



## Post-operative Patient Instructions - ENDOCRINE

Patient:.....

Operation: .....

Follow-up Appointment:.....

Hospital Location:.....

### Things to look out for:

- Signs of infection (fever, swelling, increase in redness or pus from incision)
- Signs of dehydration (weakness, fatigue, dizziness when standing or walking, fast heart rate, low urine output or very dark urine).
- Neck swelling (rapid or sudden swelling of your neck, difficulty breathing → **call immediately**)
- Tingling or numbness around your mouth/lips or your fingers/hands → Take a calcium-based antacid eg. Rennie. Call if persistent.
- Difficulty urinating or feeling like you aren't emptying your bladder fully

### Wound care

- There is a small piece of medical tape ("steri-strip") and glue covering your incision. There are no stitches to be removed. Ideally, the tape should remain in place for at 10 days. If the edges start to curl and become bothersome after this point, you can remove it. Otherwise leave it in place until your follow up appointment.
- You may shower and gently wash your incision, but do not vigorously scrub it. Let it air dry.
- Do not rub any creams, ointments or make up into your wound. The best way to ensure a nice scar is to minimize tension to the area (limited activity, no straining), keep it clean and avoid smoking.
- Your wound will continue to remodel over 6-12months.
- If you find you are straining or need to cough, please try to momentarily support your wound by holding a clean towel over the dressing as you do so.

### Return to Work and Exercise

- You may return to work as soon as you would like. However, if your job requires heavy lifting or strenuous physical activity, you should wait to return to work until after your post-operative appointment.
- Do not do strenuous exercise (running, climbing, lifting more than 5kgs) for 4 weeks after surgery. Following this, advance activity as tolerated. Walking is fine.
- Please use common sense with respect to driving. You need to have a complete range of motion in your neck and be able to turn it comfortably without hesitation.

### *Disclaimer*

*Please remember that medical information provided here must be considered as an educational service only and should not be relied upon as a medical consultation.*



### Pain Medication

- Discomfort after neck surgery is usually minimal. At the end of the operation I liberally apply local anaesthetic into the wound.
- You may have a sore throat – suck on ice chips, sip on cool drinks and use a throat spray for comfort. This should improve naturally over 2-4days.
- You may have a headache. This is often related to the position of your head on the operating table and should respond to simple measures over 2-4days.
- I recommend simple analgesia which should alternate for the first few days.
  - Ibuprofen 400mg (2x200mg tablets) every 6hours with food.
  - Paracetamol 1000mg (2x500mg tablets) 6hours.

### Other Medication

- You should routinely take a calcium supplement three times a day. This can be purchased over the counter with or without vitamin D. Any single dose around 500mg is fine, so 1500mg/day. This does not need to be filled by a pharmacist. If you take thyroid medication (levothyroxine) you should avoid taking the calcium at the same time, as it will interfere with the efficacy and absorption of your thyroid medication. A good strategy is to take the thyroid medication on waking and then calcium at breakfast, lunch and dinner.
- If you experience any tingling or numbness of the hands/toes or around your mouth, take a calcium-based antacid (eg. Rennie). Your symptoms may be related to low calcium, as the parathyroid glands have been irritated by the surgery. You can take Rennie hourly if needed but if the symptoms are severe or not controlled, please call.
- If you have been started on a thyroid hormone medication (thyroxine), a script will have been written for you prior to discharge. If it has not or you are uncertain, please call. You should take this medication every day, immediately when you wake up. Do not eat or drink anything for sixty minutes after taking the medication. Do not take this at the same time as the calcium as it is less effective. If you forget to take a dose in the morning, but remember in the afternoon, take it when you remember. If you forget to take it completely one day, take two doses the next day. It is better to have the same overall dose for the week.
- If you were previously taking an anti-thyroid medication (eg. methimazole), this should now be stopped.
- If you were previously taking Aspirin, Plavix, Coumadin, Marevan or any other blood thinners then please discuss with the surgery team exactly when you may restart these meds.
- You may resume all other medications as previously prescribed.

### Diet and Hydration

- Eat a regular balanced diet after surgery and drink plenty of fluids to stay hydrated
- If your urine is a bright yellow colour, it is likely that you are dehydrated, so please drink some more water
- There are no miracle foods or drinks.

#### **Disclaimer**

***Please remember that medical information provided here must be considered as an educational service only and should not be relied upon as a medical consultation.***