

Primary Hyperparathyroidism (HPT) (page 1 of 3)

The parathyroid glands are small glands behind the thyroid gland at the base of the neck. They produce parathyroid hormone (PTH) which controls the level of calcium in the blood. The control of blood calcium levels is important for the nerves and brain to work well and to keep bones healthy. Too much PTH leads to too high a level of calcium in the blood and this can have various damaging effects. One of the surgical team will have discussed with you why it is necessary to remove one or more of your parathyroid glands. This operation is known as parathyroidectomy.

Consent

By law we must obtain your written consent to the operation beforehand. Staff will explain all the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak with a senior member of staff again.

Why is the operation done?

Operations to correct HPT are intended to remove or reduce your symptoms. You should discuss with your surgeon or medical doctor the reasons why you have been referred for surgery and their expectations of improvement. Parathyroidectomy may be effective in controlling the HPT and reducing future damage but it may not necessarily improve all your current symptoms.

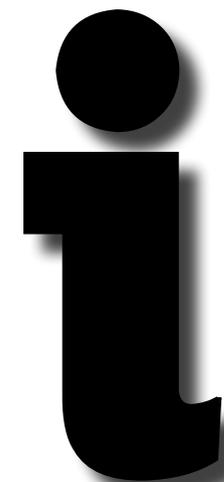
What happens during the operation?

During your operation the surgeon will try to find and then remove the abnormal parathyroid gland or glands and identify, inspect and sometimes take samples from the other parathyroid glands. Abnormal glands are not found in about 1 patient in 20 (5%). One reason that the gland may not be found is that it is very small or hidden behind other structures. Another reason is that the gland lies not in the neck but in the chest. If that is the case you may need another operation at another time to remove it.

Are there any risks or complications of the operation?

Operations on the parathyroid glands are very safe but sometimes there

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You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

Please complete The Friends & Family Test to tell us about your experience at: www.salisbury.nhs.uk/FriendsFamily or download our App from the Apple App store or Google Play Store.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

are complications and this section outlines these for you.

The scar: parathyroid surgery is done through a cut that follows the natural creases in the neck. Usually it heals well, leaving only a thin scar, but in some people the healing leaves a scar which is more coloured and thicker than normal. This is not normally predictable but if you have other scars that have not healed well, please tell the surgical team.

The voice: there are small nerves to the voice box which pass close to the parathyroid glands. These may be damaged however carefully the operation is done. The effects of damage to one of these nerves is a weak or husky voice. These changes normally improve with time and the chance of you having a permanently abnormal voice are less than 1 patient in 100 (1%).

Other risks: as with all operations there is a risk of bleeding and wound infection.

What are the effects of the surgery?

From having too high a level of calcium before the operation, the calcium often falls to quite a low level shortly after the operation. This is because the other glands have become lazy or under active. The remaining glands quickly recover their normal function but you may require calcium and vitamin D tablets temporarily after the operation to boost the level of calcium in the body.

What are the alternatives to the operation?

If your calcium levels are not too high then sometimes medication can be given. Your doctor will have discussed with you why surgical treatment is the preferred option for you.

What happens on the day of surgery?

If your admission is at 7.30am, you must not eat anything for 6 hours before this time. You may have non-milky drinks (squash, water etc) until 6.30am.

If you are coming into hospital at 11.00am you may have a light breakfast (cereal and toast for example) at 7.00am and non-milky drinks until 11am. For your own safety it is very important that you do not have anything to eat or drink after the times stated as your operation will have to be delayed or even postponed until another day.

What happens after the operation?

You will be cared for in the High Care or Step Down ward in the Surgical Unit. Please note that these areas care for men and women on the same ward, however the nurses take great care to maintain your privacy and dignity.

Will it hurt?

For the first few days after your operation you should expect some discomfort in your neck. You will be given painkillers to take home with you and at first you may need to take these regularly. Your neck may be swollen, with some numbness; these will gradually get better.

When will I be able to go home?

You will normally be allowed home two days after your operation. You will need to leave the

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ward by 10am on the day that you are discharged. If you are unable to travel this early in the day you will be transferred to the Discharge Lounge. This offers comfortable seating, hot and cold drinks and meals if needed until you are collected. Parking for this area is free in a 'pick up point'.

When can I go back to work?

You should be able to return to work and normal activities after about 2 weeks. However this may vary depending on what type of work you do. It is normal to feel tired for the first few weeks. You can drive as soon as you are able to perform an emergency stop without pain, but you should check with your insurance company, as policies vary.

Follow up

You will be given appointments to be seen in the Outpatient Department at 2-3 weeks, and again at 3 months after your operation. After this time you will be discharged from the clinic providing your calcium levels have returned to normal.

Is there anything I should look out for when I go home?

If you have any concerns about your wound because it is red, hot, swollen or painful you should seek advice from your GP or practice nurse.

Further information

Please note: if you search the Internet for information on this subject you should remember that some sites will describe calcium levels using different units of measurement. Additionally many sites are advertising for patients and may propose untried or non-standard procedures and treatments, so beware and discuss what you read with your doctor or surgical team.

British Thyroid Foundation

PO Box 97, Clifford Wetherby, West Yorkshire LS23 6XD

www.btf-thyroid.org

The British Association of Endocrine and Thyroid Surgeons

Their website www.baets.org.uk has a link to a number of recommended sites.

NHS Choices

www.nhs.uk