

Patient Education Literature

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. *If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. "An educated patient is the best patient."*

Parathyroidectomy or Subtotal Parathyroidectomy

Definition

Parathyroid = situated beside the thyroid gland

- ectomy = surgical removal

Subtotal = removal of most but not all

This procedure involves removal of one or all of the glands in the neck that regulate the calcium level in the blood. These glands are usually behind the thyroid gland in the front of the neck. The exact location of the four glands can vary from patient to patient. In rare instances, a parathyroid gland can exist much higher or lower in the neck or upper chest region. Locating the gland and removing it if necessary can greatly lengthen the operation and change the incisions as well.

Purpose of Procedure

There are two reasons why this procedure is done: to reduce the level of calcium in the blood and to remove a tumor. An overactive parathyroid gland can cause: muscle weakness, high blood pressure, kidney disease, kidney stones, destruction (demineralization) of the bones, muscle disorders, visual disturbances, psychiatric symptoms, and malfunction of the heart and intestines.

Preparation

As with any procedure in which anesthesia is administered, you will be asked not to eat or drink anything after midnight on the evening prior to your surgery. You may brush your teeth in the morning but not swallow the water. If you are on medications that must be taken, you will have discussed this with us and/or the anesthesiologist and instructions will have been given to you. The procedure will not be performed if you are currently taking, or have recently taken any medication that may interfere with your ability to clot your blood ("blood thinners, aspirin, anti-inflammatory medicines, etc..."). The most common of these medications are aspirin and all related pain relievers or anti-inflammatory compounds (whether prescription or over-the-counter). *Please refer to the attached list and tell us if you took any of these within the past 10 days.* If your new medication is not on the list, alert us immediately so that we may ensure optimal procedure safety. We will have reviewed all of your current medications with you during the pre-operative / pre-procedure consultation. You are obligated to inform us if anything has changed (medication or otherwise) since your previous visit.

Procedure

This procedure involves making an incision in the front of the neck below the thyroid gland. The incision is made along the natural skin lines to reduce the appearance of a scar. The incision is extended down through the soft tissue in the neck to expose the muscles that lie over the thyroid gland and helps allow access to the parathyroid glands. The affected glands are then removed. Small nerves are carefully avoided during this process. For overactive glands, a small portion of a gland may be transplanted to a more surgically accessible area. In very rare instances, this surgery is performed for cancer. It is sometimes necessary in these cases to have to remove the surrounding lymph nodes in that area to check for any spread of the cancer.

A drain may be placed in the surgical site. The wound is closed in layers using absorbable and removable suture material. A surgical dressing may be applied.

Post Procedure

Following this procedure you will be in the recovery room before being transferred to a regular hospital room. Pain medication will be prescribed to manage discomfort. The drain will stay in place until the drainage is minimal. Dressings will be changed daily until drainage is minimal and then the drain is removed. Blood tests to monitor calcium levels will be done regularly and at frequent intervals until your doctor is satisfied that your levels are acceptable. Discharge from the hospital will then be arranged. A follow-up appointment will be scheduled. Water exposure on the site of the incision should be avoided until the incision is healed. Pain medication may be needed for up to 2 weeks.

Post-operative pain medications may include a codeine type medication that may cause drowsiness. Operation of motor vehicles or machinery is not allowed while using this medication.

Returning to work or school can occur as soon as pain medication is no longer needed during the day.

Expectations of Outcome

This procedure should result in normal calcium levels in the blood and complete removal of the tumor, if one was present. If the tumor is malignant, further treatment may be necessary.

Possible Complications of the Procedure

This is a safe procedure, however, there are uncommon risks that may be associated with it. While we have discussed these and possibly others in your consultation, we would like you to have a list so that you may ask questions if you are still concerned. It is important that every patient be made aware of possible outcomes that may include, but are not limited to:

- Anesthesia complications: There is always a small risk with general anesthesia. This risk is increased if there is any family history of trouble with anesthesia. The risks can range from nausea and vomiting to very rare life threatening problems. You can discuss any questions with your anesthesiologist.
- Infection
- Scarring
- Injury to the nerves that move the vocal cords
- An under active parathyroid requiring lifelong calcium supplement
- A persistent overactive parathyroid requiring additional surgery
- Airway obstruction, although rare
- On rare occasions, significant bleeding can occur which puts pressure on the trachea or windpipe. If this occurs, the surgical site may need to be reopened to allow drainage and relieve the pressure. A breathing tube may need to be replaced temporarily.

We provide this literature for patients and family members. It is intended to be an educational supplement that highlights some of the important points of what we have previously discussed in the office. Alternative treatments, the purpose of the procedure/surgery, and the points in this handout have been covered in our face-to-face consultation(s).

I/We have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of non-treatment, the procedure to be used, and I/we have sufficient information to give this informed consent.

I/We certify this form has been fully explained to me/us, and I/we understand its contents.

I/We understand every effort will be made to provide a positive outcome, but there are no guarantees.

Physician

Date

Witness

Date

Patient/Guardian

Date

The information contained in this Medical Informed Consent form ("Consent Form") is intended solely to inform and educate and should not be used as a substitute for medical evaluation, advice, diagnosis or treatment by a physician or other healthcare professional. While Oakstone endeavors to ensure the reliability of information contained in its Consent Forms, such information is subject to change as new health information becomes available. Oakstone cannot and does not guaranty the accuracy or completeness of the information contained in this Consent Form, and assumes no liability for its content or for any errors or omissions. Laws vary from state to state regarding the information that must be given to a patient for informed consent. Please be sure to check the laws regarding legal informed consent as they apply within your state. Please call your doctor or other healthcare provider if you have any questions.