



## Parathyroid Post-Operative Care

### Expectations

- The area around the incision will have some swelling and bruising that tends to peak 3 days after surgery.
- It is common to feel swelling and full-ness in the neck for several weeks after the surgery.
- The breathing tube used during surgery, can cause some irritation of the vocal cords. You may have a slightly hoarse or weak voice after surgery. This typically resolves after 1-2 weeks.
- Prepare to spend at least one night post-operatively. Your calcium level will be monitored to ensure that it stabilizes at an appropriate level.

### Activity

- Most patients can return to work 1-2 weeks after surgery; this depends on the nature of your work. It may take longer to return to more physically demanding work and less time if you do more sedentary work.
- You may begin driving when you can comfortably turn your neck from side to side and you are no longer taking narcotic pain medications (hydrocodone or oxycodone).
- Avoid exercise or athletics until you have seen your doctor post-operatively and you have been given the okay.
- Avoid heavy lifting (>10 lbs).
- Bedrest is not necessary after surgery. Remaining active and mobile will help to expedite your recovery.

### Calcium

You may be sent home on supplemental calcium. This will depend on your parathyroid hormone levels and calcium levels after surgery.

### Diet

- It is common to have a temporary sore throat and pain with swallowing. This is related to the breathing tube used during surgery. You may need a softer or easily swallowed diet for a few days. You can return to your regular diet as tolerated.
- Immediately after surgery, you will be started on clear liquids. If you tolerate this without nausea and vomiting, your diet will be advanced.

### Wound Care

- The dressing overlying your incision can be removed 24 hours after surgery.
- You may shower and get the incision wet 48 hours after surgery.
- Pat the incision dry when it gets wet.
- The incision may feel itchy and uncomfortable. Try to avoid rubbing or scratching the incision.
- The incision will initially look like a ridge of tissue. The manner in which the incision is closed, is done to pro-mote a good long term result. This ridge of tissue gradually settles down and most patients have an excellent cosmetic result.

### Medications

- You may resume your preoperative medications unless otherwise specified by your doctor.
- Pain control
  - o You have been provided with a prescription for a narcotic pain medication (hydrocodone/ acetaminophen or oxycodone/ acetaminophen). There are plenty of patients who never need to take this medication. It may be needed for the first few days or up to a week after surgery.
  - o This medication can cause constipation, so start a stool softener (Miralax, Colace, or Senokot) while taking this medication.
  - o Many patients only need ibuprofen or acetaminophen (Tylenol) after surgery for pain control. You can take 400 mg of ibuprofen every 8 hours.
  - o You can also use Tylenol or acetaminophen but do not take this if you are taking hydrocodone/ acetaminophen or oxycodone/ acetaminophen. The maximum daily dose of Tylenol (acetaminophen) is 3000mg from all sources.

**Follow-up**

You will be scheduled for a follow-up 7-10 days after surgery for suture removal. The pathology results from the surgery will be discussed at this appointment.

*Call Lakeside ENT & Allergy at 585-394-8800 if you develop any of the following symptoms:*

- Difficulty breathing or talking
- Excessive drainage or bleeding from the incision
- Excessive swelling of the neck
- Concern for infection with pain and redness at the incision site and/or fever >101.5
- Numbness or tingling of your fingers or mouth that does not resolve after 30 minutes.