



## SURGICAL CONSENT FOR PARATHYROIDECTOMY

**Diagnosis:** Hyperparathyroidism

**Name of Procedure:** Minimally Invasive Parathyroidectomy with Possible Neck Exploration

**Nature and Purpose of the Proposed Procedure:**

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. The minimally invasive parathyroidectomy approach is when a small incision is made on the neck over the site where the abnormal parathyroid gland is located and the tumor is removed.

**Ancillary Procedures:**

**Neck Exploration:** In almost all instances a minimally invasive parathyroidectomy is performed. A neck exploration only requires a slightly larger incision and may be necessary in certain circumstances:

1. The parathyroid hormone level does not decrease to a level acceptable to your surgeon indicating that you may have more than one parathyroid adenoma or parathyroid hyperplasia. This happens in approximately 10-20% of cases.
2. The single abnormal parathyroid gland was not definitively localized preoperatively necessitating a more thorough exploration. The preoperatively localized site of the abnormal gland was not confirmed surgically necessitating a more thorough exploration.
3. surgically necessitating a more thorough exploration.
4. Thyroidectomy: Thyroid nodules are sometimes found pre-operatively or intraoperatively necessitating a partial or total Thyroidectomy. Also parathyroid glands may be located within the thyroid capsule or gland, also necessitating a partial Thyroidectomy.

**Risks of Surgery:**

- **Injury to the recurrent laryngeal nerve** may cause hoarseness of the voice after surgery. This is usually temporary, but it may be permanent in up to 1% of cases.
- **Failure to find the parathyroid adenoma.** Even in the most expert hands up to 2% of parathyroid tumors cannot be found at operation. Although preoperative imaging of the abnormal parathyroid gland greatly improves the likelihood of finding this gland, there still remains a possibility that the abnormal gland will not be found.



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- **Persistent or recurrent hyperparathyroidism or hypercalcemia** may occur if the abnormal gland was not removed or if there was more than one abnormal parathyroid gland that remained undetected at the time of surgery. In a small percentage of cases the preoperative laboratory tests are not 100% definitive for primary hyperparathyroidism preoperatively although primary hyperparathyroidism is the most likely diagnosis. Surgical exploration is required to confirm or refute the diagnosis of primary hyperparathyroidism. In these cases a parathyroid tumor may not be localized.
- **Hypocalcemia and hypoparathyroidism** may occur when the remaining parathyroid gland(s) are not functioning properly. The remaining normal parathyroid glands are suppressed from the abnormal parathyroid adenoma secreting excess parathyroid hormone. When the tumor is removed the other glands may not function at a normal level. Symptoms can include numbness and tingling and this is treated with calcium and Vitamin D supplements. This is usually temporary, but it may be permanent in <1% of cases.
- **Wound related complications** include wound infection, pain at incision site, bleeding or scar hypertrophy.
- **Anesthesia related complications** include nausea and vomiting, heart and lung problems, blood clots and in rare cases death.
- **Bleeding may occur if you have an unforeseen clotting disorder.** You have been advised to avoid aspirin, ibuprofen, Coumadin, Plavix and any medication that may cause excessive bleeding for a period of one week preoperatively. If you require anticoagulation for a heart valve or other cardiac disorder you will need to see your cardiologist to put you on a preoperative and postoperative regimen and provide clearance.
- **Tobacco use, excessive alcohol use and obesity** can increase the risk of any surgical procedure or general anesthetic. Any of these factors may substantially affect healing and can result in an increase of major complications including pneumonia, wound infection, blood clots in the legs and lungs, or death.

I 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 have sufficient information to give this informed consent. I certify this form has been fully explained to me, and I understand its contents. I understand every effort will be made to provide a positive outcome, but there are no guarantees.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date