

## **ENDOCRINE SURGERY**

### **(THYROID AND PARATHYROID GLANDS)**

The doctors at Nashville ENT and Allergy have extensive training and experience in the medical and surgical management of the thyroid and parathyroid glands. When necessary, surgery is often done using a minimally invasive approach through a single small incision and many patients go home on the same day. Conditions managed include goiter, thyroid nodules and parathyroid disease.

There have been many advances in the surgical management to improve safety. The greatest risk in this area is to the recurrent laryngeal nerve, which goes to the voice box and controls the vocal cords. To minimize this risk, a nerve monitor is used during surgery and the function is observed by a separate, dedicated team. As voice surgeons, we are intricately aware of the anatomy and function of the nerves to the voice box and every precaution is taken to provide the best outcome.

The procedure typically takes less than an hour. The incision is approximately 1 to 1.5 inches long although larger glands may require extending the incision slightly. When appropriate, the procedure can be done endoscopically with a minimally invasive video assisted technique. Many patients go home that day. For those that live far away, they will often stay overnight and leave first thing in the morning. Downtime from the surgery is as little as a few days.

### **WHEN IS SURGERY RECOMMENDED FOR THE THYROID?**

Thyroid nodules are common, and may be solitary or multiple (multi-nodular goiter). The first step in the work up is an ultrasound to evaluate the size of the gland and any nodules. If there are large nodules or if any have suspicious features, the next step is a biopsy.

Reasons to undergo surgery include thyroid cancer, a suspicious nodule, an enlarging nodule/gland and compressive symptoms. Compressive symptoms include a sensation of fullness in the lower neck, swallowing problems due to the gland pushing on the esophagus, or fullness/pressure in the throat when lying down.

There is no correlation between thyroid function (hormone levels) and nodules. If there is any suspicion for a nodule or enlarged gland, the first step would be an appointment to evaluate the throat and neck to determine the best course of action.