

Parathyroidectomy

Parathyroidectomy is an operation in which one or more parathyroid glands are removed. It is most commonly performed to control over-activity of a parathyroid gland, which is either caused by a benign tumor of one or more of the glands or generalized growth and over-activity of all of the glands. In rare instances, surgery is performed on the parathyroid glands in order to remove a parathyroid cancer.

The parathyroid glands control your blood calcium level by releasing a hormone called parathyroid hormone (PTH). Ideally, there is nice system in the body that regulates the amount of PTH and calcium in the bloodstream. Problems occur when this process fails.

General risks of parathyroid surgery include complications related to anesthesia, bleeding, and infections. In very rare circumstances, airway obstruction may occur and a tracheotomy may become necessary to gain access to the airway. This is an extremely rare life-saving measure and every effort would be taken to avoid it. Two complications specific to parathyroid surgery are hypocalcemia and vocal cord weakness or paralysis.

Hypocalcemia, or low blood levels of calcium, occurs when the parathyroid glands aren't working. It is detected via a blood test and can be dangerous. Mild and temporary hypocalcemia is relatively normal after parathyroid surgery, particularly after removal of a large or highly active abnormal parathyroid gland. To treat this, most patients are given supplemental calcium (TUMS) for a week after surgery. Occasionally, a vitamin D supplement is also given to help calcium absorption. Symptoms of low calcium include tingling in the lips or fingers, or cramping in the arms or legs. If you experience that, take an additional 2-4 TUMS tablets and call the office immediately to make arrangements for a blood test.

Vocal cord weakness or paralysis may be caused by swelling, stretching, or injury to the recurrent laryngeal nerve, which passes very close to the thyroid gland. This nerve travels to the muscles that move the vocal cords. There is one on each side of the neck. The vast majority of injuries to the nerve are temporary, but can take several months to resolve. Occasionally, it is permanent. If that is the case, options are available to try to improve voice quality. Your voice could also be affected by some swelling or bruising of the vocal cords by the breathing tube placed at the beginning of surgery. This generally resolves within a few days.

Even in the most expert hands, up to 5% of parathyroid tumors cannot be found during the operation and the blood calcium will remain elevated (persistent hyperparathyroidism). Sometimes after successful surgery, one of the other parathyroid glands may then become overactive and cause the blood calcium level to rise again (recurrent hyperparathyroidism).

It is important to not exercise or do any rigorous activity for 10 days after surgery to minimize the risk of a swelling, bleeding and unsightly scarring. You will have a piece of tape holding down the sutures in your neck. Keep that in place until your follow-up visit one week after surgery. You can take a shower two days after surgery, but just allow the water to run over the tape. Don't scrub the area or peel off the tape. In the weeks after surgery, keep the incision moist with Vaseline or Dr. Rogers Restore ointment. Also, minimize sun exposure to the scar for several months to optimize healing.