

_____ binding line _____

University of Kansas Hospital
3901 Rainbow Boulevard
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Name _____

KU# _____

1. **Surgical thyroidectomy.**

The complications associated with surgery include bleeding, laryngeal nerve damage, hoarseness and anesthesia reactions. Hypoparathyroidism can occur if the parathyroid glands are removed or the blood supply to the parathyroid gland is damaged.

2. **Long-term medication.**

Thionamide therapy, using (propylthiouracil (PTU) or, methimazole,(Tapazole) can be given every 6-8 hours for 18 months and about 30–40 % of patients will achieve remission. However, the relapse rate is as high as 50% after stopping the thionamide therapy.

Potential side effects include granulocytopenia (very low white blood cell suppression) and hypersensitivity hepatitis. The medication should be stopped and medical attention should be sought if any of the following symptoms occur: sore throat, high fever, nausea, loss of appetite or jaundice (yellowing of the skin).

3. **Radioactive iodine therapy**

The possible complications of radioactive iodine include the likely development of life-long hypothyroidism and the need for life-long thyroid hormone replacement. The hypothyroidism develops over a 6 week to 6 month period and it is important to be monitored by the physician every 6-8 weeks until you become hypothyroid and are regulated on thyroid medication.

- Radioactive iodine therapy should never be given to a pregnant woman. A pregnancy test will be performed and be reported **NEGATIVE** before the treatment is given.
- Radioactive iodine should not be given while breastfeeding
- Birth control pills may NOT be effective when you are hyperthyroid.
- Other barrier methods to prevent pregnancy should be used such as condoms or an IUD.

I have discussed and understand the available treatment options for the treatment of hyperthyroidism.

Signature _____ date _____

Treatment options for hyperthyroidism