



# Parathyroid surgery

Knowing your options and what to expect



**Head & Neck**

Surgical Cancer Specialists  
of SW Florida

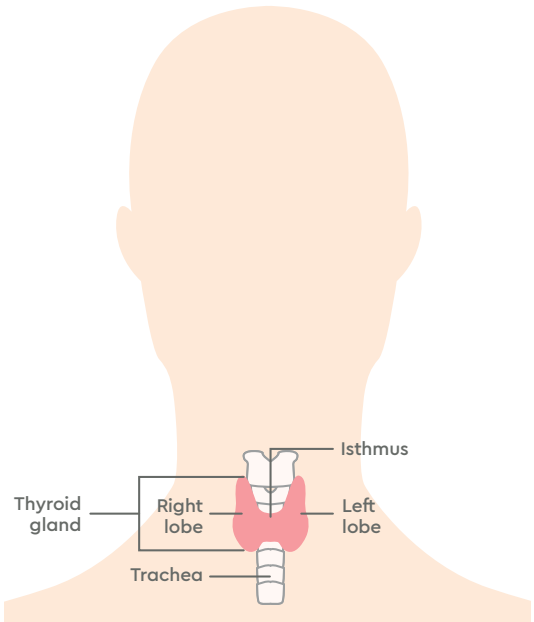
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# What is the parathyroid?

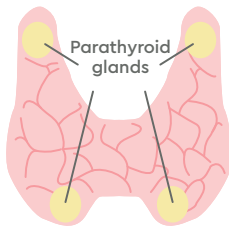
Your parathyroid glands are located in the neck, typically behind the thyroid gland. Most people have four parathyroid glands, each roughly the size of a pea. These glands produce parathyroid hormone (PTH), which helps your body create, store and maintain normal levels of calcium in the body.



# Thyroid



## Thyroid gland back view



# What types of parathyroid disease require surgery?

Parathyroid disease is associated with over-reactive parathyroid glands. While some parathyroid diseases may only need a "watch-and-wait" approach, others require surgical intervention.

Most frequently, surgery is recommended for hyperparathyroidism. This is when your body produces too much PTH and causes the calcium levels in your body to rise. When you have too much calcium in your blood, it can cause other issues such as weak or painful bones, kidney stones, overreactive bladder, fatigue or memory problems.



## Hyperparathyroidism can be caused:

- By an overreactive gland producing too much PTH (primary hyperparathyroidism)
- Another condition, such as kidney failure, renal failure or vitamin D deficiency, that causes the glands to produce too much PTH (secondary hyperparathyroidism)
- By the parathyroid function not returning to normal after being treated for secondary hyperparathyroidism (tertiary hyperparathyroidism)

# Parathyroid surgery options

The type of surgery that your surgeon recommends will depend upon multiple factors, including how severe your hyperparathyroidism is, its root cause and your individual needs and preferences. Additionally, your surgeon will likely ask that you undergo imaging or other medical tests prior to determine if surgery is appropriate.

## The most common types of parathyroid surgeries include:

- **Targeted parathyroidectomy:**  
Also known as minimally invasive parathyroidectomy (MIP), your surgeon will likely perform this procedure if a CT scan or other imaging test identified the over-reactive gland ahead of time. With this type of surgery, the incision is typically very small and recovery time is often shorter than other types of procedures.
- **Four gland parathyroid exploration:**  
During this surgery, your surgeon will make an incision in the lower neck and examine your glands. Any glands that appear to be abnormal or enlarged are removed. In 96% of cases, there is only one enlarged parathyroid gland<sup>1</sup>, which means no other glands need to be removed.
- **Partial parathyroidectomy:**  
During this surgery, if multiple glands are enlarged, your surgeon may remove up to 3 or 3½ of the glands. This is so part of the parathyroid tissue remains.
- **Total parathyroidectomy:** In this procedure, all four of the glands are removed. In some cases, tissue from the parathyroid that is not impacted may be placed in your arm to allow for continued development of PTH.

# Your surgical care team

At our center, you have a team dedicated to developing a personalized treatment plan, taking into account your needs, medical history, cancer type and goals of treatment.

## Your parathyroid surgery team will include:

- **Your otolaryngologist (head and neck surgeon):** Your surgeon specializes in the surgical management of benign (non-cancerous) and cancerous tumors of the head and neck, as well as reconstructive surgery. He/she will perform your parathyroid surgery.
- **Your anesthesia team and certified nurse anesthetists (CRNAs):** These individuals evaluate, administer and monitor your anesthesia throughout your procedure. Ask your anesthesia team about pain management options for both during and after surgery.





- **Your operating room care team:** This team is led by your surgeon and comprised of your circulating nurses, your scrub technicians and other team members, all committed to providing your care while you are undergoing your operation.
- **Your supportive care team member(s):** You may also meet with additional healthcare professionals, such as advanced level practitioners, dietitians, occupational therapists and/or speech therapists who can help you manage side effects and better understand your treatment plan. .



# Your pre-operative appointments

During your consultation, your surgeon will discuss the type of procedure he or she recommends and answer any questions you have. You will likely be asked to undergo imaging studies such as a parathyroid 4D CT scan, sestamibi scan or MRI, as well as other tests such as blood tests, urine analysis and/or bone density tests. Your surgeon may also refer you to another doctor for a check-up to make sure you are healthy enough to undergo surgery.

Your care team will advise you on any dietary or medication restrictions you should adhere to before surgery.



# Day of surgery

You will be provided comprehensive instructions from your care team about what to expect on the day of surgery. Typically, you should not eat or drink after midnight the day before surgery. You may shower and brush your teeth as normal, but not drink any water. Talk to your care team about any medicines or herbal supplements you typically take and if they should be taken on the day of surgery with a small sip of water. You will want to consider having a caregiver onsite for the procedure, even if you are spending the night in the hospital.

In the pre-operative area, your surgeon and anesthesia team will meet with you before surgery and answer any questions.

# During surgery

Your care team will place an IV into your arm or hand to deliver fluids and medications. After you are taken into the operating room, the anesthesia team will put you into a deep sleep, so you don't feel any pain.

Once the procedure begins, your surgeon will make a small incision and perform the appropriate surgery depending on your situation. Often, a blood test will be performed during surgery to make sure the overactive gland has been removed.

# After surgery

After surgery, you will wake up in the recovery room. You will be monitored by a nurse who will watch your vitals (pulse rate, respiration rate, blood pressure, etc.) and help manage any pain that you might have. You may notice upon waking that your throat is sore and/or your voice is hoarse. These symptoms are common and should get better within a few weeks.

In some instances, you may be able to go home the same day as your surgery. In others, it may be recommended that you stay a day in the hospital while you recover. Either way, within hours, you should be able to eat and drink normally, as well as get up to walk. Due to the sore throat, you may find that a soft diet is more appealing in the beginning.

# Aftercare at home

Your clinical team will provide you with extensive instructions about how to care for yourself after leaving the hospital.

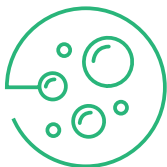
## It is important that you:



Take your medications as prescribed by your doctor. You may also be asked to take calcium supplements for awhile while your body works to produce normal levels after the gland(s) are removed.



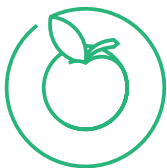
Avoid heavy lifting and strenuous activities and exercise until your care team advises you can begin again.



Unless your care team says otherwise, you should be able to bathe or shower as normal.



Avoid taking any over-the-counter pain medications, such as ibuprofen or aspirin, as these medications can thin the blood and cause bleeding. Your care team will discuss which pain medications are appropriate to take, as needed.



You should be able to eat a normal diet after surgery. However, if your throat is sore after surgery, following a soft diet for a few days might be helpful.

**Soft diet:** Also known as a “bland diet,” this includes foods that are soft, mildly seasoned and low in fiber to aid with digestion. This could include beverages included in the clear liquid diet, bread or crackers (avoiding anything that is hard or has seeds/nuts), cooked or dry cereals, cooked noodles, soft fruits (bananas, baked and peeled apples or applesauce, canned fruits, etc.), chicken or fish that is tender, baked beans, tofu, peanut butter, soups, peeled and cooked vegetables, scrambled eggs, soft cheeses or yogurt, as examples.

Your clinical team will advise on when you can return to work and resume normal activities. All of this will depend upon the extensiveness of your surgery and your health status.





# When to call your surgeon

While some discomfort, bruising and swelling around the incision site after surgery is normal, call your surgeon if you have:

- A fever over 101°F
- Excessive bleeding that is soaking through the bandage
- Changes in your voice, neck swelling or breathing issues
- Pain that is not relieved with your prescribed medication
- Any new symptom you are concerned about or questions for your doctor

# What to expect once surgery is complete

Typically, your surgeon will want to meet with you within one to two weeks after surgery to make sure you are healing well, discuss any new post-operative instructions.

Your care team is always available for you and can help manage any side effects even after your surgical treatment is completed.

## Contact us

Should you want more information about our treatment services, please visit us online: [genescareus.com](https://www.genescareus.com)

1. Norman J. HealthCentral. Para-thyroid Surgery: The Standard Technique 2009. <https://www.healthcentral.com/condition/hyperparathyroidism/parathyroid-surgery-standard-technique>



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