

Parathyroidectomy

Procedure-Specific Information & Consent

This document explains the planned parathyroid operation and supports your discussion with your surgeon.

Patient Name: _____

PHN: _____

Date of Birth: _____

1. Recommended procedure

Focused / unilateral parathyroidectomy ± bilateral exploration ± hemithyroidectomy

- The operation may begin as a focused procedure and extend to both sides of the neck when needed to find and safely remove abnormal parathyroid tissue.
- Hemithyroidectomy means removal of one thyroid lobe. It may be needed if an abnormal parathyroid gland is within or tightly attached to the thyroid, or if safe access requires it.
- Nerve monitoring and intraoperative parathyroid hormone testing may be used.

2. Why this procedure is recommended

- Blood tests confirm primary hyperparathyroidism.
- Reasons for surgery may include high calcium, kidney stones or reduced kidney function, bone loss or fractures, symptoms, or other accepted criteria.
- Imaging helps locate an abnormal gland after the decision about surgery. Imaging alone does not establish the diagnosis or the need for surgery.

3. What the procedure involves

- General anesthesia and an incision at the lower front of the neck.
- Removal of one or more abnormal parathyroid glands.
- Protection of the recurrent laryngeal nerves, which control the vocal folds, when possible.
- Extension to bilateral exploration or hemithyroidectomy when needed, as described above.
- Parathyroid hormone testing, nerve monitoring, and/or pathology assessment may be used.
- Most patients go home the same day or after overnight observation.

4. Expected benefits and limitations

- Better control of calcium and parathyroid hormone levels.
- Lower risk of kidney stones, bone loss, and other complications.
- Cure is not guaranteed. Fatigue, mood, memory, kidney, or bone problems may not fully improve.
- Disease may persist or return if more than one gland is abnormal or a gland is difficult to find.

5. Risks and side effects

Common or expected

- Neck discomfort or stiffness, bruising, swelling, sore throat, temporary hoarseness, incision numbness, and a permanent scar.

Less common but important

- Bleeding or a neck hematoma, which can threaten breathing and may require urgent surgery.
- Infection, fluid collection, or another operation.
- Temporary or permanent recurrent laryngeal nerve injury causing voice or swallowing problems. Very rarely, injury to both nerves can require airway treatment.
- Low calcium causing tingling, numbness, muscle cramps, weakness, or spasms. Calcium and vitamin D treatment may be prolonged or permanent.
- Persistent or recurrent hyperparathyroidism.
- If hemithyroidectomy is needed, about 30% of patients may require thyroid hormone treatment, such as levothyroxine (Synthroid). Final thyroid pathology may lead to later treatment.
- General anesthesia has separate risks.

6. Calcium and parathyroid considerations

- Imaging may miss an abnormal gland, and more than one gland may be affected.
- Severe bone disease can cause hungry bone syndrome, a marked or prolonged drop in calcium after surgery.
- Blood tests and the written calcium and vitamin D plan are essential.
- Follow the specific test timing and symptom instructions provided by your surgical team.

7. Alternatives

- Observation with blood, bone, and kidney monitoring when appropriate.
- Medicines to lower calcium or protect bone in selected patients.
- No surgery, with disease-specific risks discussed with your treating team.

8. Recovery and when to seek help

- Light activity is encouraged. Avoid heavy lifting or straining until cleared.
- Many patients return to work in 1–2 weeks.
- Take calcium and vitamin D exactly as directed and complete planned blood tests and follow-up.
- Emergency: Seek urgent emergency care for rapidly increasing neck swelling or tightness, inability to swallow, severe muscle spasms, or seizure. Call 911 for breathing difficulty.
- Same-day advice: Contact your surgical team for persistent tingling or cramps, new or worsening voice or swallowing problems, increasing pain, fever, redness, or drainage.

9. Acknowledgement

I understand the planned parathyroid operation, possible bilateral exploration or hemithyroidectomy, expected benefits, limits, risks, alternatives, and recovery. My questions have been answered. This document supports, but does not replace, the hospital consent process.

Patient / Parent / Guardian Name: _____

Signature: _____

Date: _____