

PARATHYROIDECTOMY, NECK EXPLORATION

Indications: It has been recommended that your neck be explored to find the cause of an elevated serum calcium level. Test have indicated this problem may be originating from abnormal parathyroid hormone production. There are usually 4 parathyroid glands (2 on each side, around thyroid gland), but the number of glands and their location can vary. The majority are from a benign tumor (adenoma) involving one and rarely two glands, less commonly hyperplasia involving all 4 glands, and very rarely cancers of the parathyroid. The role of parathyroid hormone is to regulate your serum calcium levels through its effects on bones, the kidney, and the gastrointestinal tract. If calcium levels are extremely high this can be life threatening. Some patients present with kidney stones, bone loss (osteopenia or osteoporosis), mental status changes such as memory loss, fatigue, depression, bone and joint pains. All these findings can be progressive if the problem is untreated. The majority of times patients have no symptoms. There is no medical cure for hyperparathyroidism. There are medical treatments to try and lower the serum calcium levels in extreme cases. Some patients choose not to have surgery and depending on their age, calcium levels, and related findings, may never have problems. If this option is entertained the patient should be monitored closely by an Endocrinologist or Primary Care Physician.

Material Risk: Weakness of the vocal cords from nerve injury causing change in voice or shortness of breath (This could be temporary or permanent), Low calcium levels secondary to surgical effects on the parathyroid (removal and/or disruption of the blood supply which could be temporary or permanent) and may require calcium and Vitamin supplements up to 4 times a day, failure to find an abnormal gland, failure to correct the elevated calcium or parathyroid hormone levels, Hematoma, difficulty swallowing, infection, anesthesia, airway problems that could require tracheotomy, pneumothorax, leak of air from the trachea, bleeding, esophageal perforation, and death.

The extent of the operation will depend on the preoperative studies, clinical situation, and the findings at the time of surgery. If hyperplasia is found in all glands then an attempt to leave only a small portion of one gland behind or remove all the glands with reimplantation. If an adenoma is felt to be identified, an exploration of both sides of the neck may or may not be performed. There is always a chance that no abnormal parathyroid tissue can be identified intraoperatively usually because of an unusual location such as in the chest, retroesophageal, or high in the neck. There is also a possibility that abnormal parathyroid tissue could be found and removed and additional abnormal thyroid tissue may have been present and not recognized or develop at a later date. Any of these situations may require a repeat exploration to cure the problem at a later date.

What to Expect: The operation on average takes anywhere from one to three hours. You will be admitted overnight for observation and you may have a small drain coming from the operative site. The next day, if you have a drain, it will be removed and you should be discharged from the hospital. If no drain is present you may be discharged by phone. Most patients have some minor swallowing discomfort and neck pain that usually does not require a lot of pain medicine once you leave the hospital. You will have steri strips over your incision and you can shower and get them wet without concern. If they fall off before the first visit it is not a problem, just clean the wound three times a day with hydrogen peroxide and bacitracin ointment. There are usually no stitches to be removed. Heavy lifting and bending should be avoided for two weeks after the surgery. You will be requested to go back to the hospital after discharge for a blood test for calcium levels on postoperative days 2 and 3.

Symptoms of low calcium, if it were to occur are: numbness and tingling of fingers, lips, toes or muscle contractions. These typically occur within 72 hours of the operation, so all patients should have a large bottle of extra-strength Tums (750mg Calcium Carbonate (300mg elemental calcium)) available at the house. (Alternative calcium sources are Oscal 1250mg calcium carbonate (500mg elemental calcium) or Caltrate-600 (600 mg of elemental calcium)). If these symptoms occur call the office (215) 757- 7300 or (609) 890- 7800 and you will be given instructions of what to do. If symptoms are severe and prompt call back has not occurred take 5 Tums and wait for a call back. If you get excessive neck swelling or shortness of breath call immediately and go to the nearest emergency room.

When you return for the first postoperative visit one week after your surgery, your vocal cord mobility will be assessed and pathology will be discussed (On some occasions the pathology may be sent for a second opinion and may not be available on this visit but will be discussed with you as soon as made available to the doctor. Don't assume no news is good news and if you have not heard back after a week from this visit please call us). If the pathology is benign, your next follow up is usually in three months. Just prior to this visit a calcium level will be obtained.

I have read the above and I have had the opportunity to discuss and ask my Doctor and/or the office staff any questions and I fully understand my alternatives and the risk of this procedure.

Patient Signature

(Or authorized signature)

Date

Witness

Date