

# Parathyroidectomy Risks and Benefits

## PARATHYROIDECTOMY INFORMED CONSENT Traditional and Minimally-Invasive Parathyroidectomy

Parathyroidectomy is an operation in which one or more parathyroid glands are removed. This operation is performed to control hyperparathyroidism (over activity of the parathyroid glands) which is either caused by a benign tumor of one or more of the glands (parathyroid adenoma) or generalized growth and over activity of all of the glands (parathyroid hyperplasia).

In rare instances surgery is performed on the parathyroid glands in order to remove a parathyroid cancer. Hyperparathyroidism is associated with loss of calcium from the bones (osteoporosis) elevated serum calcium (hypercalcemia) generalized weakness and fatigue lethargy kidney stones stomach ulcers joint aches and pains and constipation. Any operation has general risks including reactions to the anesthetic excess scar formation Lung infections blood clots heart and circulation problems and wound infection.

In addition there are specific risks associated with parathyroid surgery as follows:

- Post-operative bleeding may cause swelling in the throat and difficulty breathing due to pressure on the windpipe. It is usually fixed by a further operation to remove the blood clot
- Injury to the laryngeal nerves may cause hoarseness of the voice. This is usually temporary but may be permanent in up to 1% of cases. It may improve with speech therapy or further surgery to the vocal cords. If you are a singer or public speaker any surgery to the thyroid may cause subtle long-term changes to your performing voice.
- Postoperatively the calcium level in the blood may drop (hypocalcemia). It is treated with calcium and vitamin D tablets and usually improves in a few weeks.
- Even in the most expert hands up to 5% of parathyroid tumors cannot be found at operation and the blood calcium will remain elevated (persistent hyperparathyroidism). Sometimes after successful surgery one of the other parathyroid glands may also then become overactive and cause the blood calcium level to rise again (recurrent hyperparathyroidism).
- The ability to perform minimally invasive parathyroid surgery is dependent upon the preoperative localization studies. At the time of surgery, it may be necessary to perform a full parathyroid exploration. This may cause the incision size to be larger than initially anticipated.
- The diagnosis of primary hyperparathyroidism is based on the best judgment of your surgeon and endocrinologist. However, based upon the findings at surgery this diagnosis may need to be re-examined if after surgery an adenoma is not located.
- I/We have been given an opportunity to ask questions about my condition alternative forms of treatment risks of non-treatment the procedures to be used and the risks and hazards involved and I/We have sufficient information to give this informed consent.
- I/We certify this form has been fully explained to me/us and I/We understand its contents. I/We understand every effort will be made to provide a positive outcome but there are no guarantees.
- Patient / Legal Guardian: \_\_\_\_\_  
Date: \_\_\_\_\_ Time \_\_\_\_\_ Witness: \_\_\_\_\_

