Thyroid surgery is where part or all of the thyroid gland/s are removed through a cut along the ‘necklace’ line of the neck.

**A. Interpreter / cultural needs**

An Interpreter Service is required?  
☐ Yes  ☐ No

If Yes, is a qualified Interpreter present?  
☐ Yes  ☐ No

A Cultural Support Person is required?  
☐ Yes  ☐ No

If Yes, is a Cultural Support Person present?  
☐ Yes  ☐ No

**B. Condition and treatment**

The doctor has explained that you have the following condition: *(Doctor to document in patient’s own words)*

This condition requires the following procedure. *(Doctor to document - include site and/or side where relevant to the procedure)*

The following procedure will be performed:

Thyroid surgery is where part or all of the thyroid gland/s are removed through a cut along the ‘necklace’ line of the neck.

**C. Risks of a thyroid surgery**

There are risks and complications with this procedure. They include but are not limited to the following.

### General risks:
- Infection can occur, requiring antibiotics and further treatment.
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Asprin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Heart attack or stroke could occur due to the strain on the heart.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
- Death as a result of this procedure is possible.

### Specific Risks:
- Possible bleeding in the tissues of the neck which may result in swelling about the wound or a fluid discharge, or on rare occasions, pressure in the wind pipe which may cause breathing problems. This may require emergency surgery.
- Rarely an important nerve in the area of the back of the thyroid may be damaged which could result in a permanent hoarse voice, or difficulty with the higher pitch of the voice. It is very common to have a temporary hoarse voice for a few days as this operation is near the larynx. If both of these nerves were damaged, severe breathing difficulty may occur with the need for respiratory support. This may be permanent.
- Rarely a small gland behind the thyroid, called the parathyroid, may be damaged and this may result in tingling of the fingers and spasms of the hands and toes. This is usually a temporary problem but occasionally long term calcium supplements are necessary.
- After removal of part of the gland the function of the thyroid may decrease and you may need a thyroid function test and possible treatment for under activity of the thyroid. With total removal of the gland, life long medication is required.
- In some people healing of the wound can become thickened, red and painful (a keloid scar).

**D. Significant risks and procedure options**

*(Doctor to document in space provided. Continue in Medical Record if necessary.)*

**E. Risks of not having this procedure**

*(Doctor to document in space provided. Continue in Medical Record if necessary.)*

**F. Anaesthetic**

This procedure may require an anaesthetic. *(Doctor to document type of anaesthetic discussed)*

(Affix identification label here)
I acknowledge that the doctor has explained:

- my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- other relevant procedure/treatment options and their associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- the procedure may include a blood transfusion.
- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- a doctor other than the Consultant may conduct the procedure. I understand this could be a doctor undergoing further training.

I have been given the following Patient Information Sheet/s:

- About Your Anaesthetic
- Thyroid Surgery

I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.

I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

On the basis of the above statements,
1. What do I need to know about this procedure?

Thyroid surgery is where part or all of the thyroid gland/s are removed through a cut along the ‘necklace’ line of the neck.

2. My anaesthetic

This procedure will require an anaesthetic. See About Your Anaesthetic information sheet for information about the anaesthetic and the risks involved. If you have any concerns, discuss these with your doctor.

If you have not been given an information sheet, please ask for one.

3. What are the risks of this specific procedure?

There are risks and complications with this procedure. They include but are not limited to the following.

General risks:

- Infection can occur, requiring antibiotics and further treatment.
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
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Specific Risks:

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- Rarely an important nerve in the area of the back of the thyroid may be damaged which could result in a permanent hoarse voice, or difficulty with the higher pitch of the voice. It is very common to have a temporary hoarse voice for a few days as this operation is near the larynx. If both of these nerves were damaged, severe breathing difficulty may occur with the need for respiratory support. This may be permanent.
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- After removal of part of the gland the function of the thyroid may decrease and you may need a thyroid function test and possible treatment for under activity of the thyroid. With total removal of the gland, life long medication is required.
- In some people healing of the wound can become thickened, red and painful (a keloid scar).

Notes to talk to my doctor about:

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