

# Procedure Information Sheet – Parathyroidectomy

Hosp No. : HKID No.:

Case No. : Name :

DOB : M/F

Adm Date : Contact No.:

#### 1. Introduction

- 1.1. Parathyroid consists of four pea-like glands situated behind the thyroid gland. They secrete hormone involved in the homeostasis of serum calcium.
- 1.2. Hormonal imbalance is the indication for parathyroidectomy.

# 2. Procedural Preparation

- 2.1. The reason of operation, procedure and possible complications will be explained by the surgeon and a consent form will be signed before operation.
- 2.2. Pre-operative anesthetic assessment will be performed. The anesthetic management and its possible risks will be explained by the anesthetist with consent for anesthesia signed.
- 2.3. Do not eat or drink for at least 6 to 8 hours before the operation.

### 3. Procedure

- 3.1. This surgery is performed under general anesthesia.
- 3.2. Incision will be made over the anterior part of neck.
- 3.3. Minimally invasive surgery may be appropriate in some situations.
- 3.4. 1 to 4 parathyroid glands will be excised depending on the clinical conditions.
- 3.5. Sometimes part of the excised parathyroid gland will be implanted in the neck or forearm.
- 3.6. Trans-cervical thymectomy to remove mediastinal parathyroid gland may be necessary in some circumstances.
- 3.7. If abnormal thyroid nodules are discovered during the procedure, they may be removed as well.
- 3.8. Drains are sometimes inserted to avoid accumulation of fluid around the incision.
- 3.9. In general, soft diet can be resumed 6 to 8 hours after the operation as instructed by the surgeon.

#### 4. Possible Risks and Complications

- 4.1. General complications:
  - 4.1.1.Cardiovascular: myocardial infarction, angina, stroke, deep vein thrombosis, pulmonary embolism
  - 4.1.2.Respiratory: atelectasis, pneumonia, exacerbation of asthma or chronic obstructive airway disease
  - 4.1.3. Allergic reaction
- 4.2. 4Operation related complications:
  - 4.2.1. Hemorrhage
  - 4.2.2. Wound infection
  - 4.2.3. Respiratory distress due to blood clots accumulation around the incision area
  - 4.2.4. Hoarseness of voice secondary to injury of recurrent laryngeal nerve:
    - 4.2.4.1. Transient
    - 4.2.4.2. Permanent
  - 4.2.5. Severe hypocalcemia causing numbness
  - 4.2.6. Incomplete removal of pathologic glands that may require re-operation
  - 4.2.7. Pseudo-gout

# 5. Remark

5.1. This information sheet provides general information pertaining to this operation or procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.



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# 6.

•	n Information Pamphlet: Hospital Authority.	Parathyroidectomy.	Department of	Surgery,	United	Christian
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