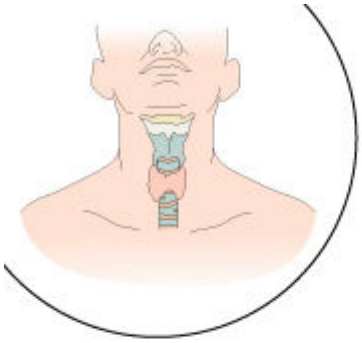
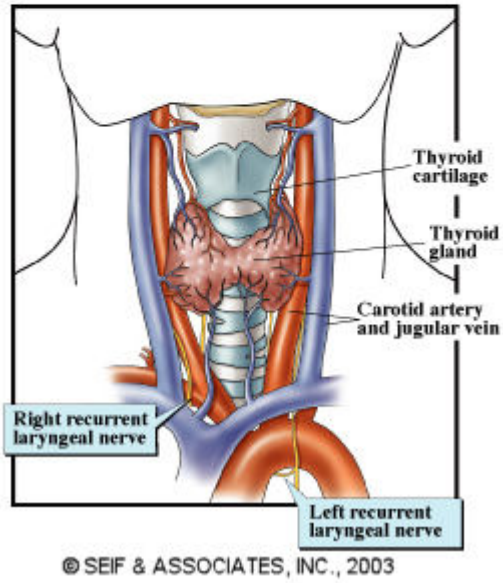
Parathyroidectomy

A parathyroidectomy is surgery to remove one or more *parathyroid glands*. These glands produce a hormone (*parathyroid hormone*) that helps control the level of calcium in your body. The glands are very small, about the size of a pea. They are located in your neck, close to your thyroid gland and your Adam's apple. Most people (85%) have four parathyroid glands,some people may have one or two more than that.



Hyperparathyroidism is when too much parathyroid hormone is being produced. Usually this is caused by one of the parathyroid glands becoming enlarged, but it can also be caused by more than one of the glands. Hyperparathyroidism is found during blood tests that show high calcium in the blood. Parathyroid hormone levels will also be elevated. Cancer also can cause hyperparathyroidism, but this is rare. For the most common type of hyperparathyroidism, the treatment is surgical removal of the parathyroid gland that is enlarged. For patients with kidney failure and hyperparathyroidism, other treatment will be tried before surgery is done on the parathyroid.



Many times x-ray studies are done to find out which parathyroid gland or glands is malfunctioning. The decision about the best treatment for hyperparathyroidism is between the patient, their primary doctor, an endocrinologist, and a surgeon experienced in parathyroid surgery.

BEFORE SURGERY

- Sometimes the surgery is done on an outpatient basis. This means you could go home the same day as your surgery. Other times, people need to stay in the hospital overnight. Ask your surgeon what you should expect.
- If your surgery will be an outpatient procedure, arrange for someone to drive you home after the surgery.
- Two weeks before your surgery, stop using aspirin and non-steroidal anti-inflammatory drugs (NSAID's) for pain relief. This includes prescription drugs and over-the-counter drugs such as ibuprofen and naproxen. Also stop taking vitamin E.
- If you take blood-thinners, ask your healthcare provider when you should stop taking them.
- Do not eat or drink for about 8 hours before your surgery.
- You might be asked to shower or wash with a special antibacterial soap before the procedure.
- Arrive at least an hour before the surgery, or whenever your surgeon recommends. This will give you time to check in and fill out any needed paperwork.

LET YOUR CAREGIVER KNOW ABOUT THE FOLLOWING:

- Any allergies.
- All medications you are taking, including:
  - Herbs, eyedrops, over-the-counter medications and creams.
  - Blood thinners (*anticoagulants*), aspirin or other drugs that could affect blood clotting.
- Use of steroids (by mouth or as creams).
- Previous problems with anesthetics, including local anesthetics.
- Possibility of pregnancy, if this applies.
- Any history of blood clots.

- Any history of bleeding or other blood problems.
- Previous surgery.
- Smoking history.
- Other health problems.

THE SURGERY

- The preparation:
  - You will change into a hospital gown.
  - You will be given an IV. A needle will be inserted in your arm. Medication will be able to flow directly into your body through this needle.
  - You might be given a sedative to help you relax.
  - You will be given a drug that puts you to sleep during the surgery (*general anesthetic*).
- The procedure:
  - Once you are asleep, the surgeon will make a small cut (*incision*) in your lower neck. Ask your surgeon where the incision will be.
  - The surgeon will look for the gland(s) that are not working well. Often a tissue sample from a gland is used to determine this.
  - Any glands that are not working well will be removed.
  - The surgeon will close the incision with stitches, often these are hidden under the skin.

AFTER THE SURGERY

- You will stay in a recovery area until the anesthesia has worn off. Your blood pressure and heart rate will be checked.
- If your surgery was an outpatient procedure, you will go home the same day.
- If you need to stay in the hospital, you will be moved to a hospital room. You will probably stay for two to three days. This will depend on how quickly you recover.
- While you are in the hospital, your blood will be tested to check the calcium levels in your body.

RISKS AND COMPLICATIONS

- Short-term possibilities include:
  - Excessive bleeding.
  - Pain.
  - Infection near the incision.
  - Slow healing.
  - Pooling of blood under the wound (*hematoma*).
  - Damage to nerves in your neck.
  - Blood clots.
  - Difficulty breathing. This is very rare. It also is almost always temporary.

- Longer-term possibilities include:
  - Scarring.
  - Skin damage.
  - Damage to blood vessels in the area.
  - Need for additional surgery.
  - A hoarse or weak voice. This is usually temporary. It can be the result of nerve damage.
  - Development of *hypoparathyroidism*. This means you are not making enough parathyroid hormone. It is rare. If it occurs, you will need to take calcium supplements daily.

HOME CARE INSTRUCTIONS

- Take any medication that your surgeon prescribes. Follow the directions carefully. Take all of the medication.

- Ask your surgeon whether you can take over-the-counter medicines for pain, discomfort or fever. Do not take aspirin unless your healthcare provider says to. Aspirin increases the chances of bleeding.
- Do not get the wound wet for the first few days after surgery (or until the surgeon tells you it is OK).

SEEK MEDICAL CARE IF:

- You notice blood or fluid leaking from the wound, or it becomes red or swollen.
- You have trouble breathing.
- You have trouble speaking.
- You become nauseous or throw up for more than two days after the surgery.
- You develop a fever of more than 100.5° F (38.1° C).

SEEK IMMEDIATE MEDICAL CARE IF:

- Breathing becomes more difficult.
- You develop a fever of 102.0° F (38.9° C) or higher.

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