Patient & Family Guide

2026

Parathyroidectomy and Kidney Disease

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Notes:

Parathyroidectomy and Kidney Disease

What is a parathyroidectomy?

- A parathyroidectomy is a surgery that removes your **parathyroid glands**.
- Your parathyroid glands are in your neck (usually on the back of your thyroid gland). They help to control your blood calcium and phosporus levels.
- **Hyperparathyroidism** is when 1 or more of your parathyroid glands make too much parathyroid hormone. If this happens, you will need a parathyroidectomy.

Medication Chart

Please show this chart to your local pharmacist(s) and primary health care provider.

Valid as of: (YYYY/MM/DD) _____ Time (hh/mm) _____

Pharmacist : _____ Primary health care provider : _____

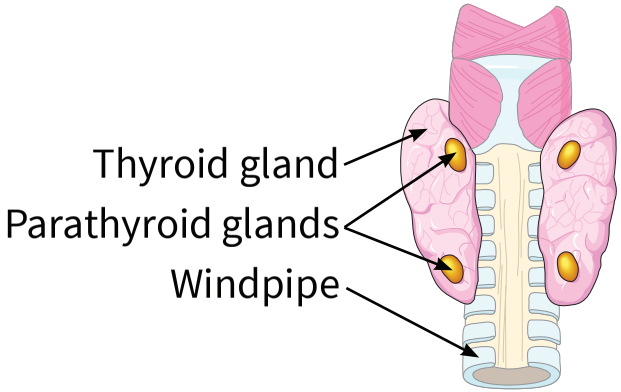
Allergies: _____

Medications	**Directions for use**	**Comments**	**Bkfast**	**Lunch**	**Supper**	**Bed**
Calcium carbonate (Tums® Extra Strength) Other:		**Calcium supplement**				
Calcitriol (One-Alpha®) Other:		**Activated vitamin D**				

Notes:

- Try to take your medication(s) at the same time each day.
- Make sure you or your pharmacist updates this schedule if your medication(s) changes.
- Check with your pharmacist or primary health care provider **before** taking over-the-counter medications (like cough or cold medications).

- Most people have 4 parathyroid glands. Your surgeon will usually take out all 4 glands, but they may leave 1 if they think it is right for you.
- To remove the glands, your surgeon will make a small incision (cut) above your collarbone.



(This view is from the back of the neck.)

What are the possible complications?

Anesthesia

- You will have **general anesthesia** (medication to put you to sleep for surgery). General anesthesia is very safe, but there are some risks. The anesthesiologist (doctor who gives you anesthesia) will explain these risks to you.

If you have these symptoms while you are at home, go to the nearest Emergency Department right away.

- Tell staff at the Emergency Department that you have had your parathyroid glands removed.
- Bring all of your medications in their original containers, or a list of your medications.

Go to the nearest Emergency Department right away if you have any of these symptoms:

- Fever (temperature above 38 °C or 100.4 °F)
- Trouble breathing
- Bleeding from your incision
- Swelling at the incision site that is getting worse
- Drainage from the incision site

Your calcium may be out of balance if you have any of the following symptoms.

Symptoms of low calcium:

- Tingling or numbness in your hands or feet
- Numbness around your mouth
- Muscle spasms
- Confusion or not being able to think clearly
- Irregular heartbeat

Symptoms of high calcium:

- Headache
- Feeling very thirsty and peeing more than usual
- Nausea and/or vomiting (throwing up)
- Not feeling hungry
- Constipation (not being able to poop)
- Irregular heartbeat
- Confusion

A second surgery

- The surgeon may not find all 4 parathyroid glands during the 1st surgery. You may need a 2nd surgery if the hyperparathyroidism is not corrected.

Low blood calcium

- It is common to have low blood calcium levels for 2 to 4 days after surgery. We will check your blood work and give you medication, as needed.
- **If you have kidney disease**, you may have low calcium levels after your surgery. It can take several weeks for your calcium levels to go back to normal. We will check your blood work and make changes to your medications, if needed.
- Low blood calcium can cause:
  - Numbness or tingling around the mouth, hands, or feet
  - Muscle spasms (sudden tightening of a muscle) in the hands
  - Muscle cramps
- **If you have any of these symptoms, tell a member of your health care team right away**.

After surgery

Managing discomfort

- Some common side effects of general anesthesia are:
  - Nausea (upset stomach)
  - A sore throat
  - Confusion or not being able to think clearly
- There are medications that can help with these side effects. Ask a member of your health care team, if needed.
- Your surgeon may have cut some of the small muscles in your neck.
  - **When you are getting up from lying down**, put your hands together behind your neck for support. This will protect your neck muscles from strain.
  - **Do not** tense your neck (tighten your muscles) or hold your shoulders still. This will cause more soreness and stiffness. Your nurse or physiotherapist can teach you exercises to help build your strength and avoid discomfort.

Meals

- **If you have a sore throat**, it may be easier to eat soft foods (like smoothies, yogurt, puddings, soups).
- Follow the eating plan your dietitian gives you.

Medications

- You may have to take calcium pills and supplements when you go home. Your health care team will tell you what calcium to take and how to take it. **Do not** take any other supplements that have calcium unless told by your health care team.
- You may also be prescribed:
  - **Alfacalcidol** (brand name: One-Alpha®)

    or
  - **Calcitriol** (brand name: Rocaltrol®).

  These are forms of vitamin D and will help raise your calcium levels.
- Your renal team or primary health care provider (family doctor or nurse practitioner) will adjust the doses (amounts) of these medications based on your calcium levels.
- **To keep your calcium in a safe and healthy range**:
  - **It is very important to take these medications as told by your primary health care provider or your renal team** (if you are on dialysis).
- For most people, low calcium levels after surgery will go back to normal a few weeks or a few months after surgery.

Blood work

- After your surgery, you will need to have blood work done to check your blood calcium and phosphorus levels until they are in a safe and healthy range. It may take days or weeks for this to happen.
- **If you are getting hemodialysis**, you will have your blood calcium and phosphorus levels checked **1 to 2 times a week at first, or more often if needed**. Once your levels adjust, they will be checked less often. Your health care team may change your medication, depending on your blood work.
- **If you are getting peritoneal dialysis**, you will need to have your blood calcium and phosphorus levels checked at your local blood collection clinic. Your renal team will tell you how often to have them checked.

Activity

- Your health care team will teach you deep breathing and coughing exercises to do after surgery. These exercises keep your lungs clear and prevent infection.
- You can get up and out of bed shortly after your surgery. A member of your health care team may help you when you get up for the 1st time.
- Walk as much as you can.
- Add more activity each day. For example, walk 5 minutes longer each day.
- **Do not lift more than 5 pounds for 14 days (2 weeks) after your surgery.** This includes lifting children. If you have small children, ask someone to help you for the first 2 weeks after your surgery.
- You can drive when you can turn your head fully with no pain.

Do not have sex for the first 7 days (1 week) after your surgery. After 1 week, you can have sex when you feel well enough.

How do I take care of my incision?

Drain

- You may have a small tube in your incision. This will remove any blood or fluid.
- We will take it out 1 to 2 days after your surgery.

Stitches

- Your incision may be closed with stitches that dissolve (break down). These **do not** need to be removed.
- **If you have stitches that do not dissolve**, they may be removed at your follow-up visit with your surgeon. Your surgeon will tell you when your stitches need to be removed.

Steri-strips™

- Your incision may be closed with small pieces of tape called Steri-Strips™.
- **For 48 hours (2 days) after your surgery:**
  - › **Do not** get the tape wet.
  - › After 2 days, it is OK if the tape gets wet in a shower or bath.

- The edges of the tape will start to curl up after 5 to 7 days. You can take them off after 7 days. Hold the curled-up edge and pull the tape off like a bandage.
- Once the tape has been removed, wash the area 2 times a day.
  - › **Pat the incision dry. Do not** rub the incision or the area around it.
  - › After each wash, put Polysporin® ointment on the incision until your follow-up visit with your surgeon.

Healing

- It is normal to have some swelling and redness around the incision. The swelling will usually start to go away about 1 to 2 weeks after surgery.
- It will take 3 to 6 months for the incision to fully heal.
- Keep the incision out of direct sunlight for **1 year**. Do this by covering the area with clothes and/or sunscreen with an SPF of 30 or more.