctor in the presence of hypocalcemia or significant symptoms.
- ◆ An intravenous line (a "drip") will provide fluid until you are able to drink or eat. Swallowing and eating may be associated with discomfort for the first 24 hours as you might have pain and swelling around your neck.
- ◆ If you find difficulty in breathing or experience excessive pressure over the wound, this may indicate haematoma formation. Notify the doctor or nurse immediately.
- ◆ Drain may be inserted into the operative site to prevent fluid or blood accumulating. The drain tube is usually removed 1-2 days after surgery. Removal of drain should cause minimal discomfort.
- ◆ Take the pain-relieving medication as prescribed whenever necessary.

- ◆ Recovery is usually smooth and you should expect to go home within 3 days after surgery.

### Complications

Recovery from thyroid surgery is usually smooth but complications may arise. Complications include:

- ◆ Haemorrhage and respiratory distress due to blood clots accumulation
- ◆ Hypocalcemia and tetany as a result of parathyroid glands damage
- ◆ Weakness and hoarseness of voice due to damage of laryngeal nerve
- ◆ Respiratory obstruction due to edema of the glottis, bilateral laryngeal nerve damage, or tracheal compression from haemorrhage
- ◆ Thyroid storm
- ◆ Wound infection
- ◆ If you find any one of the following wound problems, please seek an early follow up appointment at the out-patient clinic or in your nearby Accident and Emergency Department:
  - hotness
  - redness
  - severe pain
  - bleeding from wound edges
  - abnormal discharge

### Advice on discharge

- ◆ You will be given a discharge summary, an appointment slip for out-patient follow-up and medications if necessary
- ◆ Wound care
  - Keep your wound dressing clean and dry until sutures have been removed
  - Removal of suture are usually not required if absorbable sutures are used

- If non absorbable sutures are inserted externally, they are usually removed 3-4 days after surgery
- Special tapes will be applied and can be removed after 5-7 days
- You can take a bath as usual after removal of the tape.
- The incision usually heals quickly. If your dressing becomes soaked or soiled accidentally, just change a sterile gauze dressing.
- You may apply cream or lotion to moisturize the wound edge and lessen the scar after removal of all dressing
- Necklace or scarf can be worn to cover the scar if necessary.

### Medication

- Take the medications according to the prescription.
- You may require life-long thyroid hormone replacement.

### Activities

Most patients recover quickly from thyroid surgery.

- You can move your neck as usual or else neck stiffness may result.
- You should be able to resume most usual activities within one to two weeks.
- Adequate exercise and enough rest are highly recommended to you.

### Radioactive iodine therapy

- In certain conditions, you may need an adjuvant radioactive iodine treatment after surgery in order to control residual cancer cells and metastasis.

- Please stop taking the thyroid hormone medications and seafood at scheduled period of time.
- Bring along with your admission slip to Department of Clinical Oncology.

### Voice changes

- Some problems like hoarseness may be temporary.
- In some circumstance, injury to the laryngeal nerve may lead to hoarseness after operation. This may last for a period of time and if the condition persists, you may require speech therapy by specialist. Tell your nurse or doctor if it is present.

### Follow-up

Please bring along your follow up slip and attend at scheduled time.

Should you have any queries, please consult your doctor-in-charge

Information provided by Division of Endocrine Surgery, Department of Surgery. Queen Mary Hospital