Patients with thyroid disease can present dysphonia since the preoperative period. Such changes can be observed even under the protection of the recurrent laryngeal nerve function. Some factors such as nodule size, surgical trauma, laryngotracheal fixation, and adherence can justify these changes. The dysphonia varies from mild to severe and is mainly characterized by roughness and tension qualities.

**METHODS**

To characterize the voice (perceptual and acoustic vocal evaluation) and the vocal handicap (VHI) before and after (30 days) partial thyroidectomy.

**RESULTS**

11 patients (42%) presented preoperative mild to moderate dysphonia. Those parameters maintained or increased in the late postoperative period. Six /15 patients (40%) with postoperative dysphonia had nodule ≥ 3 cm. VHI did not identify any relationship between dysphonia and vocal handicap in any evaluation moment.

**CONCLUSIONS**

Vocal changes can be identified in patients with thyroid disease since the preoperative period. The dysphonia is characterized by roughness, breathiness and strain quality, which can worsen postoperatively, however, it does not represent vocal handicap.