

# Thyroid Cancer: Surgery



## Types of thyroid cancer surgery

Surgery is often the first and main treatment for almost all thyroid cancers. Your healthcare provider will use tissue removed during surgery to find out the cancer's type and stage. The type and stage of the cancer helps tell whether you need additional treatment. The method of surgery depends on many factors. These include cell type of thyroid cancer, the size of the cancer, and if it has spread outside of the thyroid. When you have surgery for thyroid cancer, your surgeon may do one of the following methods:

- **Total thyroidectomy.** This surgery removes the whole thyroid gland.
- **Near-total thyroidectomy or subtotal thyroidectomy.** This surgery removes nearly all of the gland, but a very small part is left behind.
- **Lobectomy.** This surgery may be used for some small, lower-risk cancers. Only the side, or lobe, of the thyroid with the tumor is removed. (The thyroid gland has two sides, called lobes.) This method might keep you from needing to take a thyroid supplement afterward. But having some thyroid left can interfere with some tests that look for cancer that comes back, or recurs, after treatment.

Your surgeon also may remove the lymph nodes near the thyroid if they are known to have cancer cells in them or if they look abnormal or suspicious. This procedure is called either a central compartment neck dissection or a modified radical neck dissection. It depends on the extent of lymph node removal.

After surgery, you may need treatment with radioactive iodine. This can kill any remaining cancer cells. You may still benefit from additional surgery in the future if the tumor recurs either in the area of the original thyroid tumor or at another site.

## Risks of thyroid cancer surgery

All surgery has risks. The risks of thyroid surgery include:

- Bleeding
- Infection
- Damage to the nearby parathyroid glands, which help control calcium levels in the body. (Symptoms of low blood calcium include tingling, muscle spasms, and numbness.)
- Damage to nearby nerves that can affect your voice

## Getting ready for your surgery

Your healthcare team will talk with you about the surgery choices that are best for you. You may want to bring a family member or close friend with you to appointments. Write down questions you want to ask about your surgery. Make sure to ask about:

- What type of surgery will be done
- What will be done during surgery
- What the risks and possible side effects of the surgery are
- If you will have thyroid function after surgery or will need to take replacement hormones the rest of your life
- When you can return to your normal activities

- If the surgery will leave scars and what they will look like

Before surgery, tell your healthcare team if you are taking any medicines. This includes prescription and over-the-counter medicines, vitamins, herbs, other supplements, marijuana, and illegal drugs. Doing so makes sure you're not taking medicines that could affect the surgery. Also let your surgeon know if you have had trouble with addiction to pain medicine. This information will help them safely plan your postsurgical pain control choices. After you have discussed all the details with the surgeon and had all your questions answered, you will sign a consent form that says the healthcare provider can do the surgery.

You'll also meet the anesthesiologist. This healthcare provider gives you general anesthesia. This is the medicine that prevents pain and makes you sleep during surgery. This provider also checks you during surgery to keep you safe. They will ask about your medical history and your medicines. Let your provider know if you had problems with general or local anesthesia in the past.

## After your surgery

Surgery can cause discomfort and pain at and around the area where the surgical incision (cut) was made. You may be uncomfortable during the first few days after surgery, but pain can be controlled with medicine. Discuss pain relief choices with your healthcare provider.

For a while after surgery, you may feel tired or weak. The length of time it takes to recover from surgery will vary.

You may feel like there's a lump in your throat and your voice may sound hoarse, but these get better over time. Sometimes one of the nerves to the muscles of the voice box (larynx) may be damaged. This can cause the voice to have a weak, "breathy" quality. This change may go away or be a permanent change. In some cases, this needs special treatment.

## Follow-up care

You may need more treatment after surgery. Your healthcare provider will talk with you about this.

If most or all your thyroid has been removed or destroyed during treatment, you will likely need to take a thyroid hormone pill each day to replace the lost hormones. You will do so for the rest of your life. Make sure you understand how to take your hormone therapy and what the dose should be. You will need to have regular blood tests to check your hormone levels so adjustments can be made if needed.

## When to call your healthcare provider

Let your healthcare provider know right away if you have any of these problems after surgery:

- Bleeding
- Redness, swelling, or fluid leaking from the incision
- Fever
- Chills
- Breathing or swallowing problems

Be sure you know what to watch for and know how to reach your healthcare provider after office hours and on weekends and holidays.

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