

Sandra - Thyroid swelling

P - Good morning.

D - Good morning. Hi there Sandra, nice to see you, how are you? Can I just check your date of birth?

P - Yes.

D - Perfect, great. Okay. How can I help you, today?

P - I've noticed that I have a lump, just back here, and sometimes it looks a little bit visible - but I'm not quite sure if it's anything or just nothing or... so I just thought I'd come and ask you about it today.

D - Before we go any further, is it okay if I just check - is there anything else that you were hoping to discuss?

P - Not really, no, no.

D - Okay, and that lump's been there for a wee while?

P - It's been there possibly about six months or so, maybe a bit longer than that.

D - Okay.

P - But I just sort of ignored it at first, but I'm not quite sure if it's getting a little bit bigger or it's not, I don't know if it's just my imagination.

D - Yeah. So, when you first found it, you weren't particularly anxious; why today?

P - I just thought 'oh, that's unusual', and I thought I'd best keep an eye on it and see what happens, but...

D - What do you think it might be?

P - I've no idea. I mean, obviously, hopefully it's not cancer, but hopefully it's nothing—

D - So, you want to rule cancer out, don't you?

P - I do, yeah. I mean, I don't know if it's maybe because I've put some weight on. Is it weight that could maybe do that or is it not.

D - Sure.

P - Sort of thing, so.

D - Okay. Realistically, what do you think it is?

P - Realistically, well I hope it's not cancer. Other than that, I don't know what it could be.

D - You're not sure, you're not sure. You've not spoken to anybody or read anything or anything like that?

P - No, no. No, I haven't really read anything about it.

D - Okay. Just so that we can get a better feel for what might be going on, I'm just going to ask you some questions in that regard, if that's okay? Nothing in your family, thyroid-wise?

P - No...

D - No?

P - No, not in my family.

D - And your weight is okay, you're okay in yourself?

P - Well, I'm a little bit overweight and I'm trying to lose weight, so—because I do feel heavier than I should be. Well, I know I'm heavier than I should be, and I'm not comfortable with it, because I've always been quite slender for most of my life, 'til probably the last ten--.

D - Have you gained weight?

P - Not recently.

D - Not really.

P - No, I've lost weight and then put weight back on.

D - So, it bounces up and down, okay. Any lumps or bumps anywhere else at all?

P - I've had lumps removed from my breast and they were benign - is that the word? Not cancerous.

D - Is there anything in the family? In terms of...

P - My sister's had lumps removed as well.

D - Cancers or anything? Just lumps.

P - There's leukaemia; my sister was diagnosed two years ago with lung cancer.

D - Oh, crikey.

P - She's still going.

D - Is she a smoker?

P - No, no.

D - And you don't smoke either?

P - No.

D - No, okay. So, no lumps or bumps anywhere else. Any symptoms that make you worried at all? Sweats at night or...

P - Well, I had a full hysterectomy when I was about 51, that was with the ovaries as well. I was already going—well, I was pre-menopausal anyways, and then that kicked off fully-blown.

D - Do you get hot flushes with that?

P - I still suffer from that, but that seems to be easing off.

D - So, not quite right, but your general health otherwise, and health—we don't see a lot of you, do we?

P - No.

D - You had a mini-stroke back in February of 2016?

P - Yeah.

D - No further episodes like that, at all?

P - No.

D - And no changes in your medication recently?

P - No.

D - And the medication that you're on at the moment includes a statin and a medicine to stop your blood from being sticky. Your blood pressure's always been okay, hasn't it?

P - Yeah, yeah.

D - Nothing else we need to concentrate on, apart from this lump?

P - I did stop taking the statins with all this...

D - Okay.

P - I mean, I haven't—they're there, but I'm a bit concerned because I was worried they—The doctor, last time said something about my liver; the results from the blood test were a bit high or something?

D - Okay.

P - And she said come back and get them tested after a couple of months, but I never did, obviously.

D - Oh, okay. Did they suit you, or was it just down to the liver function test?

P - I don't know. I just felt that my urine was becoming quite yellow and I've recently had an eye test and he said my eyes were slightly yellow-ish, so I don't know.

D - We need to talk to you about your fears of the statin and decide with you if statins are right for you, if that's okay? I've got a number of considerations for that, but because you've had a mini-stroke, we want to do everything possible to keep the risk of future strokes to a minimum. Your priority is the lump in your neck, so let's do that today, and can we do the statin thing next time, if that's okay?

P - Yeah.

D - I suspect you might want to take a statin again at a lower dose, because it doesn't sound like it was causing you any major harm, and the liver function test is probably a side-show.

P - Right.

D - But we'll come back to that. Okay, let's focus on the neck, if that's all right. So, been there for about six months, got a little bit bigger, decided very recently to come and talk to me about it to rule out cancer. Was there anything in particular that you were hoping I would do today for you?

P - Not really. Just...

D - Not really - just give an opinion about it?

P - Yeah.

D - Who's at home with you?

P - Just my husband, but he's at work and I'm supposed to be at work.

D - Did he have an opinion about it at all?

P - He doesn't know.

D - You've not discussed it with him?

P - No, no.

D - Doesn't even know that—?

P - No, no.

D - He's never noticed anything?

P - No.

D - No, okay. Well that's helpful to know.

P - But I can see, when I look in the mirror, I can see a bit of the lump.

D - You can see something?

P - Well, a raised...

D - Good, I'll give you an opinion about that in a minute, and then we'll decide what to do about it. Okay. In other respects, you've already mentioned you're not a smoker; no other bad habits I need to know about - you're not a big drinker or anything like that?

P - No, I have a glass of wine on a weekend but that's it.

D - Work-wise?

P - Work-wise, I work full-time.

D - What do you do?

P - I work for AgeUK Sunderland and I manage all of their physical activities and courses.

D - Wonderful, okay.

P - So, I was a curriculum manager in a college for years.

D - Full-time?

P - Full-time, yeah.

D - And work's going okay?

P - Oh, yeah, yeah.

D - Good, alright. You look happy otherwise.

P - Yeah.

D - You're due your blood pressure review, we'll do that as a part of the statin check, if that's okay. We're going to focus on your neck today. So, you've noticed a lump here... and when is that lump visible to you?

P - Well it looks—every time I look in the mirror and look at a certain angle, I can see a slight raise in the skin just here, and then if I sort of go like that, I can feel the lump underneath.

D - Right, got you. No lumps anywhere else? No lumps in your armpits, no new lumps in your breasts at all, they feel the same as usual?

P - No, yeah, yeah.

D - And as you say, your weight's been fairly static. So, I'm just going to have a wee look from the front and then I'm going to have a look around the back. There's no goitres in the family, there's no thyroid swellings in the family that you're aware of?

P - Not that I'm aware of, no.

D - I'm just going to come around the side. Can you swallow for me? And that swelling moves with the swallow doesn't it? Can you feel it as well, just to check that I'm feeling the same thing?

P - I can, yeah.

D - Yeah, so it moves when you swallow, doesn't it? So, that's your thyroid gland.

P - Right.

D - And it's not a sinister or worrying looking lump.

P - Oh, good.

D - Which is good news for you; and it's diffuse, which means that the whole of the thyroid is—I can feel the whole of the thyroid gland. So, again, that's a reassuring thing that makes me think that it's not something that we need to worry about.

P - Okay, good, good.

D - Having said all of that, you'll probably be more comfortable if I just scan the neck and confirm that that's what it is.

P - If that's what you think.

D - I'm guessing, from what you've said already.

P - Yeah.

D - We don't need to scan it, because in about a quarter of women, I'll be able to feel their thyroid gland anyway, and it may just be incidental that you can now notice it. But you don't, from what you've already told me, have any symptoms that make me think that your thyroid function has changed significantly. So, underactive thyroids and overactive thyroids are sometime linked with swellings.

P - Right.

D - And the sort of symptoms that you'd expect to find with an overactive thyroid is weight loss and tremors, feeling anxious, some other things related to that, some diarrhoea, potentially. An underactive thyroid - tiredness, constipation, dryness of the skin, can all be linked with underactive thyroid. You've not noticed any of those things?

P - Not really, no.

D - So, those are reassuring, but why don't we do two blood tests for your thyroid. One checks the activity of your thyroid gland and one which is an antibody test, which tries to predict the future about whether you're likely to have problems with your thyroid in the future. So, that's would be useful - so that's a thyroid peroxidase antibody test, there's too many names there, but it's a test to look at and to try to predict the future of what's going to go on with your thyroid gland, to find out if you're likely to have problems with the activity of your thyroid gland. If you'd like me to - but I'm not putting any pressure on you - then you might want me to organise an ultrasound scan of your thyroid gland, just to reassure you.

P - If you don't think it's necessary, I don't want to waste time or the resources that they have available. So, if you don't think it's necessary, then I won't go for it - because it's time as well, for it, away from work.

D - All right.

P - But if you...

D - I'm not worried from examining your thyroid, is what I'm saying.

P - Okay.

D - So, why don't you touch base with your husband and now you can share that we've decided that you appear to have a swelling of your gland, your thyroid gland in your neck, and that Dr Birrell says he sees them all the time. It doesn't feel like a worrying thyroid gland at all, but if it's changing we scan it.

P - Okay.

D - If it stays as it is, then we don't scan it.

P - Okay.

D - But, if you decide that you want to scan, I'll organise that scan.

P - No problem.

D - Does that make sense?

P - Yes, yes.

D - So, we'll arrange the blood test within the next—well, you had your thyroid checked last year, and that was fine.

P - Okay.

D - We'll do it again now, and that antibody test, you'll have a chat with your husband, and give me a call if you decide that you want to scan. otherwise, keep an eye on your neck, and if you're finding that there's any change in the appearance of it, and usually if you find that there's more of a lump on one side, we'll do the scan.

D - If you just make a routine appointment to see my nurse to have a blood test, the results will be back in seven days.

P - Okay.

D - And if you wanted to touch base with me, after the blood test has been done, so seven days later, we'll have the results, and we'll just discuss your future plans after that.

P - Okay.

D - I'm almost certain it's not cancer.

P - Good, good.

D - But if it develops, if you do find you've got a gland in the side of the neck that's getting bigger, we'll scan it.

P - Okay, that's fine.

D - Does that make sense?

P - Yeah, yeah, yeah, that's great.

D - Any questions?

P - No, that's put my mind at ease at ease anyway, so that's good.

D - What are you going to say to your husband when you get home?

P - Oh, I'll just tell him that I've been to the doctors - I'll just tell him.

D - Just tell him that you've got this gland.

P - Yeah, don't worry.

D - All right.

P - Wonderful. After the blood test results, do I need to make an appointment, when you get them?

D - Usually just a telephone consultation would be more than enough to address any concerns, but if you'd prefer to see me face-to-face, then I'd be happy to do that, too.

P - Okay, but normally I could just phone up the receptionist and they would tell me whether it's okay or not?

D - They'll say if they're normal and if they're abnormal - let's talk.

P - Alright, okay.

D - And then I can advise you further.

P - Brilliant, that's lovely. Thank you very much, thank you.

D - You're welcome.

P - Bye for now.

D - Bye.