

Parathyroidectomy

Patient Postoperative Instructions and Information

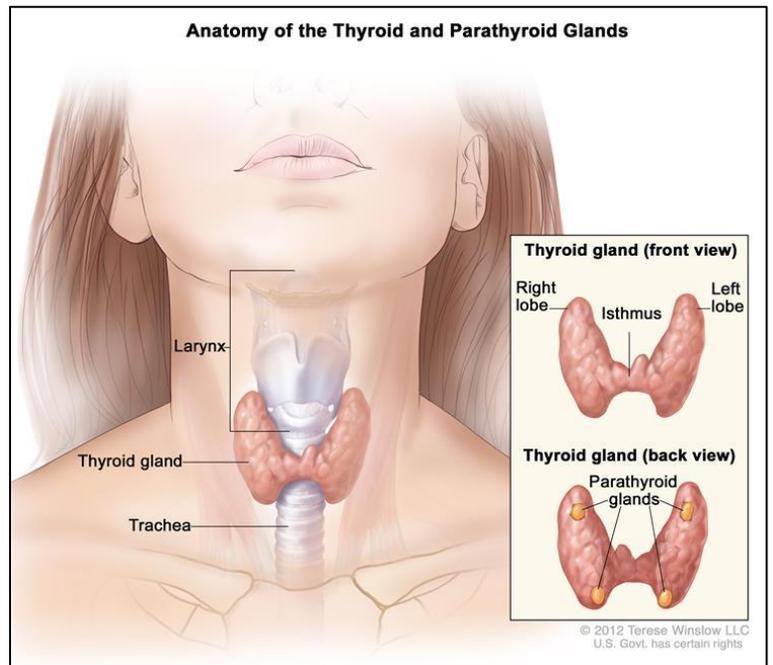
Hyperparathyroidism:

Hyperparathyroidism is an excess of parathyroid hormone in the bloodstream due to over activity of one or more of the body's four parathyroid glands. These glands are about the size of a grain of rice and are located in your neck.

The parathyroid glands produce parathyroid hormone, which helps maintain an appropriate balance of calcium in the bloodstream and in tissues that depend on calcium for proper functioning.

Two types of hyperparathyroidism exist. In primary hyperparathyroidism, an enlargement of one or more of the parathyroid glands causes overproduction of the hormone, resulting in high levels of calcium in the blood (hypercalcemia), which can cause a variety of health problems. With primary hyperparathyroidism, about 90% of the cases are caused by a single abnormal gland, called an adenoma. About 5% of the time there are two or more abnormal adenoma glands. And about 5% of the time all four parathyroid glands are hyperactive. Secondary hyperparathyroidism occurs as a result of another disease that initially causes low levels of calcium in the body and over time, increased parathyroid hormone levels occur.

Surgery is the most common treatment for primary hyperparathyroidism, while treatment for secondary hyperparathyroidism call for treatment of underlying disease. Surgical treatment of primary hyperparathyroidism requires removal of any adenomas or subtotal removal of hyperactive glands.



Surgery details and expectations:

Like most surgeries, you will need to take nothing by mouth after midnight the night before surgery. You will be completely asleep for this procedure and there will be a breathing tube placed in your airway to help you breathe. Between the surgery and the breathing tube, it is very common that you will have a sore throat after you wake up.

During parathyroidectomy, an incision is made in the bottom part of the front of the neck. The length of the incision is usually 2 to 4 cm in size and is placed within a skin fold if possible. The incision will be kept as small as possible, but as large as necessary to perform a safe operation. The goal is to remove all abnormal parathyroid tissue with as minimal dissection as possible. Using the preoperative tests as a guide, we will perform a targeted dissection to identify the most likely abnormal gland and remove it. Particular care will be given to preserving the recurrent laryngeal nerve. The recurrent laryngeal nerve supplies innervation to the

vocal cords and permits voice production. If the recurrent laryngeal nerve is damaged, there will be permanent hoarseness.

We will use intraoperative measurements of the parathyroid hormone level in your blood to help ensure the highest probability that all abnormal parathyroid glands have been removed. Once the abnormal parathyroid tissue is removed, the parathyroid hormone levels should drop appropriately.

Following surgery, it is common to be hoarse. In the vast majority of cases, this is due to swelling and irritation from surgery and not an injured recurrent laryngeal nerve. This typically resolves quickly. Depending on the extent of the surgery, you may go home on the same day or you may stay overnight in the hospital for observation. If an overnight stay is needed, you will mostly likely go home the following morning. Regarding postoperative pain, you can expect tenderness at the incision. But the pain is usually much less than operations in other parts of the body, particularly the abdomen. Local anesthetic (numbing medicine) will be injected in the wound at the time of surgery and this helps with those first several hours where the pain is most acute.

Post-Operative Instructions:

Incision:

All of the sutures will be under the skin and will dissolve on their own. A medical glue called Dermabond will be applied as a dressing. This is waterproof and you may shower on the day after surgery, cleaning the area with soap and water. Carefully blot dry. This glue will flake off on its own as you normally exfoliate.

Head of Bed:

It is helpful to keep your head elevated compared to your heart for the first few weeks after surgery. This will help prevent swelling of the skin above the incision. This is a variable finding and you may find that you can sleep flat with no consequence. But, if needed, it is helpful to elevate your head 30 to 45 degrees to prevent swelling. This can be done either by sleeping in a recliner or elevated the head of your bed.

Activity:

Avoid straining, heavy lifting, or vigorous exercise for 2 weeks after surgery.

Diet:

You may eat your regular diet after surgery.

Calcium treatment:

To help support your calcium levels while your remaining normal parathyroid glands start working properly again, we will prescribe supplemental calcium to take by mouth for the first ten days after surgery. Take this until completed and we will repeat your labs at your follow up visit.

Pain management:

Your pain can be mild to moderate the first 24 – 48 hours. The pain usually lessens after that. Many patients complain more about a sore throat from the breathing tube used during surgery than about pain from the surgery itself. Your pain will get better in 1-2 days and is best treated with throat lozenges.

You may not need strong narcotic pain medication. It is to your advantage to avoid or at least limit narcotic use, as the side effects quickly outweigh the benefits. Narcotics tend to make patients constipated and this can be to a level that causes significant discomfort. In contrast, anti-inflammatory medications such as Tylenol,

ibuprofen, and ketorolac do not cause constipation and, by decreasing inflammation, work to diminish the source of the pain (inflammation) as opposed to merely dulling your sensation of pain. If narcotic medications are prescribed after surgery, it is acceptable and preferable for you to transition to anti-inflammatory medications as soon as you are able. It is helpful to begin trying anti-inflammatory medications and reserve narcotics to be used only if you feel they are needed. If taking narcotics, we advise you to take a stool softener to prevent constipation. Any over-the-counter stool softener or laxative is fine. Examples include MiraLAX (polyethylene glycol) and Dulcolax (docusate sodium).

Do not drive, operate dangerous machinery, or do anything dangerous if you are taking narcotic pain medication (such as oxycodone, hydrocodone, etc.) This medication affects your reflexes and responses, just like alcohol.

Postoperative appointment:

Please contact the office to make an appointment following your surgery. We will typically see you back in the office about two weeks after surgery.

When to call the office sooner: If you have...

1. Any concerns. We would much rather that you call than worry at home, or get into trouble.
2. Any numbness or tingling around your mouth, in your fingers or toes, or anywhere. This may be a sign of low blood calcium levels. If you have muscle cramping and or curling of your fingers or toes, this could be even more seriously low blood calcium levels. Please call without delay if you experience these symptoms.
3. Fever over 100.5 degrees F.
4. Foul smelling discharge from your incision.
5. Large amount of bleeding.
6. More than expected swelling of your neck.
7. Increase warmth or redness around the incision.
8. Problems urinating.
9. Pain that continues to increase instead of decrease.
10. Choking or coughing with food or liquid.