

Post-Operative Instructions for Parathyroidectomy

Incision: Please keep the incision dry until the stitches are removed, then gently wash the incision with soap and water 2-3 times a day as needed. After washing, please apply a thin film of an antibacterial ointment (e.g. Polysporin). Please avoid any activity that pulls across the incision such as shaving across the incision for at least 2 weeks; the rest of the face may be shaved. The stitches will be removed 1-2 weeks after surgery.

Drain: Some patients are discharged with a thin drain tube and oval collecting reservoir called a grenade. Please empty the grenade and record the amount of fluid whenever the grenade looks half full or at least 2 times a day. Discard the fluid down a sink or toilet; do not save it.

Head of Bed: Please elevate the head of your bed 30-45 degrees or sleep in a recliner at 30-45 degrees for the first 3-4 days to decrease swelling. The skin above the incision may look swollen after lying down for a few hours. Elevating the head is crucial when both sides of the neck have been dissected to avoid a swollen, puffy neck.

Bleeding and Bruising: Oozing from the skin may occur that causes a slow drip of blood. Simply apply 15-20 lbs. of gentle pressure to the wound with a clean paper towel or wash cloth for 15-20 min. If the swelling is raised an inch higher than the surrounding area, call (503) 581-1567 for instructions. You may change any dressing as needed.

Fever: A low-grade temperature of 100 degrees and even an occasional elevated temperature above 101.5 degrees are common. Should you have a temperature of 101 degrees or higher, take a deep breath and cough (once or twice) every 15-30 minutes and increase your fluid intake. Deep breathing and coughing opens the lungs and reverses a common cause of elevated temperature. If your elevated temperature persists 1-2 hours, call our office for further instructions. Please measure your temperature. Patients will often think they have an increased temperature because they feel warm.

Nausea and Vomiting: Nausea and vomiting are common during the first 24 hours after surgery. Narcotic medication may increase the nausea and vomiting. Please try to reduce the narcotic pain medicine as much as possible, either by reducing the amount given or lengthening the time between doses. One may try to skip one dose of narcotic and use just a full dose of plain acetaminophen (e.g. Tylenol) or ibuprofen (e.g. Motrin). The patient may also try to eat some simple, non-fatty food with the next dose of narcotics. If nausea and vomiting is excessive or persistent, call our office for further instructions.

Pain Management: A realistic goal is to reduce the patient's pain to a manageable level, not to eliminate the pain. One cannot predict a patient's pain level or the necessary dose of pain medicine, as they must approach each patient in a stepwise fashion for pain management. Specifically, when acetaminophen and/or ibuprofen do not lower the pain enough, then start with a lower dose of narcotic, and increase the dose if pain remains uncontrolled, or decrease the dose if the medication's side effects are too severe. Close monitoring of each patient for side effects of each medication is essential.

1. Try to use plain acetaminophen or plain ibuprofen before using the narcotics.
2. Always strive to either avoid the narcotics or give the lowest dose possible to control the patient's pain.
3. Give the narcotic AS NEEDED but not more often than it states on the bottle.

4. Do not give the narcotics “automatically around the clock” if the patient has minimal pain.
5. Never wake up a sleeping patient to give them narcotics.
6. Avoid combining narcotics with another sedating drug: e.g. alcohol, sleeping pills, MUSCLE RELAXANTS or anti-anxiety pills (e.g. Valium and Xanax), antihistamines (e.g. Benadryl) unless instructed by your doctor.
7. Start with the lower dose that is prescribed and take additional medication only if the pain is still not adequately controlled 45 minutes after taking the first dose. For example, if the prescription reads “1-2 tablet every 4 – 6 hours as needed for pain”, then start with 1 narcotic capsule on the first dose. If the pain is not adequately controlled in 45 minutes, add a second narcotic tablet.
8. Every day, try to decrease the total amount of narcotic medication given, by:
 - a. increasing the time between doses
 - b. decreasing the amount used each time
 - c. substituting plain acetaminophen or ibuprofen for the narcotic
9. Observe for unusual sleepiness, confusion, difficult or noisy breathing. If these occur, stop all narcotics and call WENT MD on call at 503-581-1567 or go to Salem Emergency Room if the office is closed.
10. Always measure the amount of liquid narcotic with a syringe or a marked medicine cup. Spoon sizes are not reliable.
11. Record the medication given with the date and time on the same piece of paper. This helps reduce medication errors.

Constipation: Isolated constipation may be caused by narcotics, lack of fiber in your diet or high calcium levels. If you experience constipation or abdominal cramping, try to reduce the narcotics, increase fiber in your diet, stop any calcium supplements or calcitriol and call our office in the morning for an order for a calcium blood level check.

Diet: Please start with a non-fatty, soft diet after surgery. You can gradually advance to your normal diet over a week.

Activity: Please avoid any activity that raises your blood pressure for one week, e.g. heavy lifting, strenuous exercise, etc. Please walk every 2 hours while awake to avoid leg clots.

Hypocalcemia: The patient may experience a low calcium level after surgery. Symptoms may include numbness (especially around the mouth) or abnormal muscle cramping. You may need to take vitamin D and calcium carbonate (e.g. OsCal D) or calcium carbonate (e.g. TUMS) along with a synthetic vitamin D (e.g. calcitriol) tablet after surgery. If you have numbness of face, hands, or feet, take 2 OsCal D tablets. If the symptoms do not resolve in 2 hours, call either our office or your endocrinologist. If no response, go Salem Emergency room and ask for an ionized calcium level and have the ER MD call us with the result. Call our office at 503-581-1567 or your endocrinologist if you have questions.

Hypercalcemia: May cause constipation, abdominal cramping, muscle weakness, or extreme fatigue. If these occur, stop all calcium tablets, vitamin D (Oscal D), calcitriol (e.g. Tums), then call the office or go to the Salem Hospital Emergency Room for an ionized calcium check.

INSTRUCTIONS REGARDING POST-OP CALCIUM AND VITAMIN D

1. You should have a blood draw to check ionized calcium, 25-OH vitamin D levels 6 months after surgery and then annually with your Primary Care Provider (PCP). Please have these results sent to your surgeon. There is no need to check your PTH unless the calcium level is elevated.
2. Maintaining normal levels of vitamin D and calcium after surgery will decrease the chance of recurrent hyperthyroidism.
3. You should start vitamin D 2000 IU daily and Oscal D2 daily after surgery.
4. Ask your PCP to adjust your daily intake of vitamin D and calcium according to your blood levels.

TO AVOID RUNNING OUT OF A NARCOTIC MEDICATION:

1. Please fill your narcotic prescriptions at a pharmacy that is open after hours and on weekends.
2. Call our office by 2 pm the day BEFORE you will need a refill to give us time to process your request. A FAMILY MEMBER MAY NEED TO DRIVE TO THE OFFICE TO PICK UP THE NARCOTIC PRESCRIPTION (DEA RULES). IF YOU ARE TAKING NARCOTICS, YOU CANNOT DRIVE. YOU COULD BE CITED FOR "DRIVING UNDER THE INFLUENCE".

Other Questions: For non-emergent questions, please call our office at 503-581-1567 between 9:00 am and 3:00 pm. Monday through Friday. For emergent question, please call our office and our answering service will page the doctor on call. We have a doctor on call 7 days a week.