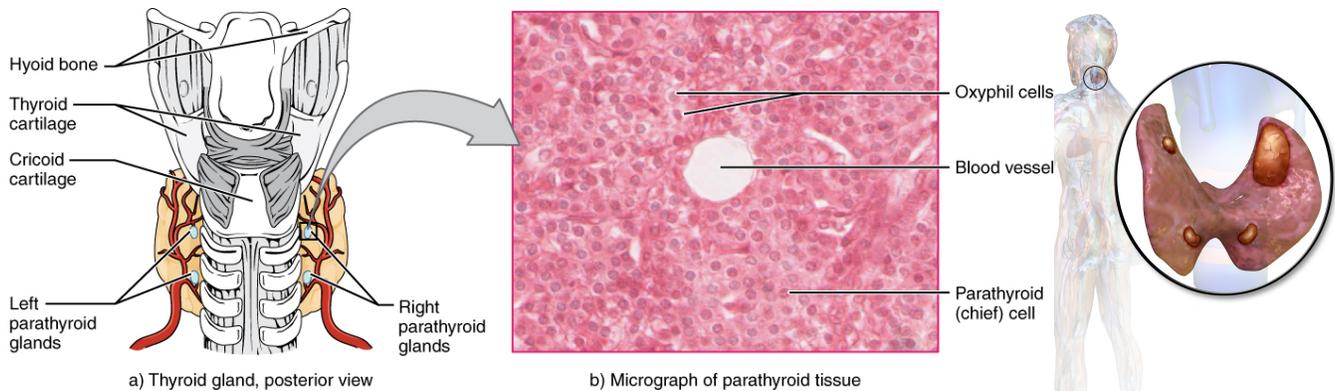




Wayne J. Harsha, MD

THE PARATHYROID GLANDS - PATIENT INFORMATION

The following has been adapted from the Johns Hopkins University website. The full articles may be found here: <https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/parathyroidectomy>



Problems affecting the parathyroid glands can cause an imbalance of calcium and require removal of one or more of the glands. The parathyroid glands can develop benign (or, rarely, malignant) growths that cause over- or under-production of parathyroid hormone (PTH). Radiation therapy, nutritional deficiencies and the use of some medications such as lithium can also damage the parathyroid glands and affect their production of PTH.

An imbalance of PTH affects blood levels of calcium. Too little calcium can cause bone problems, depression, fatigue and other symptoms, while too much calcium can result in problems such as kidney stones, muscle spasms and nerve pain.

Blood tests, urinalysis, bone density screenings and imaging tests can help the doctor determine if there is a problem with your parathyroid glands that requires removal.

The doctor may order imaging and laboratory tests, such as:

- Ultrasound, sestamibi nuclear medicine scan, computed tomography (CT) or magnetic resonance imaging (MRI) to visualize the parathyroid glands and surrounding areas
- Blood test(s), urinalysis, bone density screening

Most parathyroidectomies take place while the person is under general anesthesia, asleep and pain-free. The surgeon makes a small incision in the skin of the neck and parts a thin layer of muscle to gain access to the thyroid gland and the parathyroid glands behind it. The surgeon can examine the parathyroid glands and remove those that are damaged or affected by disease. The surgeon then returns the muscles of the front of the neck to their proper position and secures them in place. The skin is closed with sutures or glue.

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PARATHYROID SURGERY

POSTOPERATIVE INFORMATION/INSTRUCTIONS

THIS INFORMATION WAS ADAPTED FROM THE UNIVERSITY OF MICHIGAN PROTOCOL, WHICH MAY BE FOUND HERE:

[HTTP://WWW.MED.UMICH.EDU/1LIBR/SURGERY/GENSURGERY/ENDOSURGERY/THYROIDECTOMYPARATHYROIDECTOMY-POSTOP.PDF](http://www.med.umich.edu/1libr/surgery/genSurgery/EndoSurgery/ThyroidectomyParathyroidectomy-Postop.pdf)

1. What should I expect after my surgery?

- Your recovery will depend on why you had surgery, the type of surgery performed, and your previous activity level.
- Neck incisions heal rapidly. You may shower and wash gently with soap and water over the incision 36 hours after surgery.
- You may see swelling or bruising develop in the area around the incision 1-3 days after surgery. You may also notice swelling, firmness, a pulling sensation, or even some trouble swallowing. This often increases over the first 1-2 weeks and then begins to resolve over 6-8 weeks. These are normal sensations.
- Your scar will be most visible for the first 1-2 months after surgery, improve significantly over 2-3 months, and gradually fade over the next 6-9 months.
- UV rays from sunlight can make your scar darker than normal. Once your surgical dressing has come off and any surgical adhesive has dissolved, please use sunblock (SPF >30) over your incision on a daily basis and reapply frequently when outdoors for long periods of time.
- Do not expose your incision to the lights used in tanning salons.
- Allow one full year for your incision site and scar to take its final form, color, and consistency. The scars are often barely noticeable, but everyone heals their scars in their own way. If you are concerned about the appearance of your scar after a year, there are options for treatment.

2. Will my neck hurt?

- Most patients experience very little pain from the incision and may complain more about a sore throat from the breathing tube. You may experience stiffness or soreness in your shoulders, back, or neck. Tension headaches may also be experienced and can take a few days to go away. These are common symptoms and are best treated with anti-inflammatories, warm compresses, and light massage. You may also use a heating pad on the affected areas for 15-20 minutes at a time several times a day. Do not sleep on the heating pad or leave the heating

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pad directly on the skin for extended periods of time so as to prevent accidental injury or burns.

- The skin just above and below your incision will feel numb. This will usually improve over several months, although this can be permanent in some patients.
- You may apply a cold pack over your incision to relieve any pain and help minimize swelling. This is most beneficial in the first 24 hours after surgery.
- Do not be afraid to move your neck. You may move your head in all four directions. Be careful about looking upward to any great extent so the edges of the incision do not separate.

3. Will my voice be affected?

- Your voice may be slightly hoarse or weak after surgery. This is normal and does NOT mean there was damage to the nerves that make the vocal cords move. The breathing tube used during surgery often irritates the vocal cords. Your voice will usually return to normal within 6-8 weeks after surgery and often after only several days.

4. How do I take care of my incision?

- You may shower 36 hours after surgery. Wash gently over the incision with soap and water, and then gently pat the incision dry.
- Your incision was closed with skin 'glue', you may notice tiny pieces of yellow/white material on your washcloth. This is normal.
- Do not apply ointments, powders, Vitamin E cream, moisturizers, or antiscar creams to the incision until you see your physician back in clinic for your postoperative visit.

5. How will I manage my pain at home?

- In general, over the counter acetaminophen (Tylenol) is more helpful than stronger narcotic pain medicines for these types of surgeries
- A prescription for a stronger pain medication or narcotic (such as Oxycodone) will be given to you at the time of discharge. Do not feel you need to automatically fill this prescription. If you are doing well with over the counter medications alone, that is fine. The prescription is to be filled only if you feel you need it. Do not waste your money. Do not drive a car, operate other heavy equipment, or drink alcohol while taking narcotic medications.
- Narcotics may cause constipation. Stool softeners (Colace), fiber (fruits, bran, vegetables), and extra fluid may help. A stimulant laxative (Senokot) may also help.

6. Can I resume my previous medications?

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- Yes, unless directed not to by your doctor. Please read your discharge summary for the latest and most up to date list of medications you should take.
- Before discharge, be sure to review your medications with your doctor or inpatient medical team if you have any questions about what medications you should or should not take.

7. When should I call my doctor?

Most patients have no problems after surgery, but if you are concerned, please do not hesitate to call us for the following situations:

- If you have trouble talking or breathing.
- If the area around your mouth/lips or the tips of your fingers on both sides of your body become numb and begin to tingle, this may indicate your calcium level is low. These symptoms may also be related to side effects of some pain medications, the position of the breathing tube during surgery, positioning of your arms and hands in the operating room, or how you were positioned when sleeping at home. If the numbness and tingling sensation does not go away within half an hour or worsens prior to that time, please call us so we may determine the cause of these symptoms. Your calcium supplementation may need to be increased. Occasionally, we will ask you to have labs drawn.
- If you develop a fever greater than 101.5 degrees Fahrenheit. We do not recommend you regularly take your temperature. Take your temperature only if you feel like you have a fever. It is common to have a low grade fever in the late afternoon/early evening. This does not mean you have an infection.
- If your incision becomes red or begins to drain fluid.
- If you are discharged with a drain and the site becomes red, swollen, or you have a large change in the amount of drainage (more or less).
- If you experience significant nausea, vomiting or abdominal pain.

8. When will I receive follow-up care?

- The clinic nurse will call you 1-3 days after your discharge to see how you are feeling.
- You will be scheduled for a return visit at Carolina Pines ENT clinic about 1 week after surgery. If blood tests have been requested at the time of your return visit, please go to the lab before you check-in for your appointment. Remember to take your lab requisition form with you and allow 15-20 minutes to have your blood drawn.

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RISKS OF PARATHYROID SURGERY

The patient meets the indications for parathyroid surgery

The risks, benefits, indications, complications and alternatives to this procedure were discussed with the patient/family. The alternatives discussed include observation and continued conservative/medical therapy.

The following risks were discussed:

In experienced hands, parathyroid surgery is generally very safe. Complications are uncommon, but the most serious possible risks of thyroid surgery include:

1. bleeding in the hours right after surgery that could lead to acute respiratory distress
2. ***

Responsible Party Signature: _____ *Date:*

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