



**Clinical Associate Professor
Mark Sywak FRACS**

**POST-OPERATIVE
INSTRUCTIONS
MINIMALLY INVASIVE
PARATHYROIDECTOMY**

LOCATIONS:

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Minimally Invasive Parathyroidectomy

Wound Care: Your wound will be covered with tape, which should be left in place for about 2 weeks. The tape will be removed at your first postoperative visit. You may notice some dried blood under the tape but that is of no concern. You can wash and shower with the tape in place and even get it wet. Once removed or fallen off, the tape needs to be replaced and you will need to change it every 2 or 3 days for the next 2 to 3 months in order to get the best possible cosmetic result. The preferred tape is narrow, flesh coloured Micropore or Cica-care (Silicon tape) which can be obtained from your chemist.

Activities: You should generally restrict vigorous activities for 1 to 2 weeks after surgery. Activities which involve turning the head suddenly, such as driving, lifting over 10kg from the ground up and gym workouts. Commonsense is the best way to avoid straining your neck.

Local symptoms: A variety of local symptoms are common for several weeks after surgery including tightness, choking or having to force down food. Headaches and tiredness are also common as is weakness of the voice with prolonged use. Occasionally a symptom may last for months. Swelling of the neck around the wound is also common and may benefit from daily massage with Bio Oil or Vitamin E cream. Numbness of the skin above the wound may be present and may last for many months.

Late Complications: The only delayed complication of concern is wound infection. This may have occurred if the wound becomes very red, hot and more swollen. If that occurs you must seek attention from your local doctor straight away who will arrange for you to have antibiotics.

Follow-up: Generally your follow-up will consist of:

- 1 A visit at 1 to 2 weeks after surgery to have the tape removed & pathology discussed. If you do not have a post-operative appointment you will need to ring the office to make an appointment.
- 2 A second follow-up consult at 3 months if needed.

Country Patients: If you are unable to return to Sydney for follow-up, it may be possible for the tape to be changed and for your follow-up to be undertaken by your local doctor. We would need to confirm these arrangements before you leave the hospital.

Calcium Supplements: The calcium level falls to normal very quickly after successful parathyroid surgery. Sometimes this fall is associated with symptoms such as tingling around the mouth and in the hands and, very occasionally, cramping of the hands and feet. A temporary drop in calcium levels below normal also sometimes occurs. The calcium level is checked in hospital and if it is normal, you will generally not need calcium supplements. If the calcium level is low, you will be sent home on calcium supplements. You will then need to see your local doctor every week after discharge to have a blood test and to have the calcium levels checked. If, at each visit, the calcium level in the blood is normal, then the dose needs to be reduced according to the protocol below. Please give this protocol to your local doctor.

If you have any problems, following your thyroid surgery, you should contact Associate Professor Sywak or your local doctor.

IF YOU HAVE BEEN DISCHARGED ON CALCIUM AND/OR ROCALTRON MEDICATION, PLEASE DETACH THIS PAGE AND GIVE IT TO YOUR DOCTOR ONE WEEK AFTER DISCHARGE

Dear Doctor:

Your patient has been discharged on calcium supplements following their thyroid surgery. They have been asked to see you on a weekly basis to have their serum calcium level checked and their medication reduced according to the protocol:

If your patient is just on Caltrate tablets:

On discharge they will normally be on:
2 Caltrate twice a day

If calcium is normal at one week reduce to:
1 Caltrate twice a day

If calcium is normal the next week reduce to:
1 Caltrate daily

If calcium is normal the next week:
Cease Caltrate

If your patient is on Caltrate + Rocaltrol:

On discharge they will normally be on:
2 Caltrate twice a day + 2 Rocaltrol twice a day

If calcium is normal at one week reduce to:
1 Caltrate twice a day + 1 Rocaltrol twice a day

If calcium is normal the next week reduce to:
1 Caltrate daily + 1 Rocaltrol daily

If calcium is normal the next week reduce to:
1 Caltrate daily

If calcium is normal the next week:
Cease Caltrate

DOCTOR, IF YOU HAVE ANY QUESTIONS OR CONCERNS PLEASE CONTACT MARK SYWAK AS LISTED ON THE OVER LEAF

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