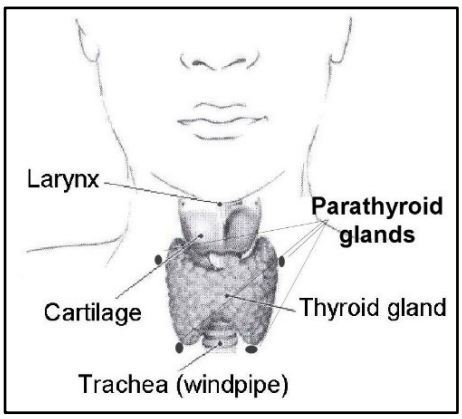
Parathyroidectomy

This leaflet will explain what will happen when you come to the hospital for a parathyroidectomy operation. It is important that you understand what to expect and feel able to take an active role in your treatment.

What is a parathyroidectomy?

Parathyroidectomy is a procedure in which one, or up to four, parathyroid glands are removed. The operation is carried out through the neck and in a skin crease.



When is it carried out?

The parathyroid glands help control the level of calcium in the blood. An overactive parathyroid gland increases the level of calcium in the blood. As a result, your bones may become weak. In addition, you may develop kidney stones, weakness in your muscles, decreased alertness, or stomach pain.

Parathyroidectomy is done when one or all of the glands are overactive.

An alternative is to choose not to have treatment, recognizing the risks of your condition.

How long will I be in hospital?

You will attend hospital either the day before, or on the morning of, the operation. This will be confirmed in a letter from the waiting list office, even if you have already been given a date by the surgeon. The operation is done under general anaesthesia, and takes between 90 minutes and three hours.

You will be kept in for an overnight stay afterwards and most people then go home the next day. For those patients where the calcium level in the blood drops and symptoms develop, we sometimes need to keep patients in a little longer.

Sometimes, a little swelling occurs in the neck after the operation and it may be a little sore due to the surgery but this is not usually particularly troublesome.

How quickly will I be up and about following surgery?

You should gradually resume normal activities as soon as possible after your operation. Any heavy lifting or activities that cause strain should be avoided and should be built up gradually over the next 2-4 weeks.

You will have your blood calcium checked the next day before you go home and you will be allowed home if your calcium level is normal or improving.

We recommend that you start doing the following exercises (next page) the day after surgery.

What happens after I am discharged?

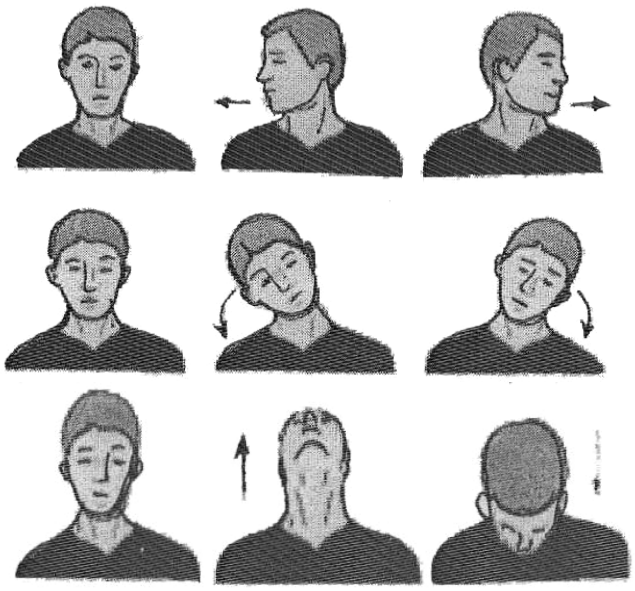
The wound dressings will be left intact until the stitch is removed a week later. Alternatively, some surgeons use a dissolvable stitch. You will either see the consultant or the specialist nurse at your follow-up outpatient clinic appointment, which is normally two to three weeks after the surgery. Your GP will be sent a letter so that he/she has details of your operation and can help you with any future problems.

When you are at home it is important to watch out for any **tingling sensation** in your body as this is a sign that your calcium level is low. If you experience any tingling (this usually happens at night after the operation), we recommend that you drink a glass of milk straight away and attend the ward immediately to arrange to have your blood calcium level checked. These symptoms occur because the other glands have become lazy or underactive. The other glands will recover their normal function quickly but you may need to take calcium and Vitamin D tablets temporarily after the operation in order to boost your calcium level.

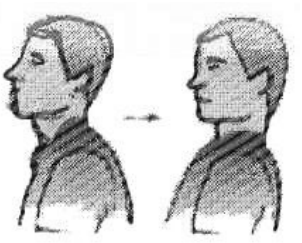
- **Work:** Most people need about 2-3 weeks off work, but this will depend on what you do. It is important that you pay attention to your body and only do as much as you feel able to.
- **Driving:** You will probably be fit to drive within two weeks, providing you feel alert and can carry out an emergency stop with comfort. Please check with your motor insurance company before you start driving again.

Exercises following a parathyroidectomy

These exercises are designed to keep your neck moving freely following your operation. They are very gentle and should not cause you any pain. You can start to do them on the day after your operation. If you have any difficulty with any of the movements, please speak to a doctor, nurse or physiotherapist.



1. Turn your head to the right as far as possible.
2. Turn your head to the left as far as possible.
3. Take your right ear down towards your right shoulder.
4. Take your left ear down towards your left shoulder.
5. Bend your head forwards onto your chest. Hold for a count of 5.
6. Slowly tip your head back, looking upwards as far as possible.
7. Keeping your head erect, tuck your chin in and hold for a count of 5.



Do these exercises 3 times each, repeating them twice daily.

What are the risks associated with this procedure?

- There are some risks when you have general anaesthesia. Discuss these risks with your doctor.
- The wound usually heals up to a fine line but sometimes it can heal up with a thickened scar called a keloid scar.
- The laryngeal nerves may be injured. These nerves allow you to speak normally. If they are damaged your voice may be hoarse. This is usually temporary but sometimes it can be permanent.
- After the operation the blood calcium levels sometimes drop and you may need calcium or Vitamin D supplements. This is usually temporary but sometimes, unfortunately, can be permanent.
- There is a possibility that more than one parathyroid gland is overactive. There is also a small risk that the abnormal parathyroid gland lies outside the neck and so it is possible that the operation may not be successful and a second operation may be offered.
- Occasionally, after the operation a plastic drain is inserted into the neck for the first day or two but this tends to be the exception rather than the rule.
- Some patients complain that swallowing is not quite right for a few days after the operation.

More information

British Thyroid Foundation www.btf-thyroid.org/ Tel: 07561 612 011

How to contact us

Greenlands Ward: 0118 322 7172
Adult Day Surgery Unit: 0118 322 7622
Clinical Admin Team (CAT1) (Monday to Friday, 9am to 4pm)
Tel: 0118 322 7139 or email CAT1@royalberkshire.nhs.uk
ENT Outpatient Department (Townlands) reception: 01865 903274

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT ENT Department
Reviewed: October 2026
Next review due: October 2028