

Shalamar Hospital is striving to provide our patients quality health care, at lowest possible costs. Our hospital is continually active in pioneering new treatments and therapies to improve the lives of people in our community.

A semi-transparent anatomical illustration of the human endocrine system, showing the skull, spine, and various glands. The thyroid gland is highlighted in a bright yellow-orange color, indicating its focus in the document.

Patient Guide to Hypothyroidism

ENDOCRINE SURGERY CLINIC

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WHAT IS HYPOTHYROIDISM?

Hypothyroidism is a condition caused by an underactive thyroid gland that produces insufficient thyroid hormone for the body's needs.

CAUSES OF HYPOTHYROIDISM

The causes of hypothyroidism include autoimmune thyroid disease, radioactive iodine treatment or thyroidectomy, antithyroid drugs, certain medications, overconsumption of iodine-rich foods, pituitary gland malfunction, and radiation therapy for head and neck cancers.

SYMPTOMS OF HYPOTHYROIDISM

The symptoms of hypothyroidism develop slowly, and the most common symptoms include fatigue, sensitivity to the cold, dry skin and hair, hoarse voice, constipation, muscle weakness, pins and needles in the hands, fertility problems, low libido, weight gain, puffy face and bags under the eyes, slow speech, movements, and thoughts, low mood or depression, memory problems, difficulty in concentration, slow heart rate, slightly raised blood pressure, raised cholesterol, and slowed growth in children.

WHAT IS A THYROIDECTOMY?

A thyroidectomy is the surgical removal of the thyroid gland. It may be recommended to treat an enlarged gland (goiter), Graves' disease, or toxic nodular goiter. It is also done when there is a suspicion of thyroid cancer from previous biopsies.

DIAGNOSIS OF HYPOTHYROIDISM

The diagnosis of hypothyroidism involves a physical examination and blood tests. A thyroid function blood test is a simple and accurate way to check whether the thyroid gland is working properly. An underactive thyroid is typically associated with a thyroid-stimulating hormone (TSH) level above the reference range and a free thyroxine (FT4) level that is below the reference range. It is reasonable to have a test for thyroid antibodies to confirm that the cause is autoimmune.

MILD THYROID FAILURE OR SUBCLINICAL HYPOTHYROIDISM

Mild thyroid failure, also known as subclinical hypothyroidism, may have no symptoms and can only be detected by blood tests. A slightly raised TSH level with a normal FT4 level indicates mild thyroid failure, and a regular thyroid function test and consultation with a doctor is recommended.

TREATMENT OF HYPOTHYROIDISM

The treatment for hypothyroidism involves taking levothyroxine, a synthetic version of the thyroxine produced by the thyroid gland. Levothyroxine doses depend on body weight and blood test results. Patients require between 100 and 150mcg a day, but the dose can be lower than 50mcg or up to 300mcg a day, depending on individual needs. The dose may need to be adjusted according to the results of regular thyroid function tests, usually every three months. Levothyroxine is best taken in the morning, on an empty stomach, at least half an hour before eating and drinking anything, and at least four hours apart from certain medications that can decrease absorption.

IMPORTANT POINTS:

1. Normally, your doctor will be responsible for your care, but if any issues arise, they will refer you to an endocrinologist, who specializes in thyroid and other endocrine disorders.
2. After achieving stability, it is recommended to have an annual blood test to monitor your thyroid hormone levels.
3. Consistency is crucial when taking your tablets as not taking them regularly can impact your health and blood test results.
4. It is imperative to continue taking levothyroxine for the rest of your life unless a doctor advises otherwise, even if you develop other illnesses.
5. If you become pregnant, it is suggested to increase your levothyroxine dosage immediately. You may double your dose for two days of the week or increase it by 25-50mcg daily. Follow-up blood tests are essential.
6. Consult your doctor or specialist if you have any concerns or questions regarding your thyroid disorder. Additionally, if you have a family history of thyroid problems, encourage your relatives to speak with their doctor about thyroid testing.
7. If you require more information or support, you can contact your doctor.

