

Parathyroidectomy

Information Brochure

Please keep this as a reference for after surgery

About the Parathyroid:

The parathyroid glands are four small glands located behind the thyroid that regulate the calcium level in the body. By controlling the amount of calcium in the body, the parathyroid glands also control the strength and density of the bones. This also helps regulate the function of the nervous and muscular systems.

Although similar in name and location to the thyroid gland, the two are not related in function. The parathyroid glands can, however, be affected by conditions similar to the thyroid gland and other endocrine system structures by producing too much or too little parathyroid hormones.

Indications:

The most common condition of the parathyroid glands is hyperparathyroidism, or over activity of the parathyroid gland. This involves an overproduction of parathyroid hormone (PTH) regardless of the amount of calcium in the blood. Although not a cancerous condition, hyperparathyroidism is often caused by a tumor on the parathyroid gland, known as an adenoma, which enlarges the specific gland and forces it to continuously secrete PTH.

Most people with hyperparathyroidism have only one enlarged gland, but others can have all four affected by the condition. Common symptoms of hyperparathyroidism can include:

- Increased thirst and urination
- Kidney stones
- Osteoporosis
- Weakness, fatigue, and depression
- Nausea, vomiting, loss of appetite, abdominal pain, and constipation
- Impaired thinking and loss of memory
- Heartburn
- High blood pressure

Treatment for this hyperparathyroidism depends on the symptoms and severity of the condition. Your doctor may recommend just waiting and monitoring the condition for mild cases, while those with symptoms may benefit from medication or hormone replacement therapy. Surgery is considered the most effective treatment for hyperparathyroidism and removes one or more parathyroid glands.

While this procedure once required a long incision and general anesthesia, it can now be performed through minimally invasive techniques to reduce the risk of infection and shorten recovery time.

Evaluation Prior to Surgery:

Parathyroid problems can be evaluated or diagnosed through medical history, physical exam, blood tests, ultrasound, radioactive iodine uptake test, thyroid scan, and/or fine needle aspiration (biopsy).

Once the decision has made for surgery, a date will be arranged for the procedure. In some cases, the surgery can be performed on an outpatient basis with discharge from the surgery facility on the same day. Other cases may require a 23-hour observation stay in the surgical facility.

Prior to Surgery:

For at least ten days before any surgery, the patient should refrain from taking aspirin or medications that contain aspirin. Tylenol can be taken if necessary. In addition, if the patient is taking any other medications the doctor should be advised.

Risks and Complications:

Although rare, additional risks and complications can occur with parathyroid surgery. These include bleeding, swelling, infection, difficulty breathing or swallowing, vocal cord weakness, and hypocalcemia and at times inability to identify a cause for hyperparathyroidism.

The nerve that controls the vocal cords (recurrent laryngeal nerve) runs close to the thyroid gland and can be injured during or after surgery from swelling or stretching of the nerve. This can result in temporary vocal cord paralysis, causing hoarseness. Permanent vocal cord paralysis is rare and could require surgical treatment.

After parathyroid surgery, hypocalcemia, or low calcium levels in the blood can occur. This is typically temporary and can be treated with calcium and vitamin D supplements. Permanent hypocalcemia is rare and would require lifetime treatment with calcium and vitamin D supplements. Contact the office if the following symptoms of hypocalcemia occur: muscle cramps, numbness or tingling in the fingers, or twitching of the face.

During the week after surgery, if you experience any bleeding, fever, increased pain, swelling or drainage at incision site, or difficulty breathing or swallowing, contact the office.

After Surgery: After parathyroid surgery, Dermabond glue will cover the incision. Please wait approximately 48 hours before washing the incision site. When washing the incision site, do not use excessive pressure (from rubbing or water) on the site.

Due to a risk for hypocalcemia immediately after surgery, it is recommended that a calcium supplement (such as Tums) be taken for 10-14 days.

A thyroid replacement hormone may be prescribed by our office, your referring physician or endocrinologist. Additional blood tests may be necessary to monitor thyroid hormone levels.

A post-operative appointment to evaluate incision site and hormone levels (if applicable) will be scheduled at the office 10 days to two weeks after surgery.

If you have any questions or problems, call the office at (806) 791-0188.