

Parathyroid Surgery

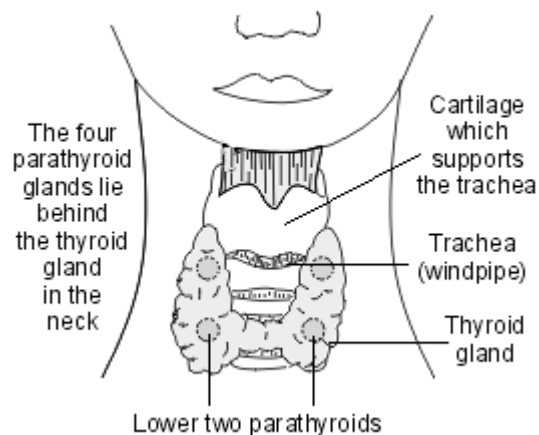
This information is for patients due to have surgery on their parathyroid glands. It explains about the surgery and the possible risks and complications. It also tells you about your admission, post-operative recovery, discharge and convalescence.

What are the parathyroid glands?

Most people have four little parathyroid glands in the neck, two on either side of the thyroid gland. These help to control the level of calcium in the blood. If the calcium level is not well controlled:

- the heart rate can slow down or beat too rapidly
- muscles can go into spasm (tetany)
- you can become confused and even go in to a coma.

Your surgeon has recommended removal of some or all of the parathyroid glands.



Why do I need a parathyroidectomy?

Over-activity of the parathyroid glands can lead to too much calcium in the blood causing

- Weakened bones (osteoporosis) and bone pain
- Muscle weakness
- Kidney stones
- Fatigue (tiredness)
- Stomach ulcers
- Depression

Removal of all or some of the parathyroid glands can improve or cure symptoms.

Are there any alternatives?

There may be non-surgical options for treatment depending on your diagnosis. You should discuss other options with your Consultant.

What does the surgery involve?

About an hour before your surgery, we will inject a blue dye (methylene blue) into a cannula (fine plastic tube) placed in a vein in your arm. The glands absorb the dye staining them blue, which helps the surgeon to locate the parathyroid glands during the surgery.

The operation is then usually performed under a general anaesthetic so you are unconscious. Once you are asleep, the surgeon will make a small cut (5 to 7 cms or 2 to 3 inches) in your neck and will remove all or some of the parathyroid glands. The cut is then stitched and will heal to form a scar. The suture (stitch) is normally removed on the second day after surgery.

Sometimes a thin plastic tube (a drain) is placed in the wound. This will collect any excess fluids from the area after the operation. A nurse will usually remove this after 24 to 48 hours.

How can I prepare for my operation?

You will attend the hospital for a pre-operative assessment check. This is where we will tell you all about your planned admission.

If you smoke, try to stop as soon as possible. Stopping smoking before an operation reduces the chances of complications including chest infections and wound infections.

If you are overweight, losing weight will also help to reduce your chances of developing complications.

Are there any risks or complications?

There are risks and complications associated with any surgery. Your consultant will have discussed the risks and benefits of having this surgery with you. The general complications of any operation include:

- **Pain.** We will give you medication to control the pain. It is important you take your painkillers as instructed so you can start moving around and cough freely.
- **Bleeding.** This may occur during or after surgery. You will have bruising and occasionally a haematoma (bleeding under the skin) may form. Sometimes this may mean further surgery.

- **Infection.** Any break in the skin can be at risk of infection. We will advise you on ways to reduce the risk of infection by hand washing and the use of alcohol gel. If you do have an infection it may require treatment with antibiotics.
- **Scarring.** You will have a scar that will normally be hidden by the natural folds of skin in the neck.

Specific risks and complications of this surgery include:

- **A hoarse voice** that may occur if the nerves supplying the larynx are damaged. Whilst this usually settles over a few weeks, in a very small number of patients, this may become permanent.
- **Calcium levels** in the blood may drop when the parathyroid glands are removed. You may experience muscle cramps or tingling around the mouth. This can be treated with calcium supplements. We will check your blood calcium levels daily whilst you are in hospital.
- **Breathing difficulties** that may occur if there is swelling around the neck or nerve damage. These are temporary and will improve as the swelling goes down.

How long will I be in hospital?

We will usually admit you into hospital on the evening before your surgery. Immediately after surgery you will go to the recovery room and then to the ward. Most patients stay in hospital for two days after the surgery until any tubes and drains are removed.

- A senior nurse will discharge you from the ward and you will be ready to go home by 11.00. We will ask you to vacate your bed space so we can prepare it for the next patient. We will tell you where you can wait if you are not quite ready to go home.
- We will supply any additional medication you will need following your surgery. We will not provide further supplies of your regular medication.
- If you are eligible for hospital transport, please advise the admission coordinator before your admission so this can be booked to take you home if required.

How will I feel after the operation?

You will be able to carry out your normal activities once you get home although you may feel a little more tired than usual for a couple of days. You will be able to eat and drink normally. If you feel tingling or spasms in your fingers or toes, contact your GP as this can be a sign that there is not enough calcium in your blood.

How long will I need off work?

Most people are able to return to work after two weeks although this will depend on the extent of your surgery and the type of work you do.

What about driving?

If you drive, you must make sure you can safely do an emergency stop before resuming driving. You should check with your insurance company if there are any restrictions after surgery.

Any questions?

If you have any further queries please contact the staff on Gray Ward 020 8725 1062 or Florence Nightingale Ward 020 8725 3190/3290.

More information

You might find it useful to visit:

www.patient.co.uk/health/Hyperparathyroidism.htm

Produced February 2011, review February 2014

