

REHABILITATION AFTER REMOVAL OF THE THYROID GLAND**Narzilloeva Malika Shuhrat qizi****<https://doi.org/10.5281/zenodo.14222428>**

Abstract. *Thyroidectomy is a surgical procedure that involves complete or partial excision of the thyroid gland. The intervention is one of the main methods of treating malignant and benign neoplasms of this organ. The thyroid gland is one of the most important organs in our body. It regulates general metabolism, the functioning of the nervous and cardiovascular systems, and affects the immune system and the functioning of the reproductive organs.*

Keywords: *Thyroidectomy, neoplasms, coagulogram, hypoparathyroidism, electrocardiogram*

РЕАБИЛИТАЦИЯ ПОСЛЕ УДАЛЕНИЯ ЩИТОВИДНОЙ ЖЕЛЕЗЫ

Аннотация. *Тиреоидэктомия — хирургическая операция, которая заключается в полном или частичном удалении щитовидной железы. Вмешательство является одним из основных методов лечения злокачественных и доброкачественных новообразований этого органа. Щитовидная железа — один из важнейших органов нашего организма. Она регулирует общий обмен веществ, работу нервной и сердечно-сосудистой систем, влияет на иммунную систему и работу репродуктивных органов.*

Ключевые слова: *Тиреоидэктомия, новообразования, коагулограмма, гипопаратиреоз, электрокардиограмма.*

Thyroidectomy is an operation to partially or completely remove the gland. It is performed for diseases of the thyroid gland that are not amenable to a conservative approach. The patient's life after surgery changes radically, since after removal the organ ceases to function.

INDICATIONS: Indications for thyroidectomy are most often:

- Thyroid oncology;
- Large benign neoplasms: adenoma, nodes, cysts;
- Multinodular goiter;
- Diffuse toxic goiter;
- Thyroid nodes that produce hormones (toxic nodes).

The operation is also prescribed in cases where the patient develops cancer, but there are contraindications for radioiodine therapy.

CONTRAINDICATIONS: The intervention is considered low-traumatic and therefore has a minimum number of contraindications. Thyroidectomy is not performed if the patient is diagnosed with:

- acute infectious diseases;
- chronic pathologies in the acute stage;
- blood clotting disorders.

PREPARATION:

- consultation with doctor;
- consultation with an anesthesiologist;
- blood tests, including a coagulogram;
- urine tests;
- electrocardiogram.

If necessary, additional laboratory or instrumental studies, consultations with specialized specialists are prescribed.

You need to inform the doctor in advance about the medications that the patient takes regularly.

It is important to inform about any allergies.

As part of the preparation, a course of antibiotics may also be prescribed.

CONDUCTING THE OPERATION: Any type of surgical intervention on the thyroid gland is performed under general anesthesia.

The patient is put to sleep and does not feel anything during the operation.

After the anesthesia begins to work, the surgeon makes a transverse incision at the base of the neck.

The incision is made in such a way that in the future the scar merges with the fold of skin and is as invisible as possible.

After this, depending on the goals of the operation, the surgeon removes the pathology along with the thyroid gland or part of it.

One of the main tasks is to preserve the parathyroid glands and the recurrent nerve, if they are not affected by the disease.

After removing the tissue, the surgeon stitches the wound and installs drainage.

Depending on the scope of the surgeon's actions, the operation takes from 45 minutes to 3 hours.

Rehabilitation after the intervention, it is necessary to remain in the hospital under the supervision of medical staff.

Pain in the neck and throat area persists for several days.

Painkillers prescribed by the doctor help to get rid of the pain.

The duration of hospitalization is determined individually and depends on the scope of the surgical intervention, the patient's well-being.

Often, after 2-3 days, discharge and continued recovery at home are possible.

If a total thyroidectomy was performed, that is, the total removal of the thyroid gland, after the operation the person will develop hypothyroidism.

Therefore, there will be a need for lifelong intake of hormonal drugs.

However, even in the case of not total, but partial thyroidectomy, the thyroid gland can also lose functions, which will have to be replenished with the help of drugs.

Despite lifelong hormone replacement therapy, after recovery the person will be able to lead a normal life without uncomfortable restrictions.

COMPLICATIONS: Complications after the intervention are quite rare.

Among the most common are: postoperative bleeding, hypoparathyroidism (lack of calcium in the body). If the laryngeal nerve is damaged during the operation, the timbre of the voice changes. Restoration of the usual timbre takes from 3 to 12 weeks. The risk of nerve damage is less than 1%.

For various diseases of the thyroid gland, such as multinodular goiter, adenoma or cancer, either removal of one lobe of the thyroid gland is performed - hemithyroidectomy, or complete removal of the organ - thyroidectomy. The thyroid gland carries out its functions through the hormones T3 (triiodothyronine) and T4 (thyroxine), so when it is removed, the level of these hormones drops, and hypothyroidism develops.

Rehabilitation after removal of the thyroid gland is a whole range of measures, which is primarily aimed at replenishing hormone deficiency with the help of medications and high-quality and aesthetic healing of the postoperative wound. The rehabilitation center successfully implements an effective recovery program after thyroid surgery.

INDICATIONS FOR REHABILITATION AFTER THYROIDECTOMY: Recovery after thyroid removal is necessary for all patients and especially for those who have postoperative complications such as infection, loss of voice due to damage to the recurrent laryngeal nerve, bleeding, or calcium deficiency caused by damage to the parathyroid glands.

The main indications for rehabilitation after removal of the thyroid gland in men and women are:

HORMONE AND CALCIUM DEFICIENCY: Selection of the drug and its dosage for replacement therapy. Monitoring the level of hormones T3, T4 and calcium in the blood.

Postoperative Side Effects Helps restore voice, maintain normal weight, and support heart, lung, and intestinal function.

PROBLEMS WITH WOUND HEALING: Daily care and treatment of postoperative wounds with the application of antiseptic and effective healing agents that accelerate tissue regeneration. When purulent inflammation appears, carefully selected antibiotics are prescribed.

PSYCHOLOGICAL PROBLEMS: Adaptation to new living conditions, combating insomnia, anxiety and depressive disorders.

One of the key components of successful recovery after thyroid surgery is constant monitoring by your healthcare provider. In the rehabilitation center, a rehabilitation doctor, together with an endocrinologist, draws up and adapts a comprehensive recovery program for each patient.

The schedule of classes allows you to optimally distribute the load on the patient.

Together with the exercise therapy instructor, the physical therapist should conduct daily training sessions selected taking into account the patient's physical fitness, endurance and age.

Every day, classes should be held with a psychologist to help cope with emotional experiences, irritability, anxiety and insomnia after surgery.

During rehabilitation, thyroid hormone levels are regularly monitored. In addition, perform massage therapy daily, which is especially effective if you have cervical-brachial syndrome, a neurological disorder characterized by pain and muscle weakness in the neck and shoulder area.

Throughout the entire period of rehabilitation, the attending physician monitors the patient's health status, monitors his progress and the effectiveness of the compiled program.

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