



## ENDOCRINE SURGICAL UNIT

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## postoperative instructions

Royal North Shore Hospital  
Mater Hospital  
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## OPEN PARATHYROIDECTOMY



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around the mouth and in the hands and, very occasionally, cramping (“tetany”) of the hands and feet. A temporary drop in calcium levels below normal also sometimes occurs. The calcium level is checked in hospital and, if it is normal, you will generally not need calcium supplements. If the calcium level is low, you will be sent home on calcium supplements. If you are sent home on calcium supplements, you will need to see your local doctor every week after discharge to have a blood test and to have the calcium levels checked. If, at each visit, the calcium level in the blood is normal, then the dose needs to be reduced according to the attached protocol that needs to be given to your local doctor.

If you have any problems, following your parathyroid surgery, you should speak to your local doctor, who will arrange to contact your surgeon.

## OPEN PARATHYROIDECTOMY

**Wound Care:** Your wound will be covered with tape, which should be left in place for about 2 weeks. The tape will be removed at your first postoperative visit. You may notice some dried blood under the tape but that is of no concern. You can wash and shower with the tape in place and even get it wet. Once removed, the tape may be replaced and, if so, you will then need to change it every 2 or 3 days for the next 2 to 3 months in order to get the best possible cosmetic result. The preferred tape is narrow, flesh coloured Micropore which can be obtained from your chemist.

**Activities:** You should generally restrict vigorous activities for 1 or 2 weeks after surgery. Activities, which involve turning the head suddenly, such as driving in heavy traffic, should be avoided although local driving is acceptable. Commonsense is the best way to avoid straining your neck.

**Local symptoms:** A variety of local symptoms are common for several weeks after surgery including tightness and swelling of the local area around the wound. Numbness of the skin above the wound may be present and may last for many months.

**Late complications:** The only late complication of concern is wound infection. This may have occurred if the wound becomes very red, hot and more swollen. If that occurs you must seek attention from your local doctor

straight away who will arrange for you to have antibiotics.

**Follow-up:** Generally your follow-up will consist of

- A visit at 2 to 3 weeks to have the tape removed. You will need to ring the office to make an appointment for that visit
- A final surgical check up at 3 months.

In addition, if you have been placed on calcium supplements, you may need to be seen by your local doctor on a weekly basis to have a blood test to check your calcium level, and to have your calcium supplements progressively reduced (see “Calcium supplements” below). You will also need to be reviewed by your endocrinologist 2 to 3 months after surgery to monitor your progress. Your local doctor or endocrinologist may need to see you more frequently for specific review if there are any problems.

**Country patients:** If you are unable to return to Sydney for follow-up, it may be possible for the tape to be changed and for your follow-up to be undertaken by your local doctor. We would need to confirm these arrangements before you leave hospital.

**Calcium supplements:** The calcium level falls to normal very quickly after successful parathyroid surgery. Sometimes this fall is associated with symptoms such as tingling

**\*If you have been discharged on calcium/Rocaltrol medication please detach this form and give it to your doctor one week after discharge.**

Dear Doctor

Your patient has been discharged on calcium supplements following their thyroid surgery. They have been asked to see you on a weekly basis to have their serum calcium level checked and their medication reduced according to the protocol.

*If your patient is just on Caltrate tablets*

On discharge they will normally be on:

*Caltrate 2 twice a day*

If calcium is normal at one week reduce to:

*Caltrate 1 twice a day*

If calcium is normal the next week reduce to:

*Caltrate 1 daily*

If calcium is normal the next week:

*Cease Caltrate*

*If your patient is on Caltrate + Rocaltrol tablets*

On discharge they will normally be on:

*Caltrate 2 twice a day and Rocaltrol 2 twice a day*

If calcium is normal at one week reduce to:

*Caltrate 1 twice a day and Rocaltrol 1 twice a day*

If calcium is normal the next week reduce to:

*Caltrate 1 daily and Rocaltrol 1 daily*

If calcium is normal the next week reduce to:

*Caltrate 1 daily*

If calcium is normal the next week:

*Cease Caltrate*

**If you have any questions or concerns, please contact your patient's surgeon as listed overleaf**

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