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ENTcare

*Specializing in the treatment of diseases
of the ear, nose, throat and sinus*

THYROIDECTOMY INFORMED CONSENT

Thyroidectomy is an operation in which one or both lobes of the thyroid gland are removed. The most common indications for thyroidectomy include a large mass in the thyroid gland, difficulties with breathing related to a thyroid mass, difficulties with swallowing, suspected or proven cancer of the thyroid gland and hyperthyroidism (overproduction of the thyroid hormone). Dr. Lindman will discuss the need for thyroidectomy based on your history, the results of a physical examination and tests.

After surgery it is very common to have difficulties and/or pain with swallowing. This pain usually resolves within 24 to 72 hours. Bleeding or infection are also possible short term complications. Although rare in thyroid surgery, some patients may develop a thick scar or keloid.

Two complications specific to thyroid surgery are hypocalcemia and vocal cord weakness or paralysis.

- Hypocalcemia, or low blood levels of calcium, may occur after complete removal of both thyroid lobes. This condition is caused by injury to four tiny glands called parathyroid glands, which are located within or very close to the thyroid gland. Hypocalcemia is usually temporary, but sometimes may require calcium supplements if sufficiently pronounced. Permanent hypocalcemia is fortunately rare.
- Vocal cord weakness or paralysis may be caused by swelling, stretching, or injury to the recurrent laryngeal nerve and/or external branch of the superior laryngeal nerve which pass very close to the thyroid gland. Temporary hoarseness may result. Again, this is an uncommon, usually temporary complication. Permanent vocal cord paralysis is rare. If paralysis of a vocal cord occurs, aspiration (or food going down the windpipe) may occur. This usually can be prevented with special swallowing exercises and/or further surgery. If bilateral vocal cord paralysis occurs, you may require a tracheotomy tube ("trach tube") to bypass the obstruction.

Depending on the final histologic (microscopic examination) diagnosis of the gland removed, continuous follow-up by your endocrinologist, surgery or radioactive iodine therapy may be indicated. If the entire thyroid gland is removed, you will require lifelong thyroid hormone replacement. Any surgical procedure also carries a risk, albeit small, of death. There are no guarantees in medicine and so you must be aware that there is also a chance that you may require further surgery to achieve the desired result(s).

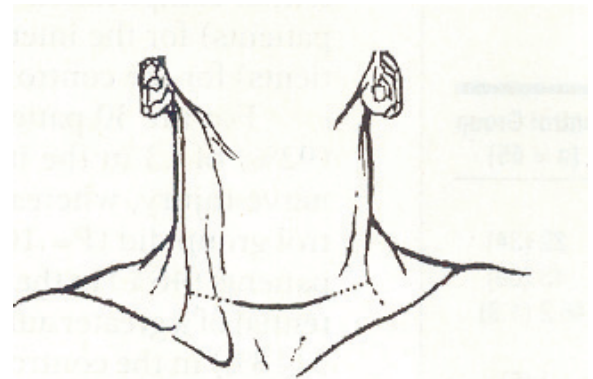
I/We have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of nontreatment, the procedure(s) to be used, and the risks and hazards involved, and I/we have sufficient information to give this informed consent. I/We certify this form has been fully explained to me/us, and I/we understand its contents. I/We understand every effort will be made to provide a positive outcome, but there are no guarantees.

Patient / Legal Guardian _____

Date: _____

Witness _____

Date: _____



Location and extent of the scar in the neck

The language included in these informed consent pages is adapted from the Clinical Indicators pages of the American Academy of Otolaryngology Head and Neck Surgery, Inc