

# Patient agreement to investigation or treatment

## Parathyroidectomy: Removal of the parathyroid glands of the neck because of renal hyperparathyroidism (RHPT)

**Authors:** The Surgical Endocrine Department

**Brief description:**

- In renal hyperparathyroidism, your parathyroid glands become overactive, producing too much parathyroid hormone (PTH). You have been recommended a surgical operation known as parathyroidectomy to remove all or most of the 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 renal hyperparathyroidism (RHPT)

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 some patients with kidney disease, a complex sequence of events can cause the parathyroid glands to become overactive and produce too much PTH. This leads to an excess of calcium in the blood, most of which is drawn from the bones. This sequence of events is known as renal hyperparathyroidism (RHPT). RHPT can persist even when the original damage to the kidney has been corrected, for example: by dialysis or by kidney transplantation.

## Before your procedure

- Most patients attend a pre-admission clinic, when you will meet 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 five of this document.
- You will normally stay in hospital overnight in preparation for the operation the next day. You will then stay in hospital for three to five days after the operation. 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.
- Your surgeon will explain the technical details of the operation to you. 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. This happens very rarely. 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.
- You will have a small plastic tube in one of the veins in your neck. This will allow sampling of blood for 'calcium levels' and a way of giving calcium if necessary.
- 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. Usually, you will be able to go home five days after the operation.
- **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.
- **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 RHPT are intended to cure or reduce your symptoms that are caused by the RHPT. Your surgeon and/or renal physician will discuss with you the reasons why you have been referred for this surgery and their expectations of improvement in your 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

- The treatment of RHPT is by medication in the first instance. This is not always effective and, sometimes, it becomes necessary to surgically remove all of the parathyroid glands.

## Serious or frequently occurring risks

- **Scarring:** There will be a scar, which usually follows a natural skin crease low down on the front of the neck. The scar can become relatively thick and red for a few months after the operation, before fading to a thin white line. Very rarely, some patients develop a thick, exaggerated scar but this is uncommon and usually responds well to treatment.
- **Voice change:** There are small nerves to the voice box which pass close to the parathyroid glands and can 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 less than 1%).
- **Other complications:** Like any other operation, complications such as infection, bleeding, etc can occur.
- **Symptoms recur after the operation:** Parathyroidectomy can be effective at controlling the RPHT and reducing future damage to your bones. It might not, however, improve your current symptoms or restore any damaged bones. You will still need to have renal replacement therapies such as dialysis. Even after successful surgery, in most people, the reason why you have parathyroid overactivity remains. It is often quite difficult to locate and remove all of the parathyroid gland tissue. There is also a risk that any parathyroid gland tissue that remains in your body might enlarge and lead to a recurrence of your symptoms.
- **Need for further operations:** About 10% of patients who undergo parathyroidectomy for RHPT will require a further operation on the parathyroid glands in the future.
- **Need for medication to control calcium levels:** In other patients, parathyroidectomy might remove successfully all the functioning parathyroid tissue but you will need continuing medical treatment to sustain a normal blood calcium level. Unfortunately, we cannot predict in advance what the long-term result of this parathyroidectomy operation will be on your blood calcium levels. We do know that in the majority of patients the operation will be beneficial overall.

## 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 9am-5pm).
- Further information may be obtained about your condition by visiting the British Association of Endocrine Surgeons (BAES) website (<http://www.baes.info>).

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## General anaesthesia

### Before your operation

Before your operation your anaesthetist will visit you in the ward, although occasionally this will happen in a pre-anaesthetic assessment clinic. The anaesthetist who looks after you on the day of your operation is the one who is responsible for making the final decisions about your anaesthetic. He or she will need to understand about your general health, any medication that you are taking and any past health problems that you have had. Your anaesthetist will want to know whether or not you are a smoker, whether you have had any abnormal reactions to any of the drugs or if you have any allergies. They will also want to know about your teeth, whether you wear dentures, have caps or a plate. Your anaesthetist needs to know all these things so that he or she can assess how to look after you in this vital period. Your anaesthetist may examine your heart and lungs and may also prescribe medication that you will be given shortly before your operation, the pre-medication or 'pre-med'.

**Pre-medication** is the name given to medication (drugs) given to you some hours before your operation. These drugs may be given as tablets, injections or liquids (to children). They relax you and may send you to sleep. They are not always given.

Do not worry if you do not have a pre-med, your anaesthetist has to take many factors into account in making this decision and will take account of your views on the topic if possible. Do not be worried about your anaesthetic. When your anaesthetist visits you before your operation, this is the time to ask all the questions that you may have, so that you can forget your fears and worries.

Before your operation you will usually be changed into a gown and wheeled to the operating suite into an anaesthetic room. This is an ante-room outside the theatre. The anaesthetist, his or her assistant and nurses are likely to be present. An intravenous line (drip) may be inserted. Monitoring devices may be attached to you, such as a blood pressure cuff or a pulse oximeter. A pulse oximeter is usually a little red light in a small box, which is taped to your finger. It shows how much oxygen you have in your blood and is one of the vital monitors that an anaesthetist uses during your operation to ensure that you remain in the best of health. You may be given some oxygen to breathe.

### During your operation

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you in the correct level of unconsciousness for the period of the surgery. Your anaesthetist is constantly aware of your condition and trained to respond. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement. If you have any other medical conditions, your anaesthetist will know of these from your pre-operative assessment and be able to treat them during surgery.

## After your operation

After your operation your anaesthetist continues to monitor your condition carefully. You will probably be transferred to a recovery ward where specially trained nurses, under the direction of anaesthetists, will look after you. Your anaesthetist and the recovery nurses will ensure that all the anaesthetic effects are reversed and that you are closely monitored as you return to full consciousness. You may be given some oxygen to breathe in the recovery area, and may find that intravenous drips have been inserted whilst you are unconscious in theatre and that these will be replacing fluids that you might require.

You are likely to feel drowsy and sleepy at this stage. Some patients feel sick, others may have a sore throat related to the insertion of the breathing tube during surgery. During this time it is important that you relax as much as you can, breathe deeply, do not be afraid to cough, and do not hesitate to ask the nursing staff for any pain relief, and about any queries you may have. You are likely to have hazy memories of this time and some patients experience vivid dreams.

## 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](mailto:patient.information@addenbrookes.nhs.uk)



### Document history

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# Consent Form (Adults)

Patient agreement to  
investigation or treatment

<b>For staff use only:</b> Surname: First names: Date of birth: Hospital no: Male/Female: (Use hospital identification label)
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Responsible health professional/job title

Special requirements .....  
(For example, other language/other communication method)

**Name of proposed procedure or course of treatment**

**Parathyroidectomy: (due to renal hyperparathyroidism)  
Side (left/right).....**

**Statement of health professional**

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- The intended benefits of the procedure: to cure or reduce your symptoms that are caused by the RHPT .....
- Any serious or frequently occurring risks from the procedures including those specific to the patient: Scarring, voice change, infection, bleeding can occur, symptoms recur after the operation, need for further operations and need for medication to control calcium levels.....

- Any extra procedures that might become necessary during the procedure

Blood transfusion  Other procedure (please specify) .....

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- The following information leaflet has been provided: Parathyroidectomy (RHPT).....  
..... Version/Date/Ref: 5/November 2010/CF163 .....

This procedure will involve:

General and/or regional anaesthesia  Local anaesthesia  Sedation

Health professional's signature: .....Date: .....

Name (PRINT): ..... Job title: .....

Contact details (if patient wishes to discuss details later)

I have offered the patient information about the procedure but s/he has declined information.

**Statement of the interpreter (if appropriate)**

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:

Interpreter's signature..... Date: .....

Name (PRINT): .....

**Important notes: (tick if applicable)**

- The patient has withdrawn consent (ask patient to sign/date here) .....
- See also advance directive/living will (eg Jehovah's Witness form)

Copy accepted by patient: yes / no (please circle)

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

**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:** .....