

Useful Telephone Numbers

ENT Partnership

Surrey Clinic – 01252 852552

Frimley Park Hospital

Switchboard – 01276 604604

Parkside – 01276 604703

FI (Children's Ward) – 01276 604226

ENT Ward – 01276 604130

Clare Park Hospital

Switchboard – 01252 850216

Information for Patients on

Parathyroid Surgery

The ENT Partnership – Surrey Clinic

Spire Clare Park Hospital Crondall Lane Crondall Farnham GU10 5XX

T 01252 852552 **F** 01252 851331

E infosurrey@entpartnership.co.uk www.entpartnership.co.uk

Introduction

The thyroid gland is a small dumbbell shaped gland that sits low down in the front of the neck. It is just in front of the windpipe. Its main function is to produce the hormone Thyroxine, which controls your body's metabolism.

Attached to the thyroid gland, and just behind it, are 4 little parathyroid glands, which control the calcium level in the blood. Also running just behind the thyroid gland are 2 nerves called the recurrent laryngeal nerves. These control the movement of vocal cords within the voice box on each side.

The ENT Consultants are

Jonathan Hern FRCS (ORL).

Appointed to Frimley Park Hospital in 2003. Special interest in rhinology including rhinoplasty surgery and also voice problems.

David Jonathan FRCS.

Appointed to Frimley Park Hospital in 1991. Special interest in ear surgery, including implantable hearing aids. Involved in the regional training of ENT surgeons.

Andrew McCombe MD FRCS (ORL).

Appointed to Frimley Park Hospital in 1995. Special interest in head and neck surgery. Involved in the management of NHS services. Special interest in medicolegal work.

Any Questions

The team involved in your care have written this information booklet to make your admission as smooth as possible. However, it does not cover every aspect of your care and staff will always be happy to answer any other questions or points of concern.

Sources of additional information

The Surrey & Hampshire ENT Partnership

www.entpartnership.co.uk

British Association of Otorhinolaryngologists

www.entuk.org

National Institute for Health and Clinical Excellence (NICE)

www.nice.org.uk

Problems with the Parathyroid Glands that Require Surgery

Sometimes one of the 4 parathyroid glands can become enlarged and overactive. It then produces too much parathyroid hormone. The effect of this is to cause calcium to leak from the bones into the blood stream. Your calcium level is then too high. This can lead to general aches and pains, problems with your bowels and things like kidney stones. It can also lead to weakening of the skeleton if it goes on for long enough.

The problem is usually due to one gland being overactive, but can sometimes be a result of all 4 glands becoming overactive.

The problem is normally detected with a simple blood test. Once the blood tests confirm the problem, then an ultrasound scan and a special isotope scan are normally done to try and find the affected parathyroid gland. If it is possible to identify a single gland as the culprit, this makes the operation much easier. Normally, removal of the overactive gland cures the problem.

If all 4 glands are overactive then, normally, 3 are removed, leaving only 1 behind.

About the Operation

You will attend the hospital about 1 to 2 weeks before the operation for a preoperative assessment. You should not have suffered from a common cold for at least 2 weeks before the operation. If you have had a cold, please ring the Consultant's Secretary.

Please advise us if you take the oral contraceptive pill, as this may need to be stopped temporarily.

You will be admitted to hospital on the day of the surgery.

Operations to remove the parathyroid glands are nearly always performed under a general anaesthetic (fast asleep). An incision is made in the front of the neck, often along a skin crease if one is present. This incision will leave a scar.

Exploration down the side of, and behind the thyroid gland, to find the suspect parathyroid gland is performed next. Once the parathyroid gland is identified, it is removed and sent to the Pathology Department for what is called a "frozen section." This means that the Pathologist will have a look at the specimen immediately and let us know whether we have found the right thing. Once the Pathologist confirms the findings, the operation is finished. If the Pathologist says that we have not found the right thing, then we will explore the other side of the neck.

Typically, the operation therefore takes anything from 45 minutes to 90 minutes.

At the end of the operation a drain is not usually required. The incision is then closed (often with special staples). If all is well, you should be fit for discharge home the next day.

What to expect after the procedure.

After leaving hospital, the main problem is normally related to the length of the operation and anaesthetic. People often feel tired and worn out for a few days afterwards until things get back to normal.

The front of the neck may feel a little bruised and swollen for some time afterwards. Often the voice will be a little husky for a few days afterwards. This may be related to some bruising of the recurrent laryngeal nerves, but is more often related to having a tube in the throat for the anaesthetic.

The stitches or skin staples that have been used to close the incision should be removed about 1 week after the surgery. This can normally be arranged at your doctor's surgery.

A follow up appointment will be made for about 4 weeks after the surgery.

Finally, we would recommend you allow at least 2 weeks for convalescence before getting back to normal activities. A Medical Certificate can be supplied if needed.

Risks

As with all operations there is a risk of bleeding or infection, although these are uncommon in this operation.

The main specific risk is damage to the recurrent laryngeal nerve. This can result in a husky voice for some time after the operation.

The other risk after the operation is that the calcium level in the blood might drop. This is because it takes a little while for the other parathyroid glands to start working properly again and also because the skeleton starts to suck back in lost calcium from the bloodstream.

If the calcium level does drop, calcium supplements may be required for a period of time until the parathyroid glands recover.