



Parathyroidectomy

Post Op Appointment:

General post op advice:

The recovery from a Parathyroidectomy usually takes 1-2 weeks. Most patients stay one night in hospital. You can have a normal diet. The anaesthetic may cause some nausea and the nerve monitor breathing tube will give you a sore throat internally and some minor voice huskiness for a few days. I expect the front of your neck to be sore and feel tight for 1-2 weeks. I advise strictly no exercise for two weeks, walking and staying mobile is good for you though. At the end of the recovery period the front of your neck will still feel a little tight and there will be a fullness/thickening under the incision from the deep layer of sutures for about 2 months. Most patients will be fine to return to work at 2 weeks.

Pain Relief

Prescriptions will be individualised according to other health issues, age, weight and any allergies. I will typically prescribe:

- Regular use of both Paracetamol four times a day and Celebrex (an anti-inflammatory) twice daily for 5-7 days.
- Opiate pain medications are only occasionally required. These cause side effects such as sedation, nausea and constipation, hence I like to avoid them unless you're in significant discomfort.

Blood Tests:

Parathyroid hormone (PTH) degrades very quickly - with a half life of only 7 minutes. The success of the surgery can therefore be confirmed with both a PTH & Calcium blood test a few hours after the surgery. The results will be available by the following morning. I expect to see your PTH drop from a high level pre-operatively, to a very low level soon after surgery, then settle back in the normal range. I also request bloods to be done in the community the day before your post op review, then again at the 6 month mark to ensure a long term cure.

Post Op Problems

Seroma - Common

A soft collection of fluid can *gradually* develop in the wound bed during the first week, causing the incision and surrounding area to look and feel swollen and proud. I don't use drain tubes routinely (to avoid the additional scar and discomfort that they cause), and therefore developing a seroma is actually quite common in my patients - to the point that it's almost expected. The wound will progressively feel tighter as this fluid accumulates in the wound, plateau at the 1 week mark, then go away by 2-3 weeks if left alone.

Hypocalcemia

When your calcium drops from a very high level back to or below the normal range you can develop tingling and muscle cramps. This is never a problem with a single gland removal but if you required a revision procedure or a 4 gland exploration you may need to temporarily take calcium and vitamin D tablets to maintain a normal calcium.

Failure of surgery:

If your PTH and calcium do not drop then this means I've either failed to remove the abnormal gland or that you have 2 or even all 4 glands functioning abnormally. This occurs in about 1:25 patients, and while disappointing, this is usually rectified with a second operation which I like to schedule later in the same week before the surgical bed heals.

Recurrent Laryngeal Nerve injury

Every effort is made to avoid this complication, however a temporary palsy occurs in approximately 2% and a permanent paralysis in 1%. This results in a markedly weak, breathy voice and reduced ability to cough and strain with force. I check your larynx before and after surgery to confirm normal vocal fold movement.

Bleeding

Approximately 1% of patients will *suddenly* develop a hematoma (collection of blood) in the wound. If large it may require a return to theatre to evacuate the blood. A hematoma stereotypically occurs in the first hour or two after the operation but can very rarely happen after going home. If you are concerned call me and or 000.

Scar Management

The scar is in a cosmetically sensitive area and it's normal to be anxious or concerned about its appearance. I use a dissolvable 5-0 monocril suture which is buried under the surface of the skin, and I apply steri-strips along the incision to keep the skin edge flat while healing. Please leave this dressing in place for the first week, have brief showers only and try to keep it dry. If it falls off it's OK to leave the scar open to the air.

A normal scar will initially be pink and a little raised, it will feel firmer than the surrounding skin, and there is often some mild surrounding bruising that fades over a week. By 2 months the redness of the incision line will lessen and by a year it is usually a thin white line.

Some useful tips...

- A loose/light scarf is good camouflage initially.
- Advanced Healing Band Aids are an excellent product for scar management, an alternative is skin coloured paper tape (micropore). These products camouflage the incision, but more importantly keep the skin edge flat and slightly humid to enhance healing. I will apply one at my post op appointment - to be changed every 3-4 days to the 3 week mark.
- From 3 weeks onwards I advise a daily application of a scar cream or moisturiser (available from all chemists).

If you need help....

- 1) **In hours call me via my office 52218490.**
- 2) **After hours call me on my mobile 0425746617.**
- 3) **If urgent Call 000 or attend the emergency department at either St John of God or Barwon Health. Ideally do not attend the Epworth as I do not work at that institution.**