

## Parathyroid Surgery Consultation Worksheet:

### Information your doctor will ask you:

NB: Please make sure to bring copies of your blood tests, latest bone density scan (DEXA scan), and reports of localization tests (sestamibi scan, ultrasound, etc.) In addition please make sure to bring a copy of the pictures of the localization tests as well.

How old are you? \_\_\_\_\_

How was your parathyroid problem diagnosed?

- routine blood tests
- work-up of kidney stones
- decreased bone density (osteoporosis or osteopenia)
- family history of high calcium levels
- Other \_\_\_\_\_

How long ago was your parathyroid problem diagnosed? \_\_\_\_\_

Have you had kidney stones?  Yes  No

If yes, how many times? \_\_\_\_\_

Have you broken any bones?  Yes  No

If so, which one(s)? \_\_\_\_\_

\_\_\_\_\_

Do you have any of the following symptoms:  Yes  No

#### Musculoskeletal:

muscle aches  weakness  joint pain  bone pain

#### Neuropsychiatric:

fatigue  depression  irritability  confusion  
 worsening short term memory  anxiety  lack of motivation  
 trouble concentrating

#### Kidney:

urinating more frequently  urinating more frequently at night  
 kidney stones

#### Gastrointestinal:

ulcers  reflux disease (heartburn)  pancreatitis  
 constipation  gallstones  loss of appetite

#### Constitutional:

weight loss  fever  night sweats

#### Other:

coronary artery disease  high blood pressure  
 itching  gout

**Risk Factors:**

Do you have a family history of high calcium levels?  Yes  No  
If so, who has had high calcium levels? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a family history of thyroid problems?  Yes  No  
If so, who and which problem did they have?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have kidney failure?  Yes  No  
Are you on dialysis?  Yes  No  
Have you had a kidney transplant?  Yes  No  
Have you ever had radiation therapy?  Yes  No  
If yes, what type:  
 childhood exposure  
 exposure to nuclear fallout from \_\_\_\_\_  
 breast cancer  lung cancer  melanoma  
 Other \_\_\_\_\_

**Questions you should ask your surgeon:**

- 1) How many parathyroid operations do you do each year? \_\_\_\_\_
- 2) Will you look at all 4 parathyroid glands (bilateral neck exploration) or just remove the problem gland (i.e. focused parathyroidectomy)?  
\_\_\_\_\_
- 3) What is your cure rate? \_\_\_\_\_
- 4) Will you check my PTH levels in the OR (intraoperative PTH monitoring)?  
 Yes  No  Other \_\_\_\_\_
- 5) Do you have the ability to do cryopreservation (save some parathyroid tissue in case it is needed later on)?  
 Yes  No
- 6) How long do I need to be out of work? \_\_\_\_\_
- 7) How long will I be in the hospital? \_\_\_\_\_
- 8) How often do your patients have the following problems after the operation?
  - a. Bleeding in the neck: \_\_\_\_\_
  - b. Temporary hoarseness (recurrent laryngeal nerve injury):  
\_\_\_\_\_
  - c. Permanent hoarseness (recurrent laryngeal nerve injury):  
\_\_\_\_\_
  - d. Temporarily low calcium levels (hypoparathyroidism):  
\_\_\_\_\_
  - e. Permanently low calcium levels (hypoparathyroidism):  
\_\_\_\_\_
- 9) What is the follow-up? \_\_\_\_\_
- 10) Other questions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_