

## General Instructions for Surgery

### Pre-Admission Testing

All patients scheduled for surgery **must have the following tests done** at the facility of their choice up to 1 month before their planned surgery:

- Chem 7, CBC, PT, PTT
- EKG & Chest x-ray (age 45 and above, accepted up to 6 months prior to surgery)

### The Day of Surgery

Please plan to arrive at La Peer Surgery Center or Cedars-Sinai Medical Center 2 hours prior to your surgery time. You will be called by the hospital or surgery center to confirm your surgery on the day prior to your surgery. If they have not called by 4:30 pm that day, please call **our office**.

**Do not eat after midnight** before your planned surgery. You can have clear liquids up to 8 hours before surgery. You may take your usual asthma, heart, blood pressure or seizure medication with a small sip of water that morning, unless otherwise advised. **Please do not take any aspirin or other over the counter pain medications for one week before your surgery.** You may use Tylenol in the week before surgery. If you are a diabetic, consult with your physician before taking your medication.

If you develop a cold, sore throat, fever or any illness, please call your surgeon's office prior to your surgery.

Welcome to the Center for Advanced Head & Neck Surgery. We are committed to providing our patients with experienced and distinguished surgeons and outstanding care. Our interdisciplinary, highly specialized surgical program for thyroid and parathyroid disease continually evolves, as a consequence of our dedication to giving our patients the most advanced treatment options. Since almost half of those patients who are recommended for surgery can be successfully treated medically, the main goal of our surgeons is to screen out those patients who do not truly need surgery. Our mission is to provide state-of-the-art diagnosis, treatment, education and research for thyroid and parathyroid disorders. Visit our website for more information on thyroid or parathyroid disorders.

# Minimally Invasive Parathyroid Surgery

Thyroid & Parathyroid  
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If you need parathyroid surgery, it is important to know what to expect. The following are some of the most frequently asked questions:

### **What type of anesthesia will I have?**

You are given the option of either general anesthesia or local anesthesia. With general anesthesia you are completely asleep during the operation. With local anesthesia, your neck area is numbed, mild sedatives may be given to reduce anxiety, and you are awake during the operation (this is seldom done, as it is difficult for the patient and surgeon).

### **How long will I be hospitalized?**

Most patients are released to go home after surgery. In rare cases, when the patient has other medical issues or the elderly may stay in the hospital overnight.

### **Will I have pain after the operation?**

All operations involve some pain and discomfort. Our goal is to minimize this discomfort. At the time of operation, your surgeon will give you some numbing medicine that usually lasts several hours. The main complaint is sore throat which will last 3 to 4 days. Most patients take Tylenol® to keep themselves comfortable at home.

### **What are the advantages of the minimally invasive thyroid surgery?**

The main advantage is **less trauma** to the tissue, thus you have less pain and recover faster. Additionally the incision is much smaller.

### **How big is my incision?**

Usually, less than an inch.

### **Will I have a scar?**

Yes. All surgery causes scarring, and how the patient scar is dependent on the individual. However, there are some techniques that we use to minimize scarring. These techniques include: smaller incision size, careful incision placement, and hypoallergenic suture material (to avoid inflammation). As a general rule, it is unusual for adults to have a noticeable scar after a few

months. We will discuss with you what creams to use after surgery to improve the healing.

### **What is the purpose of the pre-surgery tests such as Sestamibi and Ultrasound?**

The location of the 4 parathyroid glands can be very unpredictable, and can be at times as high as the upper neck and as low as the chest. These tests, although not perfect, can help direct us to the parathyroid gland that is malfunctioning; they allow us to perform minimally invasive surgery.

### **When will I know the findings of the surgery?**

During the operation, your surgeon will consult with the pathologist who will provide a preliminary diagnosis; as well as performing **rapid intra-operative PTH testing**. So immediately after surgery your surgeon can tell you about the success of surgery.

### **Will I have stitches?**

Absorbable stitches are used under the surface that do not need to be removed. The incision will then be covered with a tape, which is waterproof so that you can shower as usual (but do not submerge the incision for 7 days). The tape will peel off on its own within 3-4 days after which antibiotic ointment (any over the counter brand) should be applied to the wound for the next 5 days to improve healing.

### **Will I have any physical restrictions after surgery?**

Swimming is the only major restriction. In general, your activity level depends on the amount of discomfort you experience. Many patients have resumed golf or tennis two weeks after the operation. Most patients are able to return to work within the first two weeks, and you are able to drive as soon as your head can be turned comfortably (this limitation is for driver safety).

### **What are the complications and possibilities unique to parathyroid surgery?**

In about 1 in 150 parathyroid operations, the nerves that control the voice are affected. When

this occurs, the main difficulties are projection of the voice and production of high-pitched sounds. It is usually described as hoarse, but will not necessarily be considered abnormal by strangers. Usually, voice changes are temporary, so the voice will return to normal within a few weeks; permanent change is rare.

In a minority of cases, the malfunctioning gland may not be identified during surgery. Under these circumstances the high calcium levels will persist.

In cases where all four glands are malfunctioning, three and a half glands are removed and half of one gland is left behind; it is possible that it will take an extended period of time for it to start working or that it may not ever work adequately. In which case calcium and vitamin D supplementation is needed for an extended period of time.

In rare cases, the gland or glands that remain may later in life start to malfunction and have to be removed.

Some of these possible complications are directly related to the operative experience of the surgeon. Although the risk of these complications cannot be eliminated entirely, they can certainly be minimized in the hands of an experienced parathyroid surgeon.

We hope that this pamphlet has answered some of your questions about parathyroid surgery at The Center for Advanced Head & Neck Surgery. We encourage you to talk to your physician to learn more about your parathyroid disease and planned surgery. Although individuals have different needs, most patients follow these guidelines for their operative course. Your surgeon will discuss your individual needs at the time of your pre-operative consultation. If you find that you have additional questions after your consultation, it is a good idea to write them all down and then call your surgeon.