

University Hospitals of Leicester NHS Trust

Metabolic Medicine

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Thyrotoxicosis Shared-Care Scheme Information Sheet Monitoring of Treated Thyrotoxicosis

After your thyrotoxicosis has been treated - either by a course of carbimazole (or PTU) or by treatment with radioactive iodine - we need to keep an eye on the thyroid blood tests to ensure that the thyroid does not become overactive again and/or develop an underactivity.

0116 258 5157

We can readily monitor thyroid function blood tests via our thyrotoxicosis 'shared-care' scheme - in which most of the visits and blood tests occur at the GP's surgery avoiding the need to made a visit to the hospital.

Please read this information carefully - the success of your treatment will depend on you remembering to visit your GP for prescriptions and blood tests at the correct times:

- Review of your thyroid blood tests up to now suggests that your thyroid is stable in most cases you will be on no treatment (but a few patients are followed on long-term carbimazole).
- After a course of carbimazole or PTU there is a 50:50 chance that the thyroid overactivity will return at some stage
- After radioactive iodine there is a high chance that the thyroid gland will become underactive eventually with time
- In both cases, this change in thyroid activity may occur within months, or after a few years
- We need to monitor your thyroid blood tests regularly initially every 2 months and then at longer intervals if all is well. You need to visit your GP for the thyroid blood test and for a prescription if appropriate.
- It is essential that your GP sends the blood sample request form to the laboratory using the printed forms which we will give you this will ensure we receive a copy of the result. When we get the result of the blood test from the laboratory, we will then write to you and your doctor to let you know about any changes in drug dose which may be necessary. If you don't get a letter 2 weeks after the blood test then ring the 'hot-line' number below.
- At some stage during treatment we may need to recommend the addition of a thyroid replacement tablet **thyroxine.** We will advise you if you need to start this tablet and you will need to visit your doctor for a prescription.
- If the thyroid becomes overactive again we will almost certainly need to see you in the clinic, but may advise you to restart carbimazole while waiting for the appointment.
- Many patients are left with an 'open' appointment for the clinic and are only seen if the thyroid activity changes. Other patients may have a long-term appointment for review.
- **Telephone 'Hot-Line':** The endocrinology nurse specialists will look after a telephone 'hot-line' which you can ring if you have any questions or worries about your condition or about the treatment. If the problem cannot be sorted out easily on the phone, or by your GP, then we can always arrange to see you soon in the clinic.

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