

Thyroidectomy *Recovery* Checklist

What recovery usually looks like, what's normal, and the few signs that need help straight away. For a total or a half thyroidectomy. Your own team's advice always comes first.

GET HELP STRAIGHT AWAY

Call 000 for growing swelling in your neck, trouble breathing or trouble swallowing, a seizure, or fainting. Serious bleeding is uncommon, and most of it happens while you're still in hospital.

Contact your surgical team or GP the same day (or go to an emergency department) for tingling or numbness around your lips, fingers or toes, or muscle cramps. It's most likely after a total thyroidectomy (rare after a half), and it can mean low calcium, which usually reaches its lowest point one to three days after surgery, so it can start once you're home. Don't wait to see whether it settles.

Week by week, *roughly*

In hospital

DAY ONE OR TWO

- ☐ Most people stay one or two nights; some go home the same or next day.
- ☐ A sore throat and feeling sick in the first day are common.
- ☐ Your team checks your calcium, your voice and your wound before you go home.

Week one

AT HOME

- ☐ Soft foods while your throat is sore, and plenty of fluids.
- ☐ Many people manage pain on paracetamol or ibuprofen, as your team advises.
- ☐ Neck stiffness is normal. Gentle movement helps, a little more each day.
- ☐ After a total thyroidectomy, levothyroxine usually starts within a day or so of surgery: with water, at least 30 minutes and preferably 60 before food.

Weeks one to two

GETTING BACK

- ☐ Most people return to usual activities within one to two weeks, though it can take longer.
- ☐ Walking is encouraged as soon as you feel up to it. Lifting and exercise advice varies, from about two weeks to a month; ask your own team.
- ☐ Driving usually waits until you can turn your head comfortably, are off strong pain medicines, and your surgeon is happy.

Weeks to months

THE SLOWER PARTS

- ☐ First thyroid test usually around six weeks after surgery. The first dose often needs adjusting, which can take a few months.
- ☐ Swallowing settles for most people within two to three months. In one study, most voice changes had recovered within five months.
- ☐ The scar keeps fading for a year or more.

READY AT HOME

Practical comfort *for the first weeks*

- ☐ **Soft foods in the house:** porridge, yoghurt, scrambled eggs, smoothies, soups, mashed potato and pumpkin, soft rice and pasta, stewed fruit, bananas, avocado, soft fish, mince and slow-cooked meals.
- ☐ **Plenty of fluids,** especially in the first few days. Small sips of water and plain food if you feel sick in the first day.
- ☐ **Pain relief as your team advised.** Stronger pain medicines can cause constipation: water, fruit, vegetables and gentle walking help, and your pharmacist can suggest a laxative if you need one.
- ☐ **Gentle neck movement** each day. Stiffness is normal.
- ☐ **For the scar, once the wound has healed:** keep it moisturised and out of the sun. Ask your surgeon before putting anything on the wound.
- ☐ **A written list of your tablets** and when you take them, especially if you go home on calcium.

My tablets *at home*

WHAT I TAKE	DOSE	WHEN I TAKE IT	REVIEW DATE

If you go home on *calcium tablets*

Many people do, for a short time. Don't stop or change them yourself: your team adjusts the dose as you recover. Calcium reduces how much levothyroxine you absorb, so the two are kept apart. The Australian prescribing information says several hours, about four hours is the most common advice, and Cancer Council says at least two. **Follow the timing your own team gave you**, and ask your pharmacist to help plan the day. Breakfast itself only needs to wait 30 to 60 minutes after levothyroxine; the longer gap is for calcium and other minerals, not food. If you take calcitriol, check with your doctor before taking anything with added vitamin D or calcium.

Call your team *the same day* if

- ☐ Swallowing is getting worse rather than better, or you can't keep fluids down.
- ☐ Your voice is still hoarse or weak a couple of weeks after surgery, or you cough when you drink.
- ☐ Once on levothyroxine, you feel hot, shaky or wired, or very flat and tired. Tell your doctor rather than waiting it out.
- ☐ Trouble breathing, or trouble swallowing with neck swelling: call 000, don't wait for your team.

General information, not medical advice. Advice differs between hospitals, so your own surgical team's instructions come first.

QUESTIONS WORTH ASKING

For your *surgical team*

- ☐ Was my calcium or parathyroid hormone checked after surgery, and what were the results?
- ☐ Will I go home on calcium tablets? How long should I expect to take them, and when will they be reviewed?
- ☐ How should I time my calcium tablets around my levothyroxine?
- ☐ When can I lift, exercise, drive and go back to work?
- ☐ What symptoms mean I should come straight back?

For your *first follow-up*

- ☐ What were my TSH and free T4, and does my dose need adjusting? When is my next test?
- ☐ Should my magnesium or vitamin D be checked?
- ☐ My voice or swallowing isn't settling. Should it be checked?
- ☐ I'm still exhausted with results in range. Could we look at ferritin, vitamin B12, vitamin D and calcium?
- ☐ After a half thyroidectomy: when will my levels be checked to see whether I need a tablet?

The follow-up *tests*

TEST	USUALLY
Calcium, sometimes parathyroid hormone	Checked before you go home after a total thyroidectomy, and again if you have tingling or cramps.
TSH and free T4	Around six weeks after surgery (some services say six to eight), then as your dose is adjusted.
Magnesium and vitamin D	May be checked if your calcium is low, because both affect how calcium works.
Vocal cord check	If your voice is still hoarse or weak a couple of weeks after surgery, or you cough when you drink.
Thyroid levels after a half	Checked over the months after surgery. About 1 in 4 people end up needing a tablet, usually within six months.
Thyroglobulin, after thyroid cancer	A marker used in follow-up. High-dose biotin can make it read wrongly, so mention any biotin.

MY NOTES

General information, not medical advice. Never start, stop or change a prescribed medicine, including calcium, without speaking to your doctor first.