

Understanding Thyroidectomy during General Anaesthesia

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ABOUT THE STUDY

Many of these causes lead to surgical therapy of young thyroid cancer. In the pediatric population, benign thyroid illness includes Graves' disease, toxic adenomas, congenital hyperthyroidism, and goiter. The most typical type of thyroid cancer is thyroid malignancy. This comprises thyroid cancers that are linked to Multiple Endocrine Neoplasia (MEN) syndromes, such as papillary, follicular, and medullary thyroid cancer. Pediatric patients with thyroid disease are rather uncommon. Due to the risk of consequences including hypoparathyroidism and hypocalcemia, as well as Recurrent Laryngeal Nerve (RLN) damage, surgery has historically been avoided when treating benign thyroid illness in children. This article provides an in-depth understanding of thyroidectomy, including its indications, procedure, potential risks, and recovery process.

Types of thyroidectomy

Thyroid cancer: If a person is diagnosed with thyroid cancer, surgical removal of all or part of the thyroid gland is often necessary. The extent of the surgery depends on the type, stage, and aggressiveness of the cancer.

Hyperthyroidism: In cases of severe hyperthyroidism or Graves' disease that does not respond to medication or other treatments, a thyroidectomy may be performed. By removing a significant portion of the thyroid gland, the excessive production of thyroid hormones can be controlled.

Benign thyroid nodules: Large or growing benign thyroid nodules that cause symptoms such as difficulty swallowing, breathing problems, or cosmetic concerns may require surgical removal.

Recurrent thyroiditis: Certain chronic inflammatory conditions of the thyroid, such as Hashimoto's thyroiditis or chronic lymphocytic thyroiditis, may necessitate thyroidectomy if they cause persistent symptoms or complications.

Characteristics of thyroidectomy

Conventional open thyroidectomy: The surgeon makes an incision in the front of the neck, usually a few inches above the collarbone. The incision allows access to the thyroid gland, and

the surgeon carefully separates the gland from surrounding tissues to remove all or part of it. The incision is then closed with sutures.

Endoscopic or minimally invasive thyroidectomy: This approach involves making several small incisions in the neck, through which specialized instruments and a tiny camera are inserted. The surgeon performs the procedure with the assistance of the camera, which provides a magnified view of the surgical site. Minimally invasive thyroidectomy may result in reduced scarring and a shorter recovery time compared to open surgery.

Robotic-Assisted Thyroidectomy: In some cases, a robotic system is used to assist the surgeon during thyroidectomy. This approach offers enhanced precision and control, particularly in complex procedures.

Potential risks and complications: As with any surgical procedure, thyroidectomy carries some risks and potential complications, including:

Bleeding: Excessive bleeding during or after surgery is a potential risk. However, bleeding can often be controlled during the procedure, and in rare cases, a blood transfusion may be required.

Infection: Although rare, an infection at the incision site or deep within the neck can occur. Antibiotics may be prescribed before and after surgery to minimize this risk.

Damage to surrounding structures: The recurrent laryngeal nerves, which control the vocal cords, and the parathyroid glands, which regulate calcium levels in the body, are located near the thyroid gland. Inadvertent damage to these structures can lead to voice changes, difficulty swallowing, or hypoparathyroidism (low calcium levels).

Scar formation: Regardless of the surgical approach, some degree of scarring is inevitable. However, minimally invasive techniques may result in less noticeable scars.

The factors involved in thyroidectomy

Hospital stay: Most thyroidectomy patients stay in the hospital

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for one to two days after surgery. During this time, vital signs are monitored, and any potential complications are addressed.

Pain management: Pain or discomfort in the neck area is common after surgery and can be managed with prescribed pain medications. Over-the-counter pain relievers may also be used.

Wound care: The incision site should be kept clean and dry. The surgeon will provide specific instructions on wound care, including when and how to change dressings.

Restricted activities: Physical activities that strain the neck, such as heavy lifting or strenuous exercise, should be avoided for several weeks to allow proper healing.

Hormone replacement: Total thyroidectomy usually requires lifelong hormone replacement therapy. Regular blood tests are

conducted to monitor hormone levels and adjust medication dosages accordingly.

Follow-up visits: Several follow-up visits will be scheduled with the surgeon to monitor the healing process, assess hormone levels, and address any concerns or complications that may arise.

CONCLUSION

Thyroidectomy is a surgical procedure used to treat various thyroid disorders, including cancer, hyperthyroidism, and certain benign nodules. Although the procedure carries potential risks and complications, it is generally safe and effective. The recovery process following thyroidectomy involves post-operative care, pain management, hormone replacement therapy, and regular follow-up visits.