



**ALFORD ENT AND  
FACIAL PLASTIC SURGERY**  
6560 Fannin Street, Suite 704  
Houston, TX 77030

## **Parathyroid Surgery**

Our goal is for you to have a successful surgical outcome; therefore, we provide these instructions based on Dr. Alford's experience performing many Parathyroid surgeries. Please attempt to follow these instructions faithfully; those that do so, generally have the smoothest postoperative course.

### **Surgery**

Parathyroid surgery requires an incision from ½ inch up to as much as 3 to 4 inches long, placed just above where the collarbones join the breastbone. Rarely is a larger incision required and we make every effort to keep the incision line as small and inconspicuous as possible. In removing an abnormal parathyroid gland, no muscles in your neck will be cut. The muscles will be stretched or retracted to the sides to allow us to see and remove the necessary parathyroid glands. During the procedure we will take great care to identify the nerves to the voice box or vocal cords that are found just behind the thyroid gland.

The parathyroid glands produce parathyroid hormone, which helps maintain an appropriate balance of calcium in the bloodstream and in tissues that depend on calcium for proper functioning. In hyperparathyroidism there is an excess of parathyroid hormone in the bloodstream due to overactivity of one or more of the body's four parathyroid glands. These glands are about the size of a grain of rice and are located in your neck.

Two types of hyperparathyroidism exist. In primary hyperparathyroidism, an enlargement of one or more of the parathyroid glands causes overproduction of the hormone, resulting in high levels of calcium in the blood (hypercalcemia), which can cause a variety of health problems. Surgery is the most common treatment for primary hyperparathyroidism. Secondary hyperparathyroidism occurs as a result of another disease that initially causes low levels of calcium in the body and over time, increased parathyroid hormone levels occur.

Primary hyperparathyroidism occurs because of some problem with one or more of the four parathyroid glands:

- A noncancerous growth (adenoma) on a gland is the most common cause.
- Enlargement (hyperplasia) of two or more parathyroid glands accounts for most other cases.
- A cancerous (malignant) tumor is a rare cause of primary hyperparathyroidism.

Primary hyperparathyroidism usually occurs randomly, but some people inherit a gene that causes the disorder. Surgery is the most common treatment for primary hyperparathyroidism and provides a cure in about 95 percent of all cases. Dr. Alford will remove only those glands that are enlarged or have a tumor (adenoma).

### **Immediately Following Surgery**

You will awaken in the Post Anesthesia Care Unit (PACU). You will likely have a sore throat and some mild pain when swallowing. The PACU nurses will give you medications as needed to keep you

comfortable and pain free. However, the sore throat and some discomfort with swallowing may last for 3-7 days. This is normal.

There will be a small tube, less than ¼ of an inch wide, which will exit from the skin of the neck. This is called a drain and it is designed to prevent any fluid from building up in the area of the surgery. The drain will be removed prior to your discharge from the hospital.

After you have awakened from the effects of anesthesia, you will be moved to your room in the hospital. You may begin drinking liquids and then gradually resume a regular diet. While in the hospital, blood tests may be necessary to check the blood level of calcium. As you recall, the blood level of calcium is controlled by the parathyroid glands. Even though all the glands are not removed, they may go into shock for a short period of time and your blood level of calcium may drop. Symptoms of low blood calcium include numbness of the fingers or lips, muscle cramps, or facial twitching. If you or your family notices these symptoms, be sure to notify your nurse. This situation is not uncommon and when it occurs, it is usually short-lived lasting from 1 to 7 days. If low blood calcium levels are confirmed by the blood tests, you will be given oral supplements (usually Tums® tablets) until the shock to the parathyroid glands passes and your blood levels of calcium return to normal. If you are sent home on oral calcium supplements and the symptoms of low blood calcium level develop again, call Dr. Alford's office and/or your endocrinologist.

## **At Home**

- **Eating:** You may eat or drink whatever you like. Most people prefer liquids or soft foods, due to the mild sore throat which is normal for 3-7 days following surgery.
- **Bathing:** 24 hours following the removal of the drain, you may bathe or shower normally. You do not need to keep the stitches or tapes over the stitches dry; however, when you finish bathing or showering, be sure to “pat dry” the area of surgery.
- **Medications:** You will take an antibiotic for 5 days after surgery. This should be taken as prescribed until the entire prescription is gone. At discharge from the hospital, a prescription for pain medication will be given to you. By the second day after surgery, most people receive adequate pain relief from Tylenol®; however, if you need prescription-strength medicine to be comfortable, you should take it. If you need this prescription medicine, be sure to take it with food to prevent upset stomach. Do not take aspirin, Advil®, Motrin®, ibuprofen or NSAIDS, until after your stitches are removed.
- **Driving:** You may not drive for at least 1 week following surgery. This is because the muscles of the neck will be stiff and sore, which makes it difficult for you to safely look side to side or behind you while driving. You may not drive while taking prescription-strength pain medicine.
- **Follow-up Visits:** Your first office visit will occur 7-10 day after surgery. At this time, your stitches will be removed and we will discuss the results of the pathology report (tests done on the tissue removed at the time of surgery). Your second office visit will occur approximately 1 month after surgery and will ensure that your wound is healing well and your recovery is progressing appropriately.

## **Potential Surgical Risks and Side Effects**

Any time someone has surgery they are at risk for bleeding, infection, or development of scars.

Due to the closeness of the nerves of the voice box to the thyroid/parathyroid glands, there is a risk of damage to these nerves, which can cause a change in the voice, hoarseness and difficulty swallowing and/or eating. These side effects are VERY RARE.

Following parathyroid surgery some patients will experience symptoms of low calcium which include numbness and tingling in the finger tips and around the lips. The treatment for this is to take calcium pills (and occasionally vitamin D pills) by mouth. Temporary low blood levels of calcium do occur about 30% of the time. This situation is rarely permanent; however, if it is permanent, you will need to take calcium and Vitamin D supplements for the rest of your life. Your Endocrinologist will monitor your calcium and parathyroid hormone levels post operatively and manage any medications you may need.

### **When to Call The Doctor**

Remember that there are no bad questions – you are encouraged to call Dr. Alford’s office whenever you have concerns: 713-532-3223.

1. If you have fever over 101.5° that is not relieved by Tylenol®.
2. Bleeding, redness, drainage, swelling or excessive pain at the surgery site.
3. Suspected reaction to medications.