

EAR, NOSE AND THROAT ASSOCIATES OF CHESTER COUNTY

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PARATHYROIDECTOMY

A parathyroidectomy is an operation in which one or more of the parathyroid glands in the neck are removed. There are four parathyroid glands, two of which lie on each side of the neck immediately deep to or within the undersurface of the thyroid gland. Generally this procedure is performed in a hospital setting under a general anesthetic. The operation consists of exploring the neck and removing the affected parathyroid gland. Not uncommonly an intraoperative parathyroid hormone assay is obtained in order to assess the response of the patient to removal of the affected gland. A frozen section may also be performed in order to confirm the nature of the removed tissue. Based upon the results of these studies, the surgeon will then determine whether or not further exploration and removal of additional tissue will be required.

For one (1) week prior to surgery, you should not take any aspirin or aspirin containing drugs, nor any ibuprofen or ibuprofen containing drugs. Examples of these include Advil (Motrin), Naprosyn (Naproxen), or Fiorinal. Also, supplements which should be avoided include Vitamin E capsules, omega 3 (fish oil), or glucosamine chondroitin. If you are required to be on any of these medications, discuss this matter directly with your ENTACC provider before stopping. If you are on Coumadin (Warfarin), Aspirin, or Plavix, please discuss with the prescribing physician about how to adjust this medication prior to your surgical procedure.

Postoperatively you will have a drain in the wound site. This prevents fluid from accumulating and is generally removed the following day. In the immediate postoperative period your serum calcium level and parathyroid hormone assay level will be checked. Most patients are discharged from the hospital one day postoperatively, at which time they utilize the postoperative instructions and prescriptions that were provided preoperatively. Generally most patients are able to resume normal activity returning to work or school within one to two weeks.

Complications of parathyroid surgery are rare and include bleeding, the collection of blood or serum under the skin, a hoarseness or weakness of voice, and infection. All patients who have this surgery experience some numbness of the region of the skin around the incision. In extremely rare cases there might be a compromise of the airway.

After discharge from the hospital, your physician will continue to monitor your serum calcium level. Some patients may need to take calcium with Vitamin D in order to supplement the function of the parathyroid gland(s) that have been removed.