



# CONSENT FORM FOR THYROIDECTOMY – (SUB) TOTAL

Med Rec. No.....  
Surname:.....  
Forename: .....  
DOB:.....

AFFIX LABEL HERE

### PROPOSED TREATMENT

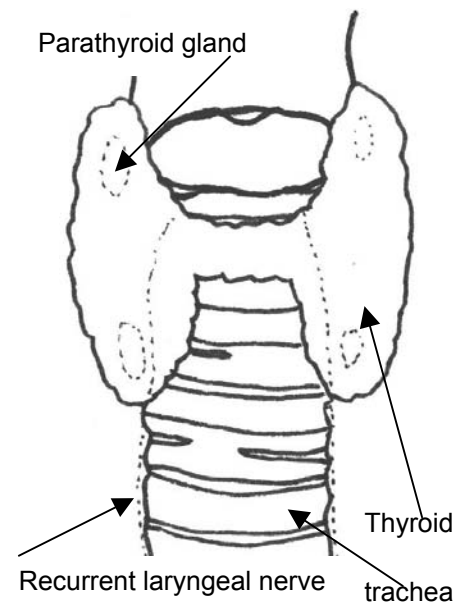
The doctor has explained that I, (*name of patient*) ....., have the following condition:.....  
.....  
and that a **sub total thyroidectomy** is proposed:

**This means removing my thyroid gland completely or nearly completely.**

**Under a general anaesthetic, the surgeon makes a cut in along a skin crease in the lower part of the neck and lifts upper and lower flaps of skin and underlying tissues to give a good view of the thyroid gland. The lymph glands associated with the thyroid are inspected and any that are suspicious may be removed and sent for microscopic examination.**

**The blood vessels to the thyroid are tied off and the gland gradually freed, while the surgeon looks for and protects two important structures nearby – the nerves that control the vocal cords (recurrent laryngeal nerves) and the parathyroid glands that help control the body's calcium.**

**When the gland is free, it is sent for microscopic examination. Any bleeding points are sealed and a fine suction drain is often left in each side of the neck to remove any secretions. These will be removed after a day or two. The skin wound is closed.**



### RISKS

*These are the commoner risks. There may be other unusual risks that have not been listed here. Please ask your general surgeon if you have any general or specific concerns.*

I understand there are risks associated with any **anaesthetic** (see separate *Anaesthetic Consent Form*). I may have side effects from any of the drugs used. The commoner side effects include light-headedness, nausea, skin rash and constipation.

I understand a **subtotal thyroidectomy** has the following **specific risks and limitations**:

- My wound may rarely become infected, becoming red painful, swollen and possibly develop a discharge. I may need antibiotics if this happens.
- One or both nerves to the voice box may be damaged and I may notice my voice is weaker after the operation. This may be temporary or permanent. In the very rare case when both nerves are affected or involved in the disease, I will have difficulty breathing and I will need an artificial opening in my windpipe (tracheostomy).
- The parathyroid glands or their blood supply may be damaged. If I notice some tingling in my face after the operation I should tell my doctors. This may get better by itself, but in some cases, additional medications may be needed.
- My wound may bleed or swell after the operation, which occasionally may require a return to theatre.
- I may need to take thyroid replacement tablets if my thyroid has been totally removed. If some thyroid tissue has been left, I may or may not need to take hormone replacements. In some cases, the need for replacement tablets only begins after a year or two, so I may need occasional blood tests to check this in future.
- If the operation is being done for cancer, I may need additional treatment afterwards and the disease may not be completely cured.
- If the operation confirms I have cancer, or if my operation was done for an overactive thyroid gland, I will need long term follow up.

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FOR  
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**RISKS CONTINUED**

I understand some of the above risks are more likely if I smoke, am overweight, diabetic, have high blood pressure or have had previous heart disease.

**INDIVIDUAL RISKS**

I understand the following are possible significant **risks and complications specific to my individual circumstances**, that I have considered in deciding to have this operation:

.....  
.....

**DECLARATION BY PATIENT**

- I acknowledge the general surgeon has informed me about the procedure, alternative treatments and answered my specific queries and concerns about this matter.
- I acknowledge that I have discussed with the general surgeon any significant risks and complications **specific to my individual circumstances** that I have considered in deciding to have this operation.
- I agree to **any other additional procedures** considered necessary in the judgement of my general surgeon during this operation.
- I consent to a **blood transfusion**, if needed (*patient to circle and initial choice*) **YES**                      **NO**
- I agree to the disposal by the hospital authorities of any tissues that may be removed during the procedure. I understand that some tissues or samples may be kept as part of my hospital records.
- I understand that a doctor other than the specialist general surgeon may perform the procedure.
- I have received a copy of this form to take home with me.
- If any staff member is exposed to my blood (needlestick injury) then I consent to a sample of my blood being collected for testing for infectious diseases, such as Hepatitis B, C and HIV. I understand that the blood sample will not be tested until I have been informed and I have given my consent.

**Signature of patient** \_\_\_\_\_ **Date** \_\_\_\_\_

*If the patient is an adult and unable to give consent, a proxy form must be completed and attached*

**DECLARATION BY DOCTOR**

- I declare that I have explained the nature and consequences of the operation to be performed, and discussed the risks that particularly concern the patient.
- I have given the patient an opportunity to ask questions and I have answered these.

**Doctor's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Doctor's name**  
(please print name) \_\_\_\_\_

**INTERPRETER'S DECLARATION** - I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor

**Interpreter's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Interpreter's name**  
(please print) \_\_\_\_\_