

Post- Operative Instructions for Parathyroid Patients

Use the App, and then Use it Again and Again

The Parathyroid Surgery Guide App has hundreds of pages of information for you. Everything on this sheet is in the app, as well as every question you could ask about your pain, what activities you can do, when to see your doctor, how much calcium to take, and what you should do about osteoporosis. The app is an amazing resource. The answers to thousands of questions are in the app!

Leaving the Hospital Today

You will be sent home as soon as you are ready to go. Most patients are ready to leave within two hours of the operation. Some patients may be kept overnight in the hospital, but this is very uncommon.

Your Calcium Levels

- Your blood calcium will drop after the operation. This happens when we remove an over-producing parathyroid gland/tumor.
- Your remaining parathyroid glands have been dormant (asleep) as long as your calcium has been high. It will take a week or 2 for these normal parathyroid glands to “wake up” and start controlling your calcium like they are supposed to.
- If you don’t take calcium pills the day of surgery, your calcium will go too low and you will have symptoms of LOW calcium.
- We prefer Citracal Maximum Plus or a generic equivalent. It is available in pharmacies & grocery stores, and is well-tolerated.
- You **must** take the calcium pills or you will develop symptoms of LOW calcium in the days after the operation. Few people get symptoms of low calcium, but if you do it starts about 3 days after the procedure.

Our typical calcium dosing schedule

- 5 calcium pills per day for the first week (spread them out throughout the day).
- 3 calcium pills per day for the second week (spread them out throughout the day).
- 2 calcium pills per day and a daily multivitamin after that.

We may adjust this dosing schedule – we will let you know this the day of surgery.
Each pill of Citracal Max contains 325 mg of calcium citrate and 500 IU of Vitamin D3.

The symptoms of low calcium

- Tingling around your mouth, lips, nose and cheeks.
- Tingling in your fingertips. Cramps in your hands/wrists.

Treating low calcium

Low calcium symptoms are not dangerous, as long as you take more calcium when you notice the symptoms. If you have symptoms of low calcium, take 2 extra calcium pills right away. If you still have symptoms 2 hours later, take 2 more. If you need more than 10 pills in a day, call one of us to discuss. We will tell you to take more, but we just want to know. We may change the regimen or the type of calcium. It is very rare for someone to need to go to an emergency room to check calcium.

How Long Will You be on Calcium Pills?

Everyone needs calcium after parathyroid surgery. We recommend calcium for at least 6 months to replace the calcium that has been lost from your bones. If you have osteopenia or osteoporosis then you probably need to be on calcium for years. Taking magnesium (about 400 mg / day) can help with cramps. There is lots about long-term calcium (and magnesium) in the app.

Emergencies

You can call our office at 813-972-0000, Monday-Friday, 9am-4pm to speak with our nurses.

In case of an emergency, you can call one of the doctors after hours. Start with the one that called you the night of surgery:

Dr. Mitchell: 813-534-0491

Dr. Ruan: 813-603-8915

Dr. Parrack: 813-530-6282

Dr. Norman: 813-340-2965

Dr. Carling: 813-540-2814

Dr. Rhodes: 814-397-3003



What to Eat

After the operation, you can eat whatever you want. If your doctor has previously told you to avoid calcium-containing foods, you can forget this now. Your throat may be sore, and cold drinks can help (ice cream works well, too).

Activities: Almost Anything: Check the App

As soon as you leave the hospital, you can do anything you want, with 3 exceptions:

- No driving yourself for 24 hours after the operation
- No airplane travel until the day after surgery
- No showering until the morning after surgery (keep your neck dry). Want to play tennis? It's covered in the app!

Your Wound and Stitches

- We use absorbable sutures for all patients, so there are no stitches to come out. They will dissolve over 1-2 months.
- You will have a small steri-strip on your wound. Keep this dry overnight, and then you can get it wet in the shower. Just pat it dry with a towel. You can swim in 48 hours.
- **Remove the steri-strip yourself in 7 days** – just peel it off.
- Your wound and bandage may get some little blood spots on it the first day or two. This is normal. It's covered in the app.
- The wound will be a little stiff and puffy/swollen for the first several weeks. Occasionally, it looks like a ping pong ball over or under the wound. This is OK—this is how it swells sometimes. When the sutures dissolve, the swelling will go down.
- More wound care items are in the app, but no worries, the scar will fade in the coming months down to a thin white line.

Pain Control

- Your neck will be sore after the operation. You might also feel sore in the back of your neck. This gets much better with every half hour after the operation.
- Most people get a small dose of a narcotic during the operation to assist in pain control, and then will get ibuprofen and acetaminophen in the recovery room. Very few people need narcotics after leaving the hospital, and we prefer to avoid narcotics due to the side effects (nausea, vomiting, sedation, etc).
- We recommend over-the-counter medications: ibuprofen (Advil, Motrin) and acetaminophen (Tylenol). Alternating ibuprofen and acetaminophen is usually the best method. You can also take other over-the-counter pain medications like Aleve instead of the ibuprofen.
- Most people can take 800 mg of Ibuprofen every 6 hours for the first day. You can take 500 mg of acetaminophen (an extra strength Tylenol) between the ibuprofen doses or at the same time. If you are using Aleve or another NSAID: Do not take that with ibuprofen! You can combine Aleve and Tylenol, but not Aleve and ibuprofen (because they are similar drugs).
- It is normal to feel some soreness for a few days. Cold drinks and warm drinks can help. It will get better with time.

Follow-Up

- You need to see your endocrinologist within 4-6 weeks. If you don't have one, then see your PCP.
- If you don't already have an appointment to see your endocrinologist or regular doctor, then you need to call them ASAP (call them today!) to make an appointment. You should see them for followup labs and an office visit in 4-8 weeks.
- You can see your endocrinologist or family doctor but if you have an endocrinologist, you should see them first because they will oversee your repeat lab tests as well as your vitamin D and osteoporosis management.
- Within a few days of your operation we will send a report to all of your doctors with a cover letter, a photo of your tumor(s), and a copy of your operative report and pathology report. The papers we send your doctors will describe everything we found, everything that happened, and how we addressed the problem. They will have everything they need to manage you now and in the coming months and years as you get back to a more healthy, happy life.

For your Physicians: On Post-Op Visit

- There are no stitches to remove. Most wounds have a little swelling, but this will go away.
- We like to check calcium and PTH levels 6 to 8 weeks after the operation.
- You should already have received a report from our office. If you have not, please contact us at 813-972-0000 so we can get those to you.
- We recommend that patients stay on calcium and Vitamin D for at least 6 months after surgery, but longer for patients with osteopenia or osteoporosis.