



THYROIDECTOMY INFORMED CONSENT

Thyroidectomy is an operation in which one or both lobes of the thyroid gland are removed. The most common indications for thyroidectomy include a large mass in the thyroid gland, difficulties with breathing related to a thyroid mass, difficulty swallowing, suspected or proven cancer of the thyroid gland and hyperthyroidism (overproduction of the thyroid hormone).

As with any surgery there are both potential benefits and risks. You must keep in mind that you may not benefit from the surgery. The following information will help you understand the risks of a thyroidectomy. As with any operation, there may be some unanticipated complications in addition to the risks listed here.

- After surgery it is very common to have difficulties and/or pain with swallowing. This pain is usually resolved within 24-72 hours.
- Bleeding or infection are also possible short-term complications.
- Although rare in thyroid surgery, some patients may develop a thick scar or keloid.
- Hypocalcemia, or low blood levels of calcium, may occur after complete removal of both thyroid lobes. This condition is caused by injury to four tiny glands called parathyroid glands, which are located within or very close to the thyroid gland. Hypocalcemia is usually temporary, but sometimes may require calcium supplements if sufficiently pronounced. Permanent hypocalcemia is fortunately rare.
- Vocal cord weakness or paralysis may be caused by swelling, stretching or injury to the recurrent laryngeal nerve and /or external branch of the superior laryngeal nerve which pass very close to the thyroid gland. Temporary hoarseness may result. Again, this is an uncommon, usually temporary complication. Permanent vocal cord paralysis is rare. If paralysis of a vocal cord occurs, aspiration (or food going down the windpipe) may occur. This usually can be prevented with special swallowing exercises and/or further surgery. If bilateral vocal cord paralysis occurs, you may require a tracheotomy tube ("trach tube") to bypass the obstruction.

Depending on the final histologic (microscopic examination) diagnosis of the gland removed, continuous follow-up by your endocrinologist, surgery or radioactive iodine therapy may be indicated. If the entire thyroid gland is removed, you will require lifelong thyroid hormone replacement.

Anesthesia: There are risks associated with any type of anesthesia including but not limited to respiratory problems, drug reaction, brain damage or even death. Other risks and hazards that may result from the use of general anesthetics include but are not limited to minor discomfort due to injury to the vocal cords, teeth or eyes. You can discuss these risks with your anesthesiologist before your surgery.

I have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of nontreatment, the procedures to be used, and the risks and hazards involved, and I have sufficient information to give this informed consent. I certify this form has been fully explained to me, and I understand its contents. I understand every effort will be made to provide a positive outcome, but there are no guarantees.

Print Name: _____

Signature: _____

Date: _____