

Why do I need parathyroid surgery

Whilst there are drugs that can temporarily control hyperparathyroidism and/ or its effects **surgery of the parathyroid glands** ('**parathyroidectomy**') is the only definitive cure of hyperparathyroidism. Surgery may be needed when one or more glands are:

- overactive
- cancerous (this is rare).

What is parathyroid surgery?

This involves removing one or more overactive parathyroid glands. If your surgeon is reasonably sure that only one gland is overactive and it can be removed easily, this may be done using the technique of a minimally invasive parathyroidectomy of which there are various techniques available.

Overall, an operation can cure over 95% of patients with hyperparathyroidism.

Parathyroid cancer is rare and may require a further operation to assure clearance of the disease.

What are the risks associated with parathyroid surgery?

As with any operation, there is a risk associated with having a general anaesthetic.

Specific to these operations, there is a

- Risk of temporary neck stiffness and numbness of the skin on the front of the neck.

- Less than 1% risk of bleeding in the wound.
- Less than 1% risk of permanent injury to a laryngeal nerve, which may lead to a permanent hoarseness or a change in the quality of your voice.
- Small risk of excessive or unsightly scarring which mainly affects those with red hair or pale skin and black people.
- 1% risk of wound infection which rarely requires more than antibiotic treatment.

Is there anything I need to do to prepare for my operation?

- If you take blood-thinning medications (such as **warfarin**, **clopidogrel** (plavix) or **aspirin**), we will ask you to stop taking them several days before your operation. If you are allergic to any medications, please let your doctor or the ward staff know before you have your operation.
- You will be admitted to hospital on the day before surgery. Please bring your nightwear, dressing gown, slippers and toiletries with you when you come into hospital. It may be useful to bring a list of any medicines you currently take (or the medicines themselves) with you as well.

Before coming into hospital

- You may be sent an appointment to come to the pre-admission clinic 1 or 2 weeks before your operation. This is to make sure that you are as fit as possible for the anaesthetic and the operation and usually involves some tests done, such as a blood test, chest x-ray, a heart tracing (ECG) and any other tests that may be required in your specific case. It is essential that you come to this appointment and it will also give you an opportunity to ask the doctor any questions you may have. It may help to write them down before you come.

What happens before the operation?

You will be admitted to hospital on the day of surgery. Both the surgeon and the anaesthetist will visit you, explain what they plan to do and ask you to sign a consent form even if this was previously done in clinic. This provides you with an opportunity to ask any remaining questions you may have.

The nurses will perform some basic monitoring such as your temperature, blood pressure, respiration rate, height, weight and a urine test. A blood test may also be required.

What happens during the operation?

Once the diseased parathyroid gland has been removed it will be sent for analysis.

What happens after the operation?

You will wake up in the recovery room before you are taken back to the ward where blood tests will be done to check your blood calcium level.

How will I feel after the operation?

To reduce the risk of neck swelling we ask that you sit upright after the operation and we recommend that you sleep with the head of the bed raised on the first night after the operation.

You may experience some discomfort at the operation site. We have tablets/ injections that can deal with these problems. Our aim is to keep you as comfortable and pain free as possible.

Normally dissolvable internal stitches are used which do not need to be removed. Waterproof glue is applied to the skin to allow showering on the day of surgery.

After the operation you will be allowed to drink and then eat.

When can I go home?

Usually when no problems occur you will be able to go home either the same day or the following morning.

When can I get back to normal?

People are very different after operations. But overall you should be able to go back to **work** the following week. A common sense approach will be required so if you do any heavy lifting or carrying at work, you may need to take longer to recover. Heavy **exercise** should be avoided for 2 weeks after this procedure.

Will I need to visit the hospital again?

Yes. You will be given an out patient appointment to see your surgeon and perhaps your physician. Further blood tests may be required to monitor the calcium level and your need for thyroxine.