

FAQs : Thyroidectomy

常見有關甲狀腺切除術的問題

FAQs : Thyroidectomy	有關甲狀腺切除術常見的問題
<p>1. Why do I need a Total Thyroidectomy vs. Lobectomy? In general, at UCSF and most of the United States, when a diagnosis of cancer is known BEFORE the operation a total thyroidectomy is warranted. If there is not a clear diagnosis at the time of the operation half of the thyroid may be removed (lobectomy) for a final diagnosis. If cancer is found after the initial operation, reoperation depends on what the final pathology shows.</p> <p>2. What if my biopsy results are "Follicular adenoma", "Indeterminate", or "Non-diagnostic"? In the case of these biopsy results, a thyroid lobectomy is indicated. Confirmation of a benign or malignant thyroid mass can only be done after removal of the affected thyroid lobe. Pathologists have to look at very thin slices of the tissue to make a diagnosis. If a diagnosis of cancer is confirmed (usually about 7-10 days following your operation), a second operation to remove the other lobe of the thyroid (completion thyroidectomy) may be needed.</p> <p>3. What is Frozen Section and when is it used? Frozen section is a biopsy done during the operation. It is useful if you have had a suspicious</p>	<p>1. 爲什麼我需要的手術是切除全個而不只是切除一片的甲狀腺葉？ 在一般情況下，加州大學舊金山分校和美國大多數的醫院在當做手術之前已知有癌症的診斷，所以是必須切除全個甲狀腺的。如果手術之前沒有明確癌症的診斷，甲狀腺便只會一半被切除（片葉切除術）。如果做了手術後才發現癌症，再做手術與否便要視乎(活檢)病理的結果是什麼。</p> <p>2. 如果我的活檢結果是“濾泡性腺瘤”，“不確定”或“非診斷性”便怎樣？ 如果有這些活檢結果，即表示只要切除一片甲狀腺葉。切除了那片受影響的甲狀腺葉才可確認活檢結果，由病理學家查看甲狀腺葉裡一片片非常薄的組織切片去做診斷，以證實甲狀腺是良性或是惡性。如果確診是癌症（結果通常在做手術之後約7-10天才得到），可能有需要做第二次手術去切除剩餘的甲狀腺葉部分（完成甲狀腺切除術）。</p> <p>3. 什麼是冰凍切片和在什麼時候用它？</p>

biopsy prior to the operation or if a lymph node is found during the operation that does not appear to be normal. The frozen section can then be used to determine a diagnosis of cancer. If cancer is diagnosed, then a total thyroidectomy and possible removal of surrounding lymph nodes would be indicated. Frozen section is NOT useful for follicular adenoma, indeterminate, or non-diagnostic biopsy results.

4. What are the risks of the operation?

There are three main risks for total thyroidectomy.

- A. Recurrent laryngeal nerve injury: This nerve controls your vocal cords and if injured you will have a hoarse voice. There is a 1% chance of permanent hoarseness and a 5% chance of temporary hoarseness (<6months).
- B. Low blood calcium: There are parathyroid glands that lie behind your thyroid gland that help to control your blood calcium levels. If they are injured or removed (can lie within the thyroid gland) during your operation, then your blood calcium can be too low. This would require you to take calcium and vitamin D supplementation. There is a 1% chance of permanent calcium supplementation and 5% chance of temporary calcium supplementation.
- C. Bleeding: There is a 1/300 risk of bleeding with your operation. This is the main reason you stay overnight in the hospital.

冰凍切片是在做手術過程中進行的活組織檢查。如果在手術之前已經有一個可疑的活檢，或者做在手術過程中發現了淋巴結不正常，那都會是非常有用。這冷凍的部分可被用來做確定癌症的診斷。如果癌症被診斷，那整個甲狀腺和它周圍的淋巴結也可能會被切除。但這冰凍切片是不能用來確定“濾泡性腺瘤”，“不確定”或“非診斷性”此類的診斷的。

4. 做此手術有什麼風險？

切除甲狀腺手術有三個主要的風險：

- A. 喉部神經損傷復發：此神經控制您的聲帶，如果受了傷，您的聲音將會變嘶啞。聲音嘶啞的機率會有1%是永久性的和5%是暫時性（<6個月）的。
- B. 低血鈣：您的甲狀旁腺是位在甲狀腺的背後去控制您的血鈣水平的。如果它在您做手術的過程中受了傷或被錯誤切除（它可能藏在甲狀腺內），那麼您的血鈣水平便可能會降得太低。這就需要用鈣片和維生素D去補充。要補鈣機率有1%是永久性和5%是暫時性的。
- C. 出血：您需要在醫院過夜的主要原因，是因為有1/300 機率的手術出血風險

5. How do I prepare for surgery?

There is no reason to change your diet and/or most medications prior to your operation. You will be seen by the anesthesiologist at least one week prior to your surgery for a preoperative check. At this appointment there may be blood or other tests done to prepare you for your surgery. **If you take blood thinning medications, such as aspirin, Plavix, ibuprofen, or Coumadin, you will need to contact the prescribing physician to discuss stopping these medications prior to your surgery.**

6. Do I need to donate blood (autologous or designated donor) prior to my surgery?

It is highly unlikely that you will require a blood transfusion during your thyroidectomy, and therefore not medically necessary to donate (autologous or designated donor) blood prior to your surgery.

7. How long is my hospital stay? Can I have someone stay with me overnight?

Most patients may only spend one night in the hospital. There is no guarantee for a private room.

8. What kind of scar will I have after surgery?

The incision is about 1-2 inches in length, and is placed in the midline of the neck in a normal skin crease to minimize scarring and visibility.

9. How do I care for the incision?

There will be Steri strips or surgical glue on your incision. These can be removed 10-14 days following your operation. There is no need to place any further dressing on your incision. You may use

5. 如何準備做此手術？

您不需要在做手術之前改變平時飲食及服用藥物的習慣。麻醉師會在手術前至少一星期替您做術前身體檢查。在這為您手術準備的約診中，有可能做血液或其他檢查。如果您服用血液稀釋劑，如阿司匹林，氣吡格雷，布洛芬，或華法林，您必須聯絡給您處方的醫生討論您在手術前是否應該停用這些藥物。

6. 我需要在手術前捐血給自己嗎（自體或指定的捐血者）？

在您的甲狀腺切除手術過程中需要輸血的可能性並不高。因此，在手術前沒有捐血的必要（自體或指定的捐血）。

7. 我要住院多久？我可以有人留院陪我過夜嗎？

根據您的手術情況而定，或許可安排在當天出院，但大多數患者需要留院一晚，不過不能保證您會有一間私家病房。

8. 我手術後會有些什麼樣的疤痕？

手術切口的長度約為1-2英寸，並且會被放置在頸的中部在一些正常皮膚的摺皺下，以減少疤痕和能見度。

9. 我如何照顧切口？

您的切口會有膠條 Steri strips 或手術膠

vitamin E oil or similar product to help the healing process, but it is NOT necessary. You SHOULD use sunscreen and/or cover to protect the incision from the sun. You may take a shower and get it slightly wet but not soaking wet.

10. What medications will I be taking after my operation?

If you have had a total thyroidectomy, you will need to take thyroid hormone (Levoxyl or Synthroid) for the rest of your life because you no longer have a thyroid gland to supply the necessary hormone. Thyroid hormone has a long half-life and it takes about 6-8 weeks from starting or changing your medication dose to determine if you need a change in dosage. In general, once you are on the correct dose you remain on the same dose for life. If you become pregnant, your dose will most likely need to be increased. Management of your thyroid hormone is done through blood test (TSH) by your Endocrinologist or Primary Care Physician. If your calcium level is low or you have symptoms of low blood calcium, you may have to take calcium supplementation following thyroidectomy.

11. Are there any restrictions following my operation?

You can resume regular activity as tolerated. Walking outside, going up and down stairs, and performing light activities are all encouraged. Avoid strenuous activity or lifting anything that weighs 10 pounds or more until you feel up to it. If you are feeling well and are not taking any pain

水。這些可以在手術 10-14 天後除去，不需要將任何敷料再次放在切口上。您可以使用維生素E 油或類似產品以助切口癒合，但這並不是必須的。您應使用防曬霜和/或紗布覆蓋以保護切口不要曬到太陽。您可以洗澡，微濕沒問題，但卻不要濕透。

10. 手術後我將要服用什麼藥物？

如果你做了全甲狀腺切除術，你將終生需要服用甲狀腺激素藥（Levoxyl 或甲狀腺素），因為你不再會有甲狀腺為你提供需要的激素。甲狀腺激素具有長的半衰期，大約需要從開始服藥或改藥量的 6-8 星期後才能確定是否需要改變你藥物的劑量。在一般情況下，一旦決定了你所需的正確劑量，你將終生服用同一劑量。如果你懷孕了，將會非常有可能需要增加你的藥量。你的甲狀腺激素水平是由您的內分泌專科或家庭醫生通過驗血（TSH）去管理。此外，如果你的血鈣水平低或有低血鈣的症狀，你可能在甲狀腺切除術後要服用補鈣劑。

11. 在手術後是否會有任何的限制？

您可以恢復做您能力所及的正常活動。到外面散步，上落樓梯，並進行輕便的活動都是值得鼓舞的。直到您覺得您有能力，否則要避免做劇烈活動或提起任何重達 10 斤以上的物件。如果您感覺良好和沒有服用任何止痛藥，您便能

medication, you may drive (usually the third or fourth day after surgery).

12. When can I expect to return to work?

In general, you can return to work when you feel ready, usually within one to two weeks.

13. Are there any dietary restrictions following my surgery?

Resume a normal balanced diet as tolerated. Be sure to drink plenty of fluids.

14. When should I have my post operative appointment?

You should be seen by your surgeon approximately 2-4 weeks following your surgery. This appointment can be made by calling the surgeon's office when you return home following your surgery.

15. When can I expect my pathology results?

In general, pathology results can expect to be final approximately 7-10 days. This may vary depending on the type of surgery. Special staining may be necessary and may delay results. **PATHOLOGY RESULTS WILL BE DISCUSSED AT YOUR POST OPERATIVE APPOINTMENT UNLESS OTHERWISE INDICATED.**

16. How do I know if I need any further treatment?

If applicable, further treatment questions will be addressed at your post operative appointment with the surgeon. Treatment options may also be discussed with your referring Endocrinologist.

駕車（通常在手術後的第三或第四天）。

12. 我什麼時候能返工？

在一般情況下，當您覺得準備好了，通常在一到兩週您便可以恢復工作。

13. 我的飲食在手術後有限制嗎？

如果能夠的話，您可恢復正常的均衡飲食。務必要多喝水。

14. 我在手術後應該什麼時候覆診？

您應該在手術後大約2至4星期內去見您的外科醫生覆診。可以打電話到外科醫生的辦公室 415-353-7687 預約。

15. 什麼時候我才能得到病理結果？

在一般情況下，會約在7至10天內便可以得到敲定的病理結果。但會這根據做那一種手術而時間不等。結果可能因要做特殊的染色測驗而被延誤。除非另有所示，醫生會在您術後覆診時與您討論您的病理報告結果。

16. 我怎麼知道我是否需要做任何進一步的治療？

如果適當的話，外科醫生會在您術後覆診時回答您下一步治療方案的問題。您也可以與您的內分泌科醫生討論治療方案的選項。

