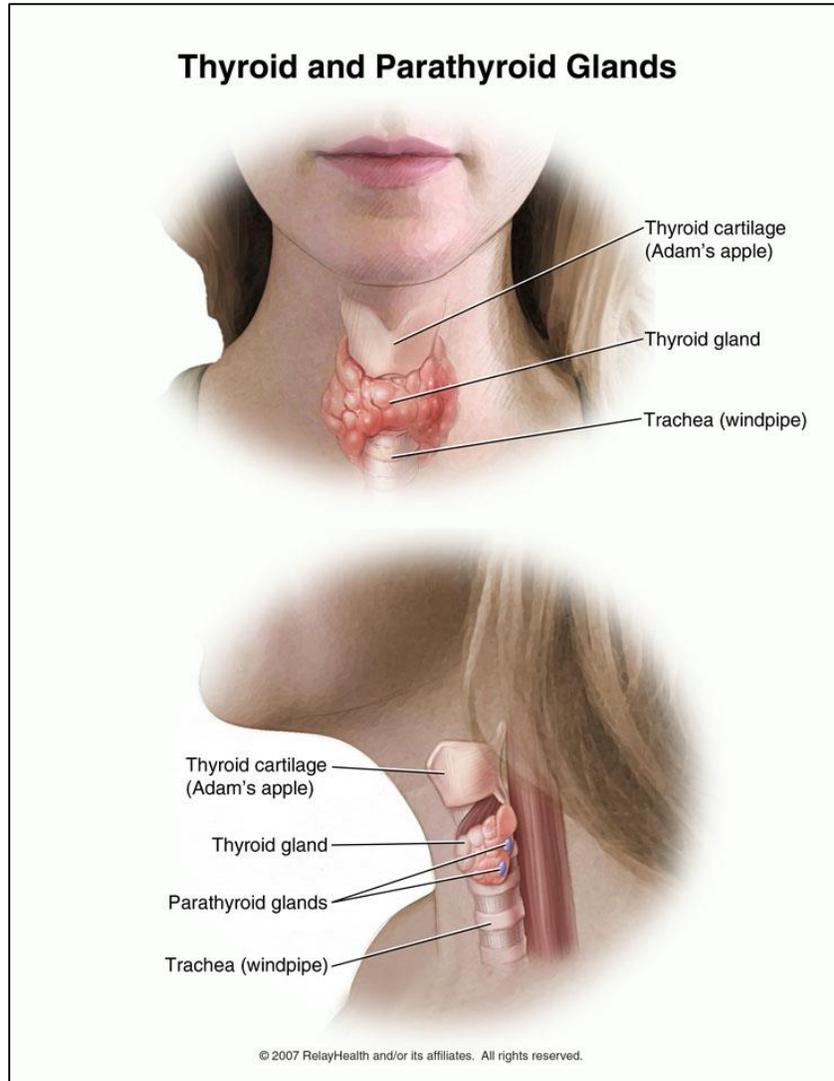


Thyroid Cancer

What is thyroid cancer?

Thyroid cancer is an abnormal growth of cells in the thyroid gland. The thyroid gland is a small gland in the lower front of your neck. It takes iodine from the food you eat to make hormones. The hormones control the process of turning the food you eat into energy.

There are at least 4 different types of cancer. Some types are very common. Other types are not very common but are more likely to spread to other parts of the body.



What is the cause?

The cause of most thyroid cancers is not known. However, as many as 1 in 10 cases of thyroid cancer are caused by radiation exposure. Examples of 2 ways that radiation exposure could increase your risk of this cancer are:

- X-ray treatments to the head and neck when you were a child
- radioactive fallout from nuclear atomic weapons testing or nuclear power plant accidents.

You may have an increased risk of thyroid cancer if someone in your family has had certain types of thyroid cancer or certain other inherited problems.

What are the symptoms?

Early thyroid cancer does not cause symptoms. As the cancer grows, the first symptom is a lump (nodule) in the front of the neck.

Late symptoms of thyroid cancer are:

- swollen lymph nodes
- hoarseness or trouble speaking in a normal voice
- trouble swallowing or breathing
- pain in the throat or neck

These symptoms do not always mean thyroid cancer. Most growths or lumps in the thyroid gland are not cancer. Other problems, such as infection, can cause the same symptoms. If you have symptoms, you should see your healthcare provider as soon as possible to diagnose the problem.

How is it diagnosed?

Your provider will ask about your symptoms and your personal and family medical history. Your provider will examine you. You may also have one or more of the following tests:

- blood tests
- ultrasound scans of the thyroid gland so your provider check for nodules, see how big they are, and determine if they are solid or filled with fluid
- radioactive iodide scan, which uses a very small amount of radioactive material to make thyroid nodules show up on a picture
- biopsy, which is the removal of tissue to look for cancer cells

A biopsy is the only sure way to know whether a thyroid lump is cancer. Your provider may be able to remove tissue in the office with a needle. Or you may need to have your lump completely removed with surgery in the operating room. The tissue removed with either of these procedures is then examined in the lab for cancer cells.

How is it treated?

The treatment depends on the type of thyroid cancer, whether it is in the thyroid gland only or has spread to other parts of the body, and your age and overall health. One or more of the treatments may be used.

- **Surgery** to remove part or all of the thyroid gland is the most common treatment. You will usually need to take thyroid hormone pills after the surgery. The medicine will substitute for the hormones that were made by the thyroid gland before it was removed. The medicine will also keep any remaining thyroid tissue from making thyroid hormone and keep any remaining thyroid cancer cells from growing.
- **Radiation therapy** uses high-energy radiation (such as high-energy X-rays) to kill cancer cells and shrink tumors.
 - For the common types of thyroid cancer, usually radioactive iodine is given by mouth. Because the thyroid gland takes up iodine, the radioactive iodine collects in thyroid tissue and kills the cancer cells and any thyroid tissue remaining after surgery.

- Sometimes a radiation machine outside the body may be used to send X-rays to the neck to treat certain types of cancer.
- **Thyroid hormones** may be used to help keep thyroid cancer cells from growing. Thyroid hormones are usually given as pills.
- **Chemotherapy** (anticancer medicine) can slow or stop the growth of cancer cells. The medicine may be taken as a pill, or it may be given to you through a needle in a vein or muscle. Chemotherapy drugs go into the bloodstream and travel through the body. This allows the drugs to kill cancer cells outside the thyroid gland.

What is a thyroidectomy?

A thyroidectomy is surgery to remove all or part of the thyroid gland.

The thyroid gland is a small gland in the lower front of your neck. It takes iodine from the food you eat to make hormones. The hormones control the process of turning the food you eat into energy.

When is it used?

You may need to have part or all of your thyroid gland removed if:

- You have a lump in your thyroid gland that could be cancer. If cancer is found, removal of the gland can keep the cancer from spreading.
- Your thyroid gland is overactive and making too much thyroid hormone (a problem called hyperthyroidism).

Instead of this procedure, other treatments may include:

- If you have a lump, you may choose to have repeat exams over many months or years and then have surgery if the lump grows. If you have cancer in your thyroid gland, there is some risk that the cancer will spread to other parts of your body.
- If you have an overactive thyroid gland, medicine and radioactive iodine treatments can usually control the problem. You may need surgery if these treatments do not control your thyroid gland.

You may choose not to have treatment. Ask your healthcare provider about your choices for treatment and the risks.

How do I prepare for this procedure?

- Make plans for your care and recovery after you have the procedure. Find someone to give you a ride home after the procedure. Allow for time to rest and try to find other people to help with your day-to-day tasks while you recover.
- Follow your provider's instructions about not smoking before and after the procedure. Smokers may have more breathing problems during the procedure and heal more slowly. It is best to quit 6 to 8 weeks before surgery.
- Some medicines (like aspirin) may increase your risk of bleeding during or after the procedure. Ask your healthcare provider if you need to avoid taking any medicine or supplements before the procedure.
- You may or may not need to take your regular medicines the day of the procedure, depending on what they are and when you need to take them. Tell your healthcare provider about all medicines and supplements that you take.

- Your provider will tell you when to stop eating and drinking before the procedure. This helps to keep you from vomiting during the procedure.
- Follow any other instructions your healthcare provider gives you.
- Ask any questions you have before the procedure. You should understand what your healthcare provider is going to do.

What happens during the procedure?

This procedure will be done at the hospital.

You will be given general anesthesia to keep you from feeling pain. General anesthesia relaxes your muscles and you will be asleep.

Your healthcare provider will make a cut in your neck just above the collarbone. He or she will then remove all or part of the gland. Lab tests will be done right away during the procedure to check for cancer. Based on the test results, the provider may end the operation or may remove another part or all of the thyroid gland. The cut in your neck will then be closed.

Rarely, thyroid cancer spreads to lymph nodes. If this has happened, you will need further treatment.

The procedure will take 1 to 3 hours.

What happens after the procedure?

You may be in the hospital for 1 or 2 days.

If all or a large part of the thyroid gland was removed, you will need to take thyroid hormone medicine for the rest of your life.

If you have cancer, you may need to take radioactive iodine medicine to destroy any remaining thyroid tissue and cancerous cells.

Ask your healthcare provider:

- how long it will take to recover
- what activities you should avoid and when you can return to your normal activities
- how to take care of yourself at home
- what symptoms or problems you should watch for and what to do if you have them

Make sure you know when you should come back for a checkup.

What are the risks of this procedure?

Your healthcare provider will explain the procedure and any risks. Some possible risks include:

- Anesthesia has some risks. Discuss these risks with your healthcare provider.
- You may have infection or bleeding.
- The nerves that control your speech may be injured. Damage to the nerves could make your voice hoarse. The damage may be temporary or lifelong.

- The parathyroid glands may be injured when all of the thyroid gland is removed. The hormones made by the parathyroid glands control the amount of calcium and phosphorus in the blood. You need to have the right levels of calcium and phosphorus in your blood so your nerves and muscles work well. If the parathyroid glands cannot function after the operation, you may need to take calcium pills or hormones.
- If thyroid cancer is found, it can return to the neck or other parts of the body. Fortunately, removal of the thyroid gland usually keeps this from happening.

There is risk with every treatment or procedure. Ask your healthcare provider how these risks apply to you. Be sure to discuss any other questions or concerns that you may have.

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[References](#)

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