Parathyroidectomy (Removal of Parathyroid gland)

Parathyroid glands are small glands of the endocrine system which are located behind the thyroid gland in the lower part of the neck around the windpipe and voice box. There are typically four parathyroid glands: one superior pair and one inferior pair on each side of the neck. The parathyroid glands produce parathyroid hormone (PTH), which regulates the calcium level in the blood. The parathyroid glands can become overactive and overproduce PTH, causing an increase in blood calcium levels. This is called hyperparathyroidism. The most common cause of hyperparathyroidism is a benign tumor called an adenoma and less commonly caused by hyperplasia or overgrowth of all four glands.

Symptoms of Elevated Calcium Levels
- Fatigue
- Irritability
- Lethargy
- Renal stones
- Excessive urination
- Bone and joint pain
- Muscle weakness
- Decreased bone mineral density
- Constipation
- Nausea

Parathyroid Surgery
Parathyroid surgery is performed under general anesthesia and involves an incision in the lower part of the neck in the midline. The incision size is usually 3 cm in length. This incision typically heals with only a faint scar. Rarely a drain is placed in the wound if the surgeon is concerned about post-operative bleeding. The drain is usually removed 1-2 days after surgery. Overnight hospitalization is required if the patient’s calcium levels are low and need to be monitored. Minimally invasive parathyroidectomy is surgery that targets one specific gland, thus limiting the length of incision and extent of dissection in the neck. Most patients will be discharged home the same day. Occasionally, a patient will require overnight observation.

Risks/Complications
Your surgeon will discuss the risks or possible complications involved with your parathyroidectomy.
- Recurrent laryngeal nerve injury. Rarely, the nerve can be injured during surgery. This is usually temporary and normally resolves in 6 weeks but may take up to 12 months.
• Superior laryngeal nerve injury. This injury is also a rare risk.
• Hemorrhage or bleeding is a rare risk that may occur within several hours after surgery, which may cause progressive swelling in neck and require immediate drainage in the operating room.
• Hypocalcemia and hypoparathyroidism. This is usually temporary and lasts anywhere from a few days to 2 months.

**Things You Should Know After Surgery:**

**Incisional Care**
• You will have a small incision in the lower part of the neck, likely covered with glue.
• You may wash your surgical wound with soap and water. It is okay to shower and pat your surgical incision site dry. You may shampoo your hair.

**Medications**
• Calcium citrate or calcium carbonate. Your doctor will often prescribe calcium supplements while you recover from surgery. Usually, you will be instructed to take Tums 1000mg 3-4 times per day for the first week or longer.
• Vitamin D supplement (Calcitriol). Occasionally your doctor will place you on a Vitamin D supplement called Calcitriol for a week or longer.
• Pain medication. You will be given a prescription for pain medication. This medication may affect your judgment and your ability to perform physical activities. Take your pain medication only as needed for pain. No driving while taking narcotic pain medication.

**When to call the doctor**
• Increased drainage or bleeding at the surgical site
• Severe pain
• Difficulty swallowing
• Fever greater than 101.5 degrees
• Signs of low blood calcium (tingling or numbness around mouth, hands, fingertips, and feet; muscle cramps). If you have any of these symptoms take 3, Tums 3 times per day and call your doctor’s office.
• Call 911 if you develop difficulty breathing.