

Patient agreement to investigation or treatment

Subtotal or total thyroidectomy (surgery on the thyroid gland) for Grave's disease

Authors: The Surgical Endocrine Department

Brief description:

- The thyroid gland, at the front of your lower neck, produces a hormone (chemical substance) called thyroxine. This circulates around the body in the blood and controls the speed at which the body's chemical processes work.
- In Grave's disease, your thyroid gland becomes overactive. To correct this problem, you have been recommended an operation to remove all or virtually all of your thyroid gland.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure (operation/treatment). We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

Please bring this form with you to hospital

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke's website: <http://www.addenbrookes.org.uk/consent>
- Remember, you can change your mind about having the procedure at any time.

For staff use:

Does the patient have any special requirements? (For example, requires an interpreter or other additional communication method)

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Subtotal or total thyroidectomy for Grave's disease

Surgery is a suitable option for many patients who have an overactive thyroid gland, for example when anti-thyroid drugs do not work. At this time, a decision can be made between having an operation on the thyroid gland or giving you treatment with radioactive iodine (please see the later section on alternatives).

Before your procedure

- You will be seen at the pre-admission clinic by a member of the Surgical Endocrine Team, and a specialist nurse.
- At this clinic, we shall ask you for details of your medical history and carry out any necessary clinical examinations and investigations. This is a good opportunity for you to ask us any questions about the procedure, but please feel free to discuss any concerns you might have with the staff present, either while you are in outpatients or on the ward.
- You will be asked if you are taking any tablets or other types of medication – these might be ones prescribed by your doctor or bought over the counter in a pharmacy. It helps us if you bring details with you of anything you are taking (for example: bring the packaging with you).
- This procedure involves the use of general anaesthetic. Further information on your anaesthetic can be found later in this document.
- You will normally stay in hospital overnight in preparation for the operation the next day. You will then stay in hospital for two to three days depending on how quickly your blood calcium becomes stable.
- When a decision has been made to proceed with surgery, it is important that the effects of thyroid over-activity are controlled beforehand. This requires you to take the prescribed medication up to the time of the operation. If you have been prescribed a beta-blocker (for example: Propranolol or Nadolol™), you must also continue to take these for a few days after the operation. Your doctor will advise you if this is necessary.

During the procedure

- We will give you a general anaesthetic, which means you will not be conscious during the operation.
- To allow access to the thyroid for the operation, the surgeon will make a long incision into your neck above the top of the sternum (breastbone), in a skin crease low down on the front of the neck. During the operation, the surgeon will locate and remove all or virtually all of your thyroid gland.

After the procedure

- If you have had a general anaesthetic you will wake up in the recovery room. You might have an oxygen mask on your face to help you breathe. You might also wake up feeling sleepy.
- After this procedure, most people will have a small, plastic tube in one of the veins in your arm. This might be attached to a bag of fluid (called a drip), which feeds your body with fluid until you are well enough to eat and drink by yourself.

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- While you are in the recovery room, a nurse will check your pulse and blood pressure regularly. When you are well enough to be moved, you will be taken to a ward.
 - Sometimes, people feel sick after an operation, especially after a general anaesthetic, and might vomit. If you feel sick, please tell a nurse and you will be offered some medicine to make you more comfortable.
 - **Eating and drinking:** How quickly you return to a normal diet will depend on how you feel. Most patients recover their appetite within 24 hours of surgery.
 - **Getting around and about:** After this procedure, we will try and get you mobile (up and about) as soon as we can to help prevent complications from lying in bed. Typically, you will be able to get up within 24 hours.
 - **When you can leave hospital:** The time that you stay in hospital will depend on how quickly you recover from your operation, the type of operation, and your doctor's opinion. Usually, you will be able to go home within three days of your surgery.
 - **When you can resume normal activities including work:** You can usually begin gentle work within a week or two, but you might need to wait a little longer before resuming more vigorous activity.
 - **Check-ups and results:** You will be given a date to return to clinic for the results of your surgery. Any further treatment, if recommended, will be discussed with you then.
 - Experienced staff are available to help you. Please tell your nurses or doctors about any concerns that you have, they will help you resolve them.
 - **Thyroid function:** If it has been decided to remove all the thyroid gland then you will require lifelong replacement of thyroxine hormone. Fortunately, this is only taken once a day and does not require much adjustment of dosage. If the plan was to remove most of the thyroid gland and let the remaining thyroid recover its normal function, it is normal to undergo a period of thyroid under activity until your normal function recovers. This will be monitored and treated. During this time, it is common to gain a little weight and feel tired; if the remaining thyroid gland does not recover sufficiently, you will need to take tablets. When the thyroid recovers its normal activity, there remains a risk of failure of the gland's activity in future, which requires careful long-term follow-up.
 - **Effects on pregnancy:** Once your thyroid hormone levels are normal after your surgery, there are no additional reasons why you cannot become pregnant if you desire it. If you become pregnant during treatment with anti-thyroid medication (such as carbimazole), it is important to notify your hospital doctor as soon as possible who can advise you on extra precautions/monitoring required.

Intended benefits of the procedure

The advantages of an operation are that it cures rapidly the overactivity of the thyroid gland, and can restore normal function to patients for many years. However, in a substantial number of patients their thyroid will become under active after the operation; in other patients, their thyroid gland will become progressively under active with each passing year. For this reason, we sometimes recommend that all, or virtually all of, the thyroid gland is removed and that we give you replacement thyroid hormone immediately after the operation and in the future. This option has the great advantage of solving the over-activity problem, with no risk of recurrence of the overactivity and no

requirement for careful follow-up provided that you take 'thyroid tablets' as prescribed for the rest of your life (usually once a day).

Who will perform my procedure?

- This procedure will be performed by a consultant surgeon or an endocrine surgical trainee under supervision.

Alternative procedures that are available

Three types of treatment for Grave's disease are available

1. Anti-thyroid drugs
2. Radioactive iodine treatment
3. Thyroid gland surgery.

Most patients will at first need anti-thyroid drugs to control the thyroid overactivity. These drugs might be continued for up to 18 months to allow the thyroid to recover spontaneously. In many cases such recovery will not occur and a more permanent treatment will be needed, for example: using radioactive iodine or thyroid gland surgery.

Anti-thyroid drugs

Anti-thyroid drugs are relatively slow acting. Several months after withdrawal of treatment with anti-thyroid drugs, a significant number of patients will experience recurrence of the over active thyroid problem. There can also be side effects associated with these drugs, which might require them to be stopped.

Radioactive iodine

Treatment with radioactive iodine is probably the 'simplest' option for treating most over-active thyroid glands. It requires swallowing a capsule containing radioactive iodine, which is taken up by the thyroid gland. The radioactivity destroys the thyroid cells in the gland that are causing the overactivity. Most patients are treated successfully with only one course of treatment, but some require more than one. The major drawback of this treatment is that you have to stay away from other people, particularly pregnant women and young children for several days until the level of radioactivity in your body drops. Radioactive iodine therapy, therefore, is not recommended for young women who are already pregnant or wish to become pregnant. There is, however, no evidence of long-term harm from taking radioactive iodine, although most patients who take it will develop an under active thyroid at some time after the treatment will need to take thyroxine replacement tablets in the future.

Serious or frequently occurring risks

Most operations on the thyroid gland are straightforward and associated with few problems. However, all operations carry risks, which include post-operative infections (for example: in the wound or chest), bleeding in the wound and miscellaneous problems due to the anaesthetic. These are very rare for this operation.

- **Scarring:** There will be a scar, which usually follows a natural skin crease low down on the front of the neck. The scar can become relatively thick and red for a few months after the operation, before fading to a thin white line. Very rarely, some

patients develop a thick, exaggerated scar but this is uncommon and usually responds well to treatment.

- **Voice change:** It is impossible to operate on this area of the neck without producing some changes in the voice; fortunately, this is not normally detectable. A specific problem related to thyroid surgery is injury to one or both of the recurrent laryngeal nerves. These nerves pass close to the thyroid gland and control movement of the vocal cords. Injury to these nerves causes hoarseness and/or weakness of the voice. It is quite common for the nerve not to work properly immediately after thyroid surgery; this is due to bruising of the nerve. Your voice usually recovers over a few days or weeks. Careful surgery reduces the risk of permanent accidental injury to these nerves a very low level but cannot eliminate the risk completely. Injury to both nerves is extremely rare. If it occurs it is serious and might require a tracheostomy (a tube placed through the neck into the windpipe).
- **Low blood calcium levels:** Patients who are undergoing surgery for an overactive thyroid gland are at particular risk of developing low 'calcium levels' immediately after the operation. There are two reasons for this: First, the calcium that is already in your body moves into the bones after the operation. Second, the four tiny parathyroid glands that control the level of calcium in the blood might stop working after the operation. It is normally possible for the surgeon to identify and preserve some, if not all, of these glands. If they are preserved, this will avoid long-term problems with calcium. Unfortunately, even when the parathyroid glands have been preserved, they might not function adequately. If this happens, you will need to take extra calcium and/or vitamin D on a permanent basis. The risk of you needing long-term medication because of low calcium level is, however, very small indeed.

We wish to emphasise that these potential side effects and complications are exceedingly rare, but we believe it is best to inform you of these rather than have you develop a complication without being forewarned.

Information and support

- You might be given some additional patient information before or after the procedure, for example: leaflets that explain what to do after the procedure and what problems to look out for.
- If you have any questions or anxieties, please feel free to ask a member of staff including Mr Wishart by contacting his secretary on 01223 216315 (Monday – Friday 0900 – 1700 hours).
- Further information may be obtained about your condition by visiting the British Association of Endocrine Surgeons (BAES) website (<http://www.baes.info>).

General anaesthesia

During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation. Your anaesthetist achieves this by giving you a combination of drugs.

Before your operation

Before your operation your anaesthetist will visit you in the ward, although occasionally this will happen in a pre-anaesthetic assessment clinic. The anaesthetist who looks after you on the day of your operation is the one who is responsible for making the final decisions about your anaesthetic. He or she will need to understand about your general health, any medication that you are taking and any past health problems that you have had. Your anaesthetist will want to know whether or not you are a smoker, whether you have had any abnormal reactions to any of the drugs or if you have any allergies. They will also want to know about your teeth, whether you wear dentures, have caps or a plate. Your anaesthetist needs to know all these things so that he or she can assess how to look after you in this vital period. Your anaesthetist may examine your heart and lungs and may also prescribe medication that you will be given shortly before your operation, the pre-medication or 'pre-med'.

Pre-medication is the name given to medication (drugs) given to you some hours before your operation. These drugs may be given as tablets, injections or liquids (to children). They relax you and may send you to sleep. They are not always given.

Do not worry if you do not have a pre-med, your anaesthetist has to take many factors into account in making this decision and will take account of your views on the topic if possible. Do not be worried about your anaesthetic. When your anaesthetist visits you before your operation, this is the time to ask all the questions that you may have, so that you can forget your fears and worries.

Before your operation you will usually be changed into a gown and wheeled to the operating suite into an anaesthetic room. This is an ante-room outside the theatre. The anaesthetist, his or her assistant and nurses are likely to be present. An intravenous line (drip) may be inserted. Monitoring devices may be attached to you, such as a blood pressure cuff or a pulse oximeter. A pulse oximeter is usually a little red light in a small box, which is taped to your finger. It shows how much oxygen you have in your blood and is one of the vital monitors that an anaesthetist uses during your operation to ensure that you remain in the best of health. You may be given some oxygen to breathe.

During your operation

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you in the correct level of unconsciousness for the period of the surgery. Your anaesthetist is constantly aware of your condition and trained to respond. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement. If you have any other medical conditions, your anaesthetist will know of these from your pre-operative assessment and be able to treat them during surgery.

After your operation

After your operation your anaesthetist continues to monitor your condition carefully. You will probably be transferred to a recovery ward where specially trained nurses, under the direction of anaesthetists, will look after you. Your anaesthetist and the recovery nurses will ensure that all the anaesthetic effects are reversed and that you are closely monitored as you return to full consciousness. You may be given some oxygen to breathe in the recovery area, and may find that intravenous drips have been inserted whilst you are unconscious in theatre and that these will be replacing fluids that you might require.

You are likely to feel drowsy and sleepy at this stage. Some patients feel sick, others may have a sore throat related to the insertion of the breathing tube during surgery. During this time it is important that you relax as much as you can, breathe deeply, do not be afraid to cough, and do not hesitate to ask the nursing staff for any pain relief, and about any queries you may have. You are likely to have hazy memories of this time and some patients experience vivid dreams.

What are the risks of general anaesthesia?

In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. The risk to you as an individual will depend on; whether you have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated, long or done in an emergency. Please discuss any pre-existing medical condition with your anaesthetist.

- Very common and common side effects (1 in 10 or 1 in 100 people)
Feeling sick and vomiting after surgery, sore throat, dizziness, blurred vision, headache, itching, aches, pains and backache, pain during injection of drugs, bruising and soreness, confusion or memory loss.
- Uncommon side effects and complications (1 in 1000 people)
Chest infection, bladder problems, muscle pains, slow breathing (depressed respiration), damage to teeth, lips or tongue, an existing medical condition getting worse, awareness (becoming conscious during your operation).
- Rare or very rare complications (1 in 10,000 or 1 in 100,000)
- Damage to the eyes, serious allergy to drugs, nerve damage, death, equipment failure.



Addenbrooke's is smoke-free. You cannot smoke on site. For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: patient.information@addenbrookes.nhs.uk

Polish

Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: patient.information@addenbrookes.nhs.uk

Portuguese

Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт patient.information@addenbrookes.nhs.uk

Russian

若你需要此信息的其他語言版本、大字體版或音頻格式，請致電 01223 216032 或發郵件到: patient.information@addenbrookes.nhs.uk

Cantonese

Bu bilgiyi diger dillerde veya büyük baskılı ya da sesli formatta isterseniz lütfen su numaradan kontak kurun: 01223 216032 veya asagidaki adrese e-posta gönderin: patient.information@addenbrookes.nhs.uk

Turkish

এই তথ্য বাংলায়, বড় অক্ষরে বা অডিও টেপে পেতে চাইলে দয়া করে 01223 216032 নম্বরে ফোন করুন বা patient.information@addenbrookes.nhs.uk ঠিকানায় ই-মেইল করুন।

Bengali

Document History

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Consent Form (Adults)

Patient agreement to
investigation or treatment

For staff use only: Surname: First names: Date of birth: Hospital no: Male/Female: (Use hospital identification label)

Responsible health professional/job title

Special requirements
 (For example other language/other communication method)

Name of proposed procedure or course of treatment

Subtotal or total thyroidectomy for Grave's disease

Statement of health professional

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- The intended benefits of the procedure.....

- Any serious or frequently occurring risks from the procedures including those specific to the patient

- Any extra procedures that might become necessary during the procedure

Blood transfusion Other procedure (please specify)

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- The following information leaflet has been provided:
 Version/Date/Ref:

This procedure will involve:

General and/or regional anaesthesia Local anaesthesia Sedation

Health professional's signature: Date:

Name (PRINT): Job title:

Contact details (if patient wishes to discuss details later)

I have offered the patient information about the procedure but s/he has declined information.

Statement of the interpreter (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:

Interpreter's signature..... Date:

Name (PRINT):

Important notes: (tick if applicable)

- The patient has withdrawn consent (ask patient to sign/date here)
- See also advance directive/living will (eg Jehovah's Witness form)

Copy accepted by patient: yes / no (please circle)

For staff use only:

Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.** Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

Please read the following:

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

.....
I understand that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

I understand that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

I understand that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

Please tick boxes to indicate you either agree/disagree to the three points below. **Yes** **No**

I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research.** **If you wish** to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.

I agree to the use of photography for the purpose of diagnosis and treatment.

I agree to anonymised photographs being used for medical teaching.

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

Patient's signature: **Date:**

Name (PRINT):

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

Witness' signature: **Date:**

Name (PRINT):

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature **Date:**

Name (PRINT): **Job Title:**

