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WHAT TO EXPECT GUIDE SERIES

Thyroid Surgery

What to Expect?

BEFORE · DURING · AFTER

20-PAGE PATIENT GUIDE · 2026

A guide to thyroidectomy and lobectomy with focus on voice-nerve and calcium safety.

BİLGİLENDİRİCİ

GÜNCEL
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INFORMATIVE

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HA

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How to use this guide

Medical note

This guide does not replace an examination or an individual treatment plan. Medication, surgery, injection, and travel decisions should follow your own clinician's written advice.

Patient Guide

- Read the guide in three phases: preparation, procedure day, and recovery.
- Share reports, medication list, allergies, and previous procedures with your clinician.
- Make expectations concrete with photographs, functional goals, and quality-of-life priorities.
- Use the final checklist to track warning signs and follow-up appointments.

Prof. Dr. Özdoğan approach

- Function and safety come before aesthetic preference.
- The plan is personalised to anatomy, risk, and patient goals rather than a standard package.
- Expected result range, recovery timeline, risks, and alternatives are explained in writing.
- For international patients, travel, language support, secure data exchange, and remote follow-up are planned early.

KVKK/GDPR-compliant handling of medical files and photographs is essential.

Expectation Map

Before

- Ultrasound, TIRADS/Bethesda category, thyroid labs, and CT/MRI when needed are reviewed together.
- Voice recording or laryngoscopy matters when there is prior neck surgery, hoarseness, or cancer suspicion.
- Blood thinners, thyroid medication, calcium monitoring, and anaesthesia risks are adjusted individually.
- Post-op medication needs, pathology timing, and follow-up schedule are discussed in advance.

During

- Under general anaesthesia, part or all of the thyroid is removed through a neck-line incision.
- The recurrent laryngeal nerve is visually preserved; intraoperative nerve monitoring may be used.
- Parathyroid blood supply is protected; autotransplantation may be performed if needed.
- The specimen goes to pathology; drain use depends on case details.

After

- Voice, breathing, bleeding, and calcium symptoms are monitored early; some patients leave same or next day.
- Neck tightness, swallowing discomfort, and mild vocal fatigue can be short-lived expected symptoms.
- After total thyroidectomy, levothyroxine is usually lifelong; dose follows TSH and clinical status.
- Pathology determines treatment scope, radioactive iodine need, and follow-up intensity.

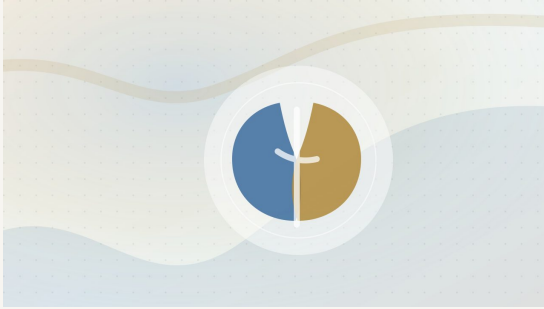
EXPECTATION IN ONE SENTENCE

Thyroid surgery may be planned for suspicious nodules, cancer, compression, uncontrolled hyperthyroidism, or large goitre.

Clinical Picture

- Thyroid surgery may be planned for suspicious nodules, cancer, compression, uncontrolled hyperthyroidism, or large goitre.
- Modern surgery treats disease while preserving the recurrent laryngeal nerve and parathyroid glands.
- Scope may be lobectomy, total thyroidectomy, or lymph-node dissection; the decision follows ultrasound, biopsy, and risk assessment.

CLINICAL CONTENT STANDARD



Prof. Dr. Hasan Ahmet Özdoğan · KBB ve Baş-Boyun Cerrahisi

Internal quality target: 98/100

Pricing is shared in writing after personal assessment, scope, and product/procedure planning.

Who Is a Candidate?

Good-fit profile

- Patients with a clear, examinable need or goal for Thyroid Surgery.
- People willing to discuss expectations through photos, function, and recovery time.
- Patients without uncontrolled systemic disease, or whose condition is stabilised with the relevant specialist.
- Patients able to follow aftercare instructions and attend follow-up.

Pause / reassess

- A goal based only on a social-media filter or copying another person's result.
- Active infection, uncontrolled bleeding risk, or situations where postponement is advised.
- Inability to accept recovery time or attend control visits.
- Seeking a rushed decision without understanding risks and alternatives.

Before: Diagnosis and Goals

- Ultrasound, TIRADS/Bethesda category, thyroid labs, and CT/MRI when needed are reviewed together.
- Voice recording or laryngoscopy matters when there is prior neck surgery, hoarseness, or cancer suspicion.
- Blood thinners, thyroid medication, calcium monitoring, and anaesthesia risks are adjusted individually.
- Post-op medication needs, pathology timing, and follow-up schedule are discussed in advance.

Medical note

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Before: Preparation Checklist

- Collect Bethesda, TIRADS, TSH, free T4/T3, and calcium results in one file.
- If hoarseness exists, ask about pre-op laryngoscopy or voice recording.
- Clarify blood thinner, iodine, antithyroid drug, and levothyroxine plans in writing.
- Expect some uncertainty until pathology returns; the plan may change.
- Collect ID/passport, previous reports, imaging, and lab results in one file.
- Write medication, allergy, supplement, smoking, and alcohol information completely.
- Plan work/travel around the recovery intervals.
- Confirm companion, transport, and first-night accommodation details.
- Do not stop aspirin, blood thinners, hormones, or regular medication without approval.
- Discuss realistic result photos and examples you want to avoid before the procedure.

Questions to ask at consultation

- Is lobectomy enough for me, or do I need total thyroidectomy?
- Is lymph-node dissection possible in my case?
- Will nerve monitoring be used?
- If calcium drops, which symptoms should prompt contact?
- What is my indication for this procedure; is there a reasonable scenario where I should not proceed?
- Which goals are realistic, and which are limited by my anatomy?
- What is expected in the first 24 hours, first week, and first month?
- Which medications, supplements, or habits should I temporarily change?
- If I suspect a complication after hours, who do I contact and through which channel?
- Which photo angles and follow-up dates will be used for monitoring?

Procedure-Day Flow

1

Admission and identity check

2

Final examination, photos, and marking

3

Anaesthesia / local preparation

4

Procedure performed

5

Early observation and discharge plan

6

Written aftercare and contact channel

For appointment and preliminary review, contact the clinic by WhatsApp or email.

PROCEDURE-DAY REMINDERS

- Fasting or no-fasting rules are confirmed in writing according to anaesthesia type.
- Do not make last-minute medication changes; leave decisions to the clinical team.
- Limit valuables and avoid makeup/perfume where relevant.
- Do not drive after discharge; arrange a companion or transfer.

During

- Under general anaesthesia, part or all of the thyroid is removed through a neck-line incision.
- The recurrent laryngeal nerve is visually preserved; intraoperative nerve monitoring may be used.
- Parathyroid blood supply is protected; autotransplantation may be performed if needed.
- The specimen goes to pathology; drain use depends on case details.

Prof. Dr. Özdoğan approach

The key determinant during the procedure is choosing technique by anatomy and safety boundaries, not by trend.

Expected

- Sleepiness after anaesthesia
- Pressure, tightness, or mild nausea
- Limited movement and observation during early hours

Team checks

- Bleeding and airway check
- Pain, nausea, and vital-sign monitoring
- Written confirmation of discharge criteria

Safety Controls

- Right patient - right procedure - right side/area check.
- Medication and allergy list reconfirmed before treatment.
- Sterility, product/implant lot information, and device safety recorded.
- Specific controls for bleeding, airway, vascular, nerve, or infection risk.
- Written urgent contact and expected-symptom list before discharge.
- The recurrent laryngeal nerve is visually identified and protected.
- Parathyroid colour and blood supply are monitored during surgery.
- Early breathing and neck-swelling checks screen for haematoma.
- The pathology specimen is labelled with correct side and scope.

After: First 24 Hours

- Voice, breathing, bleeding, and calcium symptoms are monitored early; some patients leave same or next day.
- Neck tightness, swallowing discomfort, and mild vocal fatigue can be short-lived expected symptoms.
- Increasing neck pressure or breathing difficulty is urgent.
- Lip/finger tingling, numbness, or cramps can suggest low calcium.
- Fluids and soft food are usually tolerated early.
- Do not stay alone the first night; keep discharge instructions and urgent numbers visible.
- Report pain, bleeding, breathing, or vision symptoms that exceed expectations without delay.

After: First Week

- Keep the incision clean and dry; report redness or drainage with a photo.
- Avoid vocal strain; fatigue after long speaking can occur.
- Add pathology visit and hormone/calcium blood tests to your calendar.
- Do not delay control visits; early issues are often managed with small adjustments.
- Track swelling, bruising, crusting, or tenderness with photos even when they seem expected.
- Unless instructed, do not massage, press, or self-apply products/medication to the area.
- Voice, breathing, bleeding, and calcium symptoms are monitored early; some patients leave same or next day.
- Neck tightness, swallowing discomfort, and mild vocal fatigue can be short-lived expected symptoms.

After: Long-Term Follow-up

- After total thyroidectomy, levothyroxine is usually lifelong; dose follows TSH and clinical status.
- Pathology determines treatment scope, radioactive iodine need, and follow-up intensity.
- Day 0-1: bleeding, airway, voice, and calcium are monitored.
- Day 3-7: wound control; pain and swallowing improve.
- Week 2-3: pathology and additional-treatment decision clarify.
- Week 6-8: TSH and medication dose are checked.
- Month 6-12: ultrasound and oncology follow-up rhythm is personalised.

Prof. Dr. Özdoğan approach

Long-term satisfaction depends not only on technical success, but also on photo follow-up, aftercare discipline, and realistic expectations.

Risks and Complications

- Bleeding, haematoma, infection, temporary/permanent voice change, low calcium, scar, need for additional therapy.

Urgent warning signs

- Rapidly increasing neck swelling
- Shortness of breath or choking sensation
- Numbness/tingling or cramps
- Rapidly worsening voice
- Fever or purulent discharge

Risk-reduction practices

- Experienced neck-surgery team
- Nerve and parathyroid-focused dissection
- Education on calcium symptoms
- Pathology-driven follow-up

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International patient pathway

- Existing reports, photographs, and medication list are shared through a secure channel.
- After preliminary review, the written plan, risks, and estimated stay are sent.
- Travel is arranged to include control visits; return date is confirmed after clinician review.
- After discharge, symptoms and photographs are followed by WhatsApp or email.
- If needed, a summary can be coordinated with your local clinician.

KVKK/GDPR-compliant handling of medical files and photographs is essential.

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Frequently Asked Questions

Will my voice change?

Temporary vocal fatigue can occur; permanent voice problems are uncommon with modern nerve-preserving technique.

Why monitor calcium?

Parathyroids regulate calcium; temporary low calcium can occur after total thyroidectomy.

Will I need medication?

Levothyroxine is needed after total thyroidectomy; after lobectomy some patients may be monitored without it.

Will the neck scar remain visible?

The incision is placed in a neck crease; scar care, sun protection, and skin type affect visibility.

Will I need radioactive iodine?

This depends on pathology type, tumour size, risk group, and endocrinology review.

I use my voice professionally; do I need extra steps?

Yes; pre/post voice recording, laryngoscopy, and voice-therapy planning should be discussed.

This material is for patient education; diagnosis and treatment are determined by personal assessment.

Short checklist

- I understand my indication and alternatives.
- I adjusted work/travel plans for recovery time.
- I provided medication and allergy list in writing.
- I saved urgent warning signs and contact channel.
- I added follow-up visits to my calendar.
- I know the standard angles for photo follow-up.
- I understand pricing is written after personal planning.
- I will apply my risk-reduction steps: Experienced neck-surgery team, Nerve and parathyroid-focused dissection, Education on calcium symptoms, Pathology-driven follow-up.
- I will save the discharge note and prescription digitally the same day.
- I can distinguish expected symptoms from urgent warning signs.

Sources and clinical transparency

CONTACT

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SOURCES AND CLINICAL TRANSPARENCY

- Prof. Dr. Hasan Ahmet Özdoğan - Thyroid Diseases: <https://profdrhasanahmetozdogan.com/tiroid> (accessed 2026-06-10)
- American Thyroid Association - Thyroid Surgery: <https://www.thyroid.org/thyroid-surgery/> (accessed 2026-06-10)
- American Thyroid Association - Post Operative Expectations: <https://www.thyroid.org/post-operative-expectations/> (accessed 2026-06-10)
- Mayo Clinic - Thyroidectomy: <https://www.mayoclinic.org/tests-procedures/thyroidectomy/about/pac-20385195> (accessed 2026-06-10)

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Thank You

The goal in Thyroid Surgery decision-making is to bring safe clinical assessment and realistic expectation to the same table.

Next steps

- Prepare current reports and photographs for preliminary review.
- Summarise medication/allergy list and your goal in one message.
- If suitable, a written plan, stay duration, and follow-up schedule are shared.
- Keep this PDF in your personal notes until the control visit.

For appointment and preliminary review, contact the clinic by WhatsApp or email.

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