

## Thyroid Lobectomy Surgery Home Care Instructions

**Anesthesia can alter your thought process. Please do not make important decisions, sign legal documents, drive, or drink alcohol for 24-48 hours after anesthesia.**

### Questions | Concerns

- Call UTHA ASC at 512-232-7347 during office hours (Mon-Fri 7:00am -3:30pm)
- Call UTHA Clinic at 833-882-2737 during after-hours

### Nutrition

- Recommend soft diet for first 48 hours and then advance as tolerated

### Activity

- Non-strenuous activity for one week.
- Do not drive while taking prescription pain medicines.

### Return to Work | School

- You can return to work when you feel well enough. You must not be taking narcotic pain medication when you return to work. Please contact your surgeon if you need clarification on when you are able to return to work or school.
- If your surgeon believes extended time off of work or school is needed, a note can be provided to you.

### Wound/Incision Care

- An incision is when a surgeon cuts into your body tissues. After surgery, the incision needs to be cared for properly to prevent infection.
- Do not submerge incision for two weeks after surgery.
- Ok to shower once you are 24 hours post-op.
- Clean incision with soap and water and pat dry.
- Do not remove steri-strips, they will fall off on their own within 2 weeks.

### Instruction

- Apply ice frequently, and alternate Tylenol (650 mg) and Ibuprofen (600 mg) every 3 hours for the first 2 – 3 days post-op, then as needed for pain.
- A script for \_\_\_\_\_ was also sent to your requested pharmacy to be used for any breakthrough pain.

### Nausea and Vomiting

- Not everyone experiences nausea and/or vomiting after a procedure or anesthetic, although it is not uncommon.
- Nausea and/or vomiting after a surgical procedure can be distressing and unpleasant, but it also can make the pain of the surgery worse or necessitate admission to the emergency room or hospital.
- Rarely, vomiting can result in other more serious problems, such as damage to your surgical site.

### Measures to avoid or reduce nausea and vomiting:

- Avoid sitting up or getting out of bed too quickly.
- Stay hydrated, begin with small sips of water and slowly increase amount.
- Proper pain relief is important. Although some pain-relieving medicines can contribute to nausea, severe pain can add to nausea. Do not take pain medications on an empty stomach.
- Taking slow, deep breaths can help to reduce nausea.
- Avoid foods that are spicy, fried or high in fat for 24 hours after surgery.
- It is much easier to relieve the feeling of nausea if it is dealt with before it becomes severe.
- Be sure to call your surgeon if you experience unrelenting nausea (nausea which keeps you from eating or drinking) or persistent vomiting.

**Bowel Movements**

- High fiber diets help with constipation.
- Narcotic pain medication may cause constipation. You may take over the counter stool softeners (Ex: Docusate), or laxatives as needed.

**Home Medication**

- You may resume all the medications you were taking prior to your surgery unless specified by your physician.

**When to contact your Surgeon**

- Pain that is not improving or getting worse.
- You have increased bleeding (more than a small spot) from the surgical site.
- You have redness, swelling, or pus coming from the wound.
- You notice a bad smell coming from the wound or dressing.
- Your wound edges separate after the sutures, staples, or skin adhesive strips have been removed.
- You have a fever (>101F).
- You feel lightheaded or faint.
- You have trouble breathing. (Call 911)
- You develop persistent nausea, vomiting or uncontrolled diarrhea.

**Additional Instructions:**

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Patient | Patient's Representative Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Pre-Operative Nurse Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Post-Operative Nurse Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_