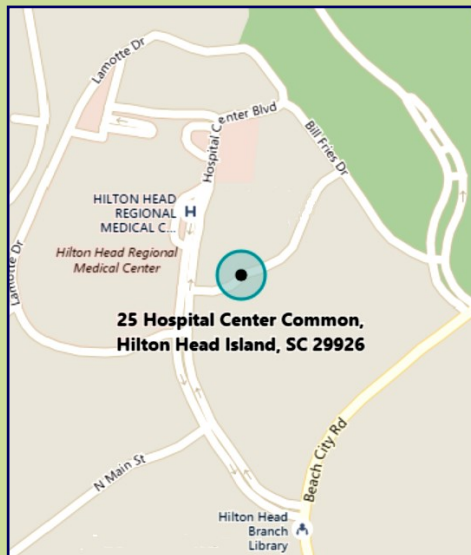


Location

Our office is located in the single story building in the Hospital Center Common located across from Hilton Head Hospital.

We are located on the web at:

www.HHISurgeons.com



Performing Surgeries at:

- Hilton Head Hospital
- Outpatient Surgery Center of Hilton Head

Surgery by Surgeons

A fully trained surgeon is a physician who, after medical school, has gone through at least five years of training in an accredited residency program to learn the specialized skills of a surgeon. One good sign of a surgeon's competence is certification by The American Board of Surgery, a national surgical board approved by the American Board of Medical Specialties. All such board-certified surgeons have satisfactorily completed an approved residency training program and have passed a rigorous specialty examination.

The letters F.A.C.S. stands for Fellow of the American College of Surgeons. Surgeons who become Fellows of the College have passed a comprehensive evaluation of their education, training, and professional qualifications. Their credentials have been found to be consistent with the standards established and demanded by the College.

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ABOUT THYROID NODULES

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General Surgeons

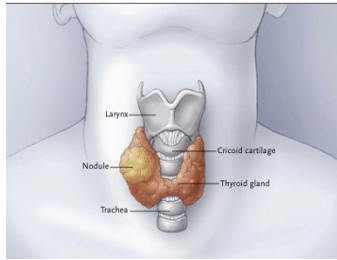
ABOUT THYROID NODULES

WHAT IS THE THYROID?

It is an endocrine gland that regulates metabolism and is located in the neck. It is essential for normal growth and development.

WHAT ARE NODULES?

They are abnormal growths of thyroid cells into a lump within the gland. They are the most common endocrine problem in the US and the vast majority (95%) are benign.



WHAT ARE THE SYMPTOMS OF A NODULE?

Most are asymptomatic and found incidentally on imaging tests such as ultrasounds, MRIs or CAT scans. They are otherwise usually discovered on examination as a palpable or visible lump within the neck. Rarely a patient may present with hoarseness, hyperthyroidism (overactive thyroid), or difficulty with swallowing or breathing.

HOW ARE NODULES EVALUATED?

EXAMINATION—An examination of the neck is performed to directly evaluate the nodule and also to look for evidence of other nodules within the thyroid or nearby lymph nodes.

LABS—Blood work (TSH, T4 & T3) may be done to evaluate the thyroid function, which is usually unaffected by a nodule. Additional labs called antibodies may be tested to rule out Grave's disease or Hashimoto's.

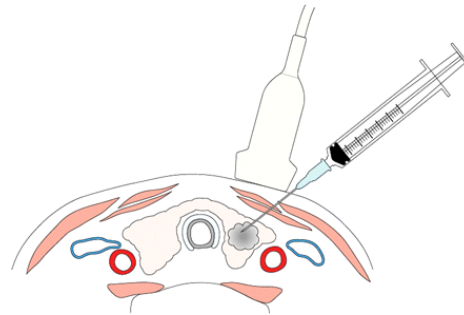
IMAGING—Tests such as ultrasound,

CAT scan, or MRI may be performed. An ultrasound is usually the preferred test. It can define if the nodule is solid or cystic as well as the size and location. Sometimes a nuclear scan will be done to evaluate if the nodule is functioning like the rest of the thyroid.

PATHOLOGY—Nodules which are not clearly benign need to be evaluated by sampling the cells with a fine needle aspiration (FNA).

WHAT IS A FINE NEEDLE ASPIRATE?

FNA is an outpatient procedure. Numbing medicine is used for anesthesia. Usually, ultrasound guidance is used to direct a small needle into the nodule to



collect cells for evaluation under the microscope. The results fall into one of four categories:

BENIGN—50-60% show normal appearing cells. There is a less than 3% chance of overlooking a cancer.

MALIGNANT—This means cancer cells are identified. Only 5% of FNAs fall into this category.

SUSPICIOUS—This category only comprises about 10% of the results and usually indicates a follicular adenoma or cancer.

NONDIAGNOSTIC OR INADEQUATE—This is the result in 20% of samples. It often occurs because the specimen was too bloody or not enough cells were present for evaluation.

WHAT IS THYROID CANCER?

Cancers of the thyroid are the most common endocrine related cancer. About 20,000 new cases are diagnosed annually in the US. Most are easily treated with surgery and possible radioactive iodine and have excellent outlooks. Risk factors include a family history or radiation treatment especially as a child. Most cancers are one of four types: Papillary (70-80%), Follicular (10-15%), Medullary (5-10%) and Anaplastic (<5%).

WHAT IS A THYROIDECTOMY?

The removal of the entire thyroid gland is called a thyroidectomy. It is usually the recommended treatment for a known cancer. In some instances a lobe (or side) may be removed instead. The surgery is done through an incision in the lower neck.

WHAT ARE THE COMPLICATIONS OR SIDE EFFECTS OF SURGERY?

Most thyroid surgeries occur without significant complication; however, no surgery is risk free. The three major complications are:

- bleeding (<1%)
- permanent injury to the recurrent laryngeal nerve resulting in a weak hoarse voice (0-4%)
- hypoparathyroidism causing low calcium (<2%)

With removal of the entire gland patients will require thyroid hormone replacement therapy forever.

WHAT IS THE RECOVERY?

An overnight stay is the normal. Most patients complain of a very sore throat. Many are surprised that there is very little pain.