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Thyroidectomy

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Editorial

A thyroidectomy is a procedure that includes the surgical elimination of all or part of the thyroid gland. In overall surgery, endocrine or head and neck surgeons frequently perform a thyroidectomy once a patient has thyroid cancer or some other illness of the thyroid gland (such as hyperthyroidism) or goiter. Other signs for surgery contain symptomatic obstruction (causing difficulties in swallowing or breathing) or cosmetic (very enlarged thyroid). Thyroidectomy is a joint surgical procedure that has numerous potential complications or sequelae involving: temporary or permanently low calcium, temporary or permanent change in voice, bleeding, infection, need for lifelong thyroid hormone replacement, and the remote opportunity of airway obstacle due to bilateral vocal cord paralysis. Difficulties are unusual when the procedure is achieved by an experienced surgeon. The thyroid produces several hormones, such as triiodothyronine (T3), thyroxine (T4), and calcitonin. After the elimination of a thyroid, patients typically take a prescribed oral synthetic thyroid hormone—levothyroxine (Synthroid)—to avoid hypothyroidism.

Types of thyroidectomy: **Hemithyroidectomy**- Entire isthmus is removed along with 1 lobe. Done in benign diseases of only 1 lobe. **Subtotal thyroidectomy**- Elimination of majority of both lobes leaving behind 4-5 grams (equal to the size of a regular thyroid gland) of thyroid tissue on one or both sides, this used to be the most common procedure for multinodular goiter. **Partial thyroidectomy**- Removal of gland in front of trachea after mobilization. Done in nontoxic MNG.

. Its role is controversial. Near total thyroidectomy- Both lobes are removed except for a small amount of thyroid tissue (on one or both sides) in the vicinity of the recurrent laryngeal nerve entry point and the superior parathyroid gland. Total thyroidectomy- Entire gland is removed. Complete in cases of papillary or follicular carcinoma of thyroid, medullary carcinoma of thyroid. This is now also the most common operation for multinodular goiter. Hartley Dunhill operation- Removal of one entire lateral lobe with isthmus and partial or subtotal elimination of opposite lateral lobe. Completed in nontoxic MNG.

Complications:

- Hypothyroidism in up to 50% of patients after ten years.
- Stitch granuloma
- Laryngeal nerve injury in about 1% of patients, in particular the recurrent laryngeal nerve: Unilateral damage results in a hoarse voice. Bilateral damage presents as laryngeal obstacle after surgery and can be a surgical emergency: an emergency tracheostomy may be required. Recurring Laryngeal nerve injury may occur throughout the ligature of the inferior thyroid artery.
- Hemorrhage/Hematoma
- Hypoparathyroidism temporary in many patients, but permanent in about 1 to 4% of patients
- Anesthetic complications
- Infection
- Chyle leak
- Removal or devascularization of the parathyroids The exclusive determination behind plastic surgery is to get a good appearance and therefore to enhance self-confidence.