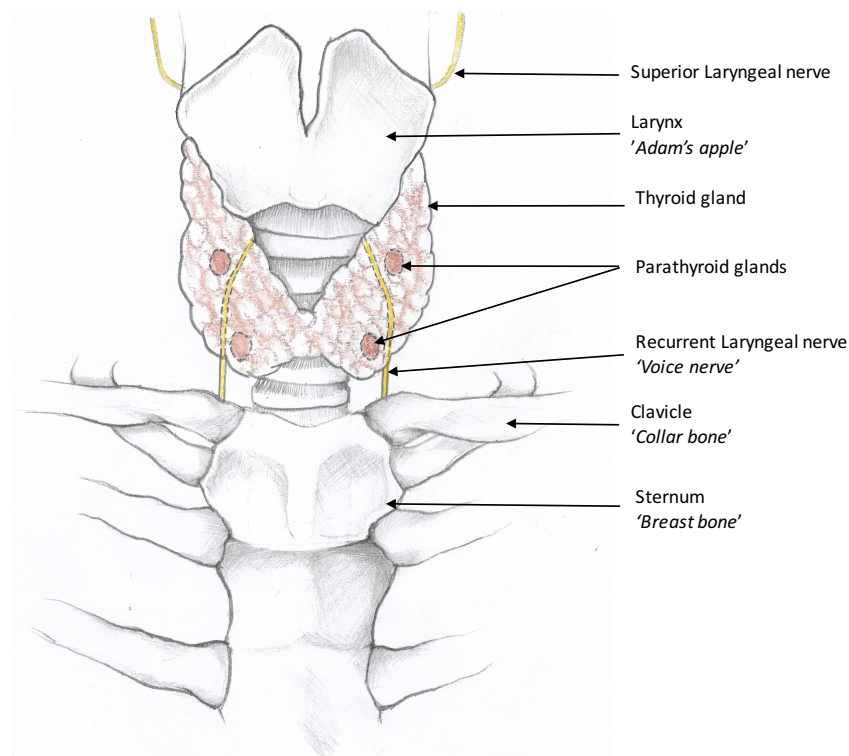


## Patient Information Leaflet P2

### POTENTIAL CONSEQUENCES OF PARATHYROID SURGERY

Parathyroid surgery is generally a safe procedure. The vast majority of patients undergoing an operation on the parathyroid gland have no complications. However, as with any surgical procedure, there are some risks associated with the operation and these should be fully explained to you by your surgical team.



### **Voice changes**

There are three possible reasons for such changes to occur:

#### *Injury to the recurrent laryngeal nerve(s)*

There are two recurrent laryngeal nerves, one on each side of the neck. They pass behind the thyroid gland and into the larynx (voice box) where they control movements of the vocal cords.

If “bruised”, the nerve does not work properly immediately after surgery but recovers and should return to normal function during the next few days or weeks. Sometimes, however, it can take up to a few months for the voice to return to normal.

Permanent damage to one of these nerves (risk: approximately 1 in 100) causes a hoarse, croaky and weak voice. The body usually adapts to the damage and symptoms may get better with time. If voice problems persist for more than three months you will be referred for voice therapy. Sometimes further specialist surgery is required to improve the voice.

Permanent damage to both nerves is *very* rare indeed but is a serious problem that may have to be treated by putting a permanent tracheostomy (breathing tube) into the windpipe in the neck.

#### *Non-specific voice changes*

Any operation on the neck can produce some change in the voice even when there is no injury to the nerves controlling movement of the vocal cords.

Fortunately this voice change is not normally noticeable and recovers within a few months of the operation. You might find your voice is slightly deeper and you might experience voice fatigue. This is significant mainly for those who use their voice for professional reasons.

#### **Low calcium levels**

In some cases, after parathyroid surgery, calcium levels may drop *too* low. This is almost always temporary whilst the body regains balance of calcium levels. Your surgical team will check for this postoperatively. If you feel tingling or spasms in your lips, fingers or toes after the operation, then this could be an indication that your calcium levels may be low, and you will need to seek attention from your GP or your surgical team. You may be prescribed calcium tablets temporarily.

### **Calcium Levels Remaining High Despite Surgery**

Occasionally, in around 3 to 5 operations out of every 100, the blood calcium levels remain high despite patients undergoing surgery. This indicates that the operation has not been successful in curing the condition. Your surgeon will now explain what happens next. This may involve repeating the tests and scans you have already had to see if further information may be gained. Occasionally, more involved tests are required, and if this is the case your surgical team will explain these to you.

### **Bleeding after the operation**

This is an uncommon complication that can lead to neck discomfort or, in more severe cases, breathing difficulties. Occasionally, patients will need to return to operating theatre and have further surgery to have the neck explored so that the cause of bleeding can be dealt with.

### **Neck Numbness**

Some patients may experience numbness around the surgery scar after their operation. This usually settles in the fullness of time.

### **Swallowing difficulties**

Following a neck exploration, you should be able to eat and drink normally, but some patients feel as though there is a lump in their throat as they swallow. This is common and will disappear in time.

### **Scar**

Sometimes the scar may be red for a few months after the operation before fading to a thin white line. It takes about six months to one year for the scar to reach its final appearance. Some patients may develop a thick exaggerated scar which is unsightly but this is very rare.

### **Wound infection**

Infection is not common but if it happens it can be treated with antibiotics.

### **Would swelling**

Some degree of swelling around the wound is normal following any type of surgery including parathyroid operations.

### **Risks of General Anaesthesia**

Modern anaesthesia is very safe and serious problems are uncommon. All anaesthetists in the UK are fully qualified doctors with specialist training.

It is not uncommon after an anaesthetic for some patients to feel sick and for some to vomit. Certain people are more prone to this problem, and your anaesthetist will give you medication that decreases the chance of this happening. Other problems that can occur include sore throat, dizziness, blurred vision, headache, itching, aches, pains and backache. These problems tend to get better within a few hours of waking up.

Less common problems (1 in 1000 patients) include development of a chest infection (particularly in those who already have chest complaints), muscle pains, damage to teeth, lips or tongue, or the worsening of an existing medical condition.

Very uncommon problems (1 in 10,000 patients) include damage to the eyes, a serious drug allergy and nerve damage. The risk of awareness (remaining conscious) whilst under a general anaesthetic is very uncommon (also 1:10,000). When awareness does occur, it is typically for a short period prior to the operation commencing. It is extremely rare to be conscious during the operation.

The risk to you as an individual will depend on whether you have any other illness, personal factors (such as smoking or being overweight) or surgery that is complicated, takes a long time or is done in an emergency.

Please discuss any pre-existing medical conditions with your anaesthetist. In certain situations your anaesthetist may want to see you a few weeks before your admission date to make sure there are no problems that need dealing with before your operation.

For more information about risks associated with your anaesthetic you can either contact your Anaesthetist through your surgical team or visit the Royal College of Anaesthetists website at [www.rcoa.ac.uk](http://www.rcoa.ac.uk).

The British Association of Endocrine & Thyroid Surgeons is indebted to Dr Adam Dobson Consultant Anaesthetist, University Hospital of South Manchester who helped in the production of this leaflet

#### Disclaimer

The advice in this leaflet is believed to be true and accurate at the time of going to press.

Ultimately, the responsibility for obtaining informed consent from you for a surgical procedure lies with your surgical team and not with the British Association of Endocrine & Thyroid Surgeons (BAETS).

BAETS cannot accept any legal responsibility for the contents of this leaflet which is produced in good faith.