

Patient agreement to investigation or treatment

Parathyroidectomy: Removal of the parathyroid glands of the neck because of primary hyperparathyroidism (HPT)

Authors: The Surgical Endocrine Department

Brief description:

- The parathyroid glands are small glands usually situated behind the thyroid gland at the base of the neck. In primary hyperparathyroidism, your parathyroid glands become overactive, producing too much parathyroid hormone (PTH). To correct this problem, you have been recommended an operation to remove one or more of your parathyroid glands.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure (operation/treatment). We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

Please bring this form with you to hospital

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke's website: <http://www.addenbrookes.org.uk/consent>
- Remember, you can change your mind about having the procedure at any time.

For staff use:

Does the patient have any special requirements? (For example, requires an interpreter or other additional communication method)

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About parathyroidectomy

The parathyroid glands are small glands usually situated behind the thyroid gland at the base of the neck. They produce parathyroid hormone (PTH), which controls the level of calcium in the blood. Good control of blood calcium levels is important for the proper functioning of the brain and nervous tissue and the maintenance of healthy bones. There are normally four parathyroid glands, which are usually situated close to the thyroid gland. Their function is completely unrelated to that of the thyroid.

In primary hyperparathyroidism, one or more of your parathyroid glands has become overactive, producing too much PTH. This leads to high blood calcium levels which have various damaging effects. A surgical operation, known as a parathyroidectomy, to remove these overactive glands, has been recommended to you.

Before your procedure

- Most patients attend a pre-admission clinic, when you will be seen by a member of the Surgical Endocrine Team, and a specialist nurse.
- At this clinic, we shall ask you for details of your medical history and carry out any necessary clinical examinations and investigations. This is a good opportunity for you to ask us any questions about the procedure, but please feel free to discuss any concerns you might have with the staff present, either while you are in outpatients or on the ward.
- You will be asked if you are taking any tablets or other types of medication - these might be ones prescribed by a doctor or bought over the counter in a pharmacy. It helps us if you bring details with you of anything you are taking (for example, bring the packaging with you).
- This procedure involves the use of general anaesthetic. Further information on your anaesthetic can be found on page four of this document.
- The majority of cases are performed in the Day Surgery Unit. Sometimes we can predict whether you will need to stay for longer than usual - your doctor will discuss this with you before you decide to have the procedure.

During the procedure

- We will give you a general anaesthetic, which means you will not be conscious during the operation.
- During your operation the surgeon will attempt to find and remove the abnormal parathyroid gland or glands and identify, inspect and possibly take samples from the other parathyroid glands. In about 1 in 20 patients, abnormal glands may not be found at the time of the operation. One reason is that the gland may be small or hidden so that it cannot be found or seen. Another reason may be that the gland lies not in the neck, but in the chest. If that is the case, you may need another operation for it to be removed.

After the procedure

- You will wake up in the recovery room after your operation. You might have an oxygen mask on your face to help you breathe. You might also wake up feeling sleepy.
- After this procedure, most people will have a small, plastic tube in one of the veins of their arm. This might be attached to a bag of fluid (called a drip), which feeds your body with fluid until you are well enough to eat and drink by yourself.
- While you are in the recovery room, a nurse will check your pulse and blood pressure regularly. When you are well enough to be moved, you will be taken to a ward.
- Sometimes, people feel sick after an operation, especially after a general anaesthetic, and might vomit. If you feel sick, please tell a nurse and you will be offered medicine to make you more comfortable.
- **Eating and drinking:** How quickly you return to a normal diet will depend on how you feel. Most patients recover their appetite very quickly.
- **Getting around and about:** After this procedure, we will try to get you mobile (up and about) as soon as we can to help prevent complications from lying in bed.
- **When you can leave hospital:** The time that you stay in hospital will depend on how quickly you recover from your operation, the type of operation, and your doctor's opinion. The majority of cases are currently performed in the Day Surgery Unit. If you are admitted to the ward you will normally be discharged within three days.
- **When you can resume normal activities including work:** You can usually begin gentle work within a week or two, but you might need to wait a little longer before resuming more vigorous activity.
- **Special measures you need to take after the procedure:** From the situation of having too high a level of calcium before the operation, the calcium level in your body often falls to quite a low level shortly after the operation. This is because the other glands have become lazy or under active. The other glands will recover their normal function quite quickly but you may require calcium and vitamin D tablets temporarily after the operation to boost the level of calcium in the body.
- **Check-ups and results:** You will be given a date to return to clinic for the results of your surgery. Any further treatment, if recommended, will be discussed with you then.

Intended benefits of the procedure

- Operations to correct HPT are intended to cure or reduce your symptoms that are caused by the HPT. Your surgeon or medical doctor will discuss with you the reasons why you have been referred for this surgery and their expectations of improvement in your symptoms. Parathyroidectomy may be effective at controlling the HPT and reducing future damage but may not necessarily improve your current symptoms.

Who will perform my procedure?

- This procedure will be performed by a consultant surgeon or an endocrine surgical trainee under supervision.

Alternative procedures that are available

- Usually patients will have tried medication for their symptoms. The alternative to this surgery is to decide not to have surgery.

Serious or frequently occurring risks

- **Scarring:** Surgery of the parathyroid glands is undertaken through a scar, which usually follows a natural crease in the neck. Usually it heals quite well leaving only a thin line but in some people the healing leaves a scar which is more coloured and thicker than the normal scar. This is not normally predictable but if you have any other scars that have not healed well, please tell the surgical team.
- **Voice change:** There are small nerves to the voice box which pass close to the parathyroid glands and may be damaged however carefully the operation is done. The effect of damage to one of these nerves is a weak or husky voice. These changes normally improve with time and the chance of you having a permanently abnormal voice is less than one in a hundred, (this means that less than 1%).
- **Other complications:** Like any other operation, minor complications such as infection and bleeding can occur.

We wish to emphasise that these potential side effects and complications are exceedingly rare, but we believe it is best to inform you of these rather than have you develop a complication without being forewarned.

Information and support

- You might be given some additional patient information before or after the procedure, for example: leaflets that explain what to do after the procedure and what problems to look out for.
- If you have any questions or anxieties, please feel free to ask a member of staff including Mr Wishart by contacting his secretary on 01223 216315 (Monday – Friday 09:00 to 17:00).
- Further information may be obtained about your condition by visiting the British Association of Endocrine Surgeons (BAES) website (<http://www.baes.info>).

Day case anaesthesia

Many operations these days are carried out as day cases. This means you will come into hospital on the day of the operation, often only a short time before it is due to start. Sometimes you will be seen preoperatively for assessment, which is important because some people are not fit enough for day care. You will usually be seen by your anaesthetist on the admission day, in the day care ward.

Take all your normal drugs on the day of operation (unless they are diabetic drugs - do not take them): it is OK to take a sip of water to wash tablets down. The hospital will tell you when to stop eating and drinking before the operation: be sure to follow those instructions, or your operation may be cancelled.

It is not usual to have a premed for day care operations, as these can slow recovery.

Most day case operations are more minor, and usually do not require major pain killers afterwards. However, you may need tablets, and it is important that you have some sort of pain killers at home. If you have not, the hospital should give you a supply to take with you.

Sometimes patients do have quite a bit of pain after day case operations, and may feel sick. Do not expect to feel normal straight away, and do not plan anything important for the evening after your day case operation. Occasionally the pain or sickness is severe enough for you to be kept in hospital, though that is unusual.

What are the risks of general anaesthesia?

In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. 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 which is complicated, long or done in an emergency. Please discuss any pre-existing medical condition with your anaesthetist.

- Very common and common side effects (1 in 10 or 1 in 100 people)
Feeling sick and vomiting after surgery, sore throat, dizziness, blurred vision, headache, itching, aches, pains and backache, pain during injection of drugs, bruising and soreness, confusion or memory loss.
- Uncommon side effects and complications (1 in 1000 people)
Chest infection, bladder problems, muscle pains, slow breathing (depressed respiration), damage to teeth, lips or tongue, an existing medical condition getting worse, awareness (becoming conscious during your operation).
- Rare or very rare complications (1 in 10,000 or 1 in 100,000)
Damage to the eyes, serious allergy to drugs, nerve damage, death, equipment failure.



We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or

patient.information@addenbrookes.nhs.uk



Document history

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For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.**

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

Please read the following:

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

I understand that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

I understand that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

I understand that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

Please tick boxes to indicate you either agree/disagree to the three points below. **Yes** **No**

I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research.** **If you wish** to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.

I agree to the use of photography for the purpose of diagnosis and treatment.

I agree to anonymised photographs being used for medical teaching.

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

Patient's signature: **Date:**

Name (PRINT):

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

Witness' signature: **Date:**

Name (PRINT):

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature Date:

Name (PRINT): Job Title:

