

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. It is normal to notice some dried blood under the tape, you can shower with the tape in place and even get it wet. Once removed, the tape may need to be replaced and 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 to 2 weeks following your surgery. Activities which involve turning the head suddenly, such as driving in heavy traffic should be avoided for 5-7 days post-surgery, 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: these include wound infection and swelling under the wound due to bleeding. The latter is more common in patients on blood-thinners. **If your wound becomes very tight suddenly, go to your nearest hospital.** If you have gradual onset/mild tightness, see your GP. If there is also redness, it is likely you have an infection and require antibiotics.

Follow up: Generally, your F/U will consist of...

- A visit at 2 - 3 weeks after surgery to remove the tape & discuss the results. You will need to ring the office if an appointment has not already been made.
- A final surgical follow-up consult at 3 months.

In addition, if you have been put on calcium supplements, you will need to be seen by your GP on a weekly basis to have blood Calcium level test, and to have your calcium supplements gradually reduced (see at right —>). You will need to be reviewed by your endocrinologist 4 to 8 weeks after your surgery to monitor your progress. Your local doctor or endocrinologist may need to see you most 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 around the mouth and in the hands and, very occasionally, cramping 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 this happens, you will then 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 protocol below. Please give this protocol to your local doctor.

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

IF YOU HAVE BEEN DISCHARGED ON CALCIUM AND/OR ROCALTRON MEDICATION, PLEASE DETACH THIS PAGE AND GIVE IT TO YOUR GP 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 levels checked and their medication reduced according to the below protocol.

If your patient is just on Caltrate tablets...

- On discharge, they will normally be on:
2 Caltrate twice a day
- If calcium is normal at one week, reduce to:
1 Caltrate twice a day
- If calcium is normal the next week, reduce to:
1 Caltrate daily
- If calcium is normal the next week:
Cease Caltrate

If your patient is on Caltrate + Rocaltrol...

- On discharge, they will normally be on:
2 Caltrate twice a day + 2 Rocaltrol twice a day
- If calcium is normal at one week, reduce to:
1 Caltrate twice a day + 1 Rocaltrol twice a day
- If calcium is normal the next week, reduce to:
1 Caltrate daily + 1 Rocaltrol daily
- If calcium is normal the next week, reduce to:
1 Caltrate daily
- If calcium is normal the next week:
Cease Caltrate

DOCTOR, IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CONTACT PROF SIDHU AS LISTED ON THE OVER LEAF

Professor Stan Sidhu

ENDOCRINE SURGEON

MBBS FRACS PhD

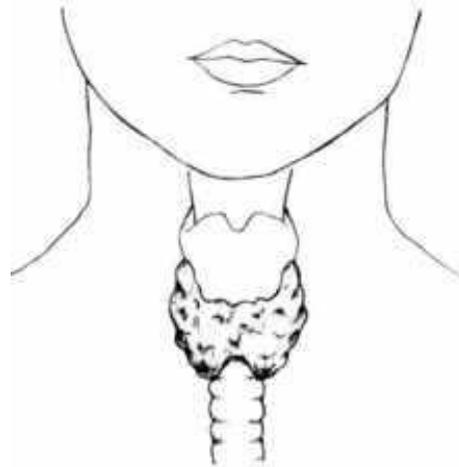
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ENDOCRINE SURGICAL UNIT

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Postoperative Instructions

Royal North Shore Hospital
Mater Hospital
Sydney Adventist Hospital
Hornsby Hospital
Baringa Hospital
Coffs Harbour Base Hospital

OPEN PARATHYROIDECTOMY

