

PARATHYROIDECTOMY

Pre-Operative Instructions

Help us keep you safe during your surgery by telling us if any of the following apply to you:

- I take a blood thinner. Some examples include aspirin, heparin, warfarin (Coumadin), clopidogrel (Plavix), enoxaparin (Lovenox), dabigatran (Pradaxa), apixaban (Eliquis), and rivaroxaban (Xarelto).
- I take immunosuppressant medication.
- I take weight loss medication.
- I have a pacemaker, automatic implantable cardioverter-defibrillator, or other heart device.
- I have sleep apnea.
- I have had a problem with anesthesia in the past.
- I am allergic to certain medications or materials, including latex.

When to stop medications, herbal remedies, vitamins, and other dietary supplements:

- 7 days prior to surgery: Stop vitamins, herbal remedies, dietary supplements, and weekly dosed weight loss/diabetic GLP1 medications like Ozempic, Trulicity and others.
- 5 days prior to surgery: Stop Fenfluramine/Phentermine (Fen-Phen).
- 3 days prior to surgery: Stop taking NSAIDs such as ibuprofen (Advil, Motrin) and naproxen (Aleve) as well as daily dosed SGLT2 diabetic medication like Jardiance and others.
- Your surgeon will discuss when to stop blood thinners.
- Anesthesia will discuss all other medications when they call the day before your surgery.

When to stop eating and drinking before surgery:

- Do not eat any food after **midnight** the night before your surgery including gum, mints, or candy.
- Do not use any tobacco products after **midnight** the night before your surgery.
- You can drink clear liquids up to **4 hours** before your surgery. Examples of clear liquids include water, apple juice, black coffee (without cream or sweetener) and tea (without cream or sweetener).

Your surgery will be cancelled if these instructions are not followed.

Pre-operative checklist:

- ✓ Arrange for a responsible adult to take you home and be with you for 24 hours after outpatient surgery.
- ✓ Complete the pre-registration for your surgery facility.
- ✓ Refer to your **Surgery Itinerary** for check-in time and location of your surgery.
- ✓ Wear comfortable, loose-fitting clothing on the day of surgery.
- ✓ Please leave valuables and all jewelry, if possible, at home.
- ✓ Fill pre-operative prescriptions faxed to your pharmacy.
- ✓ Buy a bottle of Tums (500 mg) Calcium Carbonate for relief of temporary post operative hypocalcemia.

Post-Operative Instructions

Diet

For the first few days after your surgery, you should eat soft foods that you swallow easily, be sure to drink plenty of clear liquids to stay well hydrated. You may then advance to your normal diet as tolerated.

Medications

Your body's calcium level may decrease after surgery. If you experience signs of low calcium (e.g., numbness or tingling in your lips, face, fingers, toes; muscle cramping or weakness; severe headache; irregular heartbeat), take 1500 mg TUMS every 15 minutes until symptoms resolve. If there is no improvement after 1 hour, notify our office.

Pain management is an important part of your post-surgery care. You should expect some discomfort after your surgery. It is important to take pain medication prior to your pain becoming intense in severity.

In addition to narcotic pain medications, you may take ibuprofen (Advil or Motrin) 200-800 mg every 6-8 hours to help with pain control provided you do not have peptic ulcer disease or another medical condition that makes NSAIDs unsafe. Do not exceed 3200 mg in a 24-hour period. You may stagger your narcotic pain medication and ibuprofen every 3 hours or take them together every 6 hours.

Mild swelling is normal following surgery. To help decrease inflammation and discomfort you should apply ice packs to the surgery area for the first 24-48 hours after your surgery and then as needed. Apply the ice pack for 20 minutes every 2 hours as you can throughout the day. Elevating your head while in bed during the first week will also help to reduce swelling and discomfort.

If you have a sore throat, you may try warm liquids and throat lozenges for relief. You may also experience a hoarse or weak voice after surgery. This is normal and will improve in the following weeks.

Some side-effects from narcotic pain medication include nausea/vomiting and constipation. If you experience these, you should stop the medication and take ibuprofen or acetaminophen for pain management.

If you experience any nausea, try using Sea Bands (available in pharmacy departments or online). This is a drug-free method that works to treat nausea by using a pressure point on your inner arm. Please refer to ***Acupressure for Nausea and Vomiting*** in the ***Resources*** section on our website for more information.

While on narcotic pain medications, you should be taking docusate sodium (Colace) 100 mg twice a day with good fluid intake. If you do not have a bowel movement after 3 days, take MiraLAX morning and night until you have a bowel movement. If no results, please contact our office.

You may resume your previous medications, vitamins and herbal remedies unless instructed otherwise.

Incision/Dressing Care and Showering

You may shower 24 hours after your surgery as long as a clear plastic dressing was placed over your incision at the time of your surgery. No bathing or soaking for at least 2 weeks after your surgery.

Remove your dressings 4 days after your surgery. Remove the clear plastic outer dressing and gauze and leave the steri-strips (strips of tape) that cover your incision. Steri-strips should remain in place for 7-14 days. The strips will gradually loosen and come off. If they do not come off within two weeks, please remove them yourself.

It is normal to have some drainage on your dressing for the first couple of days after your surgery. It is normal to have some swelling around your incision. The skin above and below your incision will feel numb and it is normal to have a firm lump directly beneath your incision line, this will dissipate within a couple of months.

Activity Restrictions

You may resume light activity as tolerated. Avoid any vigorous activities for one week following surgery.

You are ok to drive and return to work once you are no longer taking narcotic pain medication and feeling capable to do so. Patients generally return to work an average of 5 to 7 days after surgery, depending on their level of discomfort. Please notify our office if you need a return-to-work letter for your employer.

Follow-up Appointments

Please call 541-735-3778 to schedule your 2-week post-op appointment with your surgeon. We will request and make arrangements for a PTH and Calcium level be drawn before your follow-up appointment.

Things to Watch For

1. Chest pain or difficulty breathing.
2. Numbness, tingling and/or muscle cramping that does not go away.
3. Dressings saturated with blood.
4. Severe swelling or bruising.
5. Fever greater than 101.0.
6. Uncontrolled pain.
7. Nausea and/or vomiting that continues for 12-24 hours.
8. Diarrhea that continues for 12-48 hours.
9. Signs of a wound infection: increased swelling, redness, pain, drainage and/or odor.
10. Your incision separates or opens up.
11. Pain or swelling in your calf.

If you feel you are having a life-threatening emergency, please call 911.

If you need to contact us, call 541-735-3778. We check messages throughout the day. Please keep your messages brief and know that we will answer you as soon as possible. There is no need to leave the same message multiple times as this will only slow down our ability to respond to you. The office is open 9:00 am to 5:00 pm Monday through Friday. For urgent needs after office hours, call 541-222-9911 to speak with our surgeons.

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