



PARATHYROIDECTOMY

Parathyroidectomy is an operation in which one or more of the parathyroid glands are removed. There are four parathyroid glands (two on each side of your neck) that are found typically behind your thyroid gland. These glands make a hormone that helps the body know what to do with calcium. The most common reason for removal is an overactive gland (called adenoma) that causes high calcium in the blood. Testing is performed before surgery to help locate the overactive gland. The procedure is usually done under general anesthesia. It can take 1 to 3 hours depending on how many glands are involved.

After surgery it is common to have some pain in the neck. This pain usually resolves within 24 to 72 hours. Most people do well with just Motrin or Tylenol. Bleeding or infection is also possible short term complications. Although rare after surgery, some patients may develop a thick scar or keloid. Two other complications specific to parathyroid surgery are low calcium and vocal cord weakness or paralysis. Hypocalcemia, or low blood levels of calcium, may occur after removal of the adenoma but usually levels out over time. Hypocalcemia is usually temporary, but sometimes may require calcium supplements for a time. Vocal cord weakness or paralysis may be caused by swelling, stretching, or injury to the recurrent laryngeal nerve which passes very close to the parathyroid gland. Temporary hoarseness may result. Again, this is usually a temporary complication. Permanent vocal cord paralysis is rare. There are times that you need a second surgery to take out another parathyroid gland as well. Continuous follow-up by your endocrinologist will be indicated.

After your Parathyroid Surgery

Diet: Patients may resume a regular diet without restrictions. Many patients note a scratchy throat for the first day or two and may prefer soft foods initially.

Activity: Light to moderate activity as tolerated is permitted. Walking daily helps prevent blood clots. Patients may carefully turn the head from side to side and look up and down without undue worry about stitches. Heavy lifting, straining, and strenuous exercise should be avoided for at least one week following surgery.

Pain: Neck pain and neck stiffness are to be expected. Your physician may prescribe a narcotic pain reliever. You may use this as prescribed for severe pain. Do not drive while taking narcotic pain medications. Acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) may also be used for mild-to-moderate pain. Narcotics may cause constipation; stool softeners such as docusate sodium (Colace) can be helpful for this.

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Wound care: Please contact our office if any redness, increased swelling, or increased pain develops at the surgery site. Patients may shower or bathe normally 24 hours after surgery. Pat dry the wound with a towel. Apply Vaseline daily to wound edges.

- You may have been sent home with a drain. The nursing staff will show you how to care for this prior to discharge. Empty and record the amount of fluid in the drain. You will be seen several days after surgery for removal of drain in office.

Medications

- Patient should resume all regular medications after surgery unless otherwise directed.
- Calcium: After parathyroidectomy, your physician may recommend taking calcium pills such as Tums for a few weeks. Call to speak with our nurse to report symptoms of tingling or numbness of the fingertips or around the mouth. These are signs of hypocalcemia (low calcium in the blood) and require treatment.
- You have been prescribed a narcotic pain medication. Do not drive or make critical/important decisions while taking narcotic pain medications.
- Narcotic medications may cause constipation. Ensure you have adequate (>25 grams/day) of fiber in your diet and drink at least 64 oz. of water daily. You may also wish to take an over the counter stool softener once or twice daily.
- If your pain is less severe, you may take Tylenol 500mg 1-2 tabs every 4-6 hours and/or Motrin 600 mg every 6 hours.

Follow-up: Follow up typically within one month after surgery.

Please contact our office at 478-743-8953 if you have any questions or concerns.

Please attempt to contact our office first so that we may advise you appropriately. If for any reason, you are unable to reach our office or your surgeon in an emergency, please go to the nearest emergency room.