

## Thyroidectomy Surgery Post-Operative Instructions

1. You may have throat discomfort and hoarseness for **3-5 days** following surgery. A humidifier or vaporizer should be used in the bedroom to decrease throat pain.
2. Take pain medication as prescribed. It is OK to substitute Tylenol if the pain medication is too strong or causes nausea. It is important to stay well hydrated after surgery. Constipation is a common side effect of pain medications. Take a mild laxative. Avoid straining with bowel movements.
3. Obtain all medications and nasal sprays prescribed and use as directed. Antibiotics are used in the initial post-op period to prevent infection while the incision is healing.
4. Take all of your routine medications as prescribed, unless told otherwise by Dr. Pritikin; any medications which thin the blood should be **avoided**. These include **aspirin and aspirin-like products** (Advil, Motrin, Excedrin, Alleve, Celebrex, Naproxyn). Migraine medications should be used only after discussion with Dr. Pritikin and should not be taken at the same time as a narcotic pain medication.
5. There are no diet restrictions, but alcohol consumption is not recommended and tobacco use is **prohibited** as Nicotine decreases blood flow to the healing nasal tissues and can actually compromise wound healing.
6. No heavy lifting (nothing more than 10 lbs), no bending or stooping to lift, and no vigorous exercise until cleared by Dr. Pritikin.
7. No airplane travel for 2 weeks following surgery.
8. Showering is typically allowed 24 hours after surgery. Do not scrub at the incision, and pat dry with a towel. The incision line may also be cleaned with hydrogen peroxide on a Q-tip or cotton ball.
9. Signs of a post-operative infection, which may occur within the first 2 weeks after surgery, include fever to 101.5, redness and swelling at the surgical site, and foul-smelling drainage from the incision line. If any of these signs develop, contact Dr. Pritikin at (312) 372-9355 to discuss treatment.
10. After surgery, patients are typically seen in the office 7-10 days later to inspect the incision, to review the pathology report and to discuss whether any further testing or treatment are necessary.