



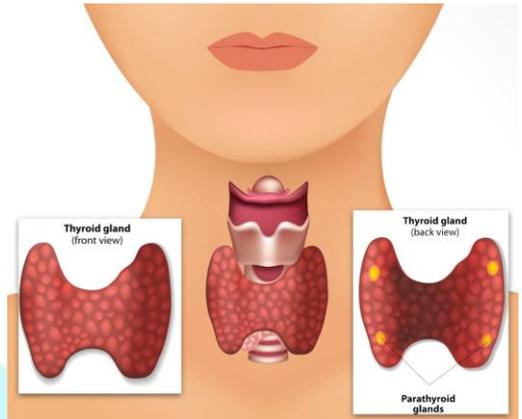
## Operation Information

### Parathyroidectomy

#### Introduction

A parathyroid gland is one of the endocrine glands. There are four pea size parathyroid glands. They are located in the neck next to the thyroid gland. They produce hormones (parathyroid hormone (PTH)) to regulate physiological functions in the body and control the calcium level. If one or more of these glands are overactive, it causes high blood calcium levels and this condition is called hyperparathyroidism. Commonly, it is often caused by a small non-cancerous (benign) tumor called an adenoma.

Parathyroidectomy is an operation to remove the parathyroid glands or parathyroid tumors surgically. If one or more of parathyroid glands are producing too much PTH, your doctor may recommend you to have this operation. Please discuss with your doctor for the better options of treatment plan.



Source:

<https://www.entkidsadults.com/wp-content/uploads/2015/12/Parathyroid-glands-behind-the-thyroid-glands-1024x849.jpg>

#### Outcomes

This operation is a surgical intervention to remove one or more of the diseased glands and treat hyperparathyroidism.

#### Procedures

1. The operation is performed under general anaesthesia.
2. An incision is made in the neck over the area where the gland is located (minimally invasive parathyroidectomy) or a larger incision is made in the middle of the neck (routine parathyroidectomy).
3. Find and remove the enlarged parathyroid gland(s).
4. The wound is closed with sutures.

#### Possible Risks and Complications

1. Wound bleeding
2. Wound infection
3. Voice changes or hoarseness
4. Hypoparathyroidism
5. Low blood calcium levels
6. Scarring
7. Deep vein thrombosis
8. Lung problems, such as pneumonia, atelectasis, pulmonary embolism and etc.
9. Heart attack or stroke
10. Allergic reaction
11. Failure to find the enlarged or overactive parathyroid gland
12. Injury to the recurrent laryngeal nerve

13. Injury to the thyroid gland or the need to remove part of the thyroid gland
14. Seromas (fluid collections underneath the skin)

\*\* The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

### **Pre-operative Preparations**

1. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up yourself on the day of operation.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
3. Please inform the doctor if you are or might be pregnant.
4. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform doctor if you are taking medications that affect blood coagulation such as Aspirin, Warfarin, Xarelto or Pradaxa, nonsteroidal anti-inflammatory drug (NSAID) such as Ibuprofen, Naproxen and Chinese medication.
5. You may have a blood test, ultrasound, CT or MRI scans before the operation if needed.
6. Nurse will supply surgical soap to you for washing the operation site as necessary.
7. Before your operation a doctor will mark the side you are to be operated on. Please do not wash off the marking.
8. No food or drink six hours before operation.
9. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
10. Please empty your bladder before the operation.

### **Post-operative Instructions**

#### **General**

1. After general anaesthesia, you may:
  - experience discomfort in the throat after tracheal intubation.
  - experience side effects of anaesthesia includes feeling tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.
3. An intravenous infusion will be given to replenish fluids and administer medications.
4. You will have frequent blood tests to monitor the level of calcium in your blood.
5. Your doctor may prescribe calcium tablets for you to take for the first two weeks after the operation to prevent low blood calcium levels. If your calcium levels falls very low, your doctor may prescribe intravenous calcium drip to you.
6. You will normally be discharged the day after the operation depending on your condition.

#### **Wound Care**

1. The wound will be covered with a sterile dressing which must be kept dry.
2. The drain(s) will be removed few days after the operation depending on your condition.

#### **Diet**

A normal diet may be resumed as instructed after recovery from anaesthesia. You may need to drink liquids and eat soft foods for a day.

#### **Activity**

You can usually resume most of your normal activities within one to two weeks.

## **Advice on Discharge**

1. Please comply with medication regime as prescribed by your doctor.
2. Immediately consult your doctor or return to hospital for professional attention in the event of severe wound pain associated with redness, swelling and hot, any numbness or tingling around the mouth, arms, or feet, and or twitching of your facial muscles and spasms or severe cramps in your muscles, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms etc.
3. Any follow-up consultations should be attended as scheduled.
4. You may also be followed up with the endocrinologist for long term monitoring of your blood calcium levels. Nephrologist may also follow you if you are a patient with kidney disease.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details  
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification