GIRFT GETTING IT RIGHT FIRST TIME

Hyper parathryoid

Endocrinology

BAETS BRITISH ASSOCIATION OF ENDOCRINE & THYROID SURGEONS

Presentation and referral

1st presentation with symptoms in primary care

Clinical Assessment (see NG132)

- Calcium >normal and not on calcium supplements*
- Parathyroid hormone high or normal
- Vitamin D and U&E

If PHPT confirmed Refer to Endocrinologist to confirm diagnosis

Further investigations to consider before initial appt:

- **Urinary Calcium** ≥ 2.6 mmol/24hrs
- Bone mineral density
- Renal/urinary tract ultrasound

Appointment with Endocrinologist

- Discuss referral for surgery if meet NICE criteria (NG132)
- Consider cinacalcet if Ca >2.85mmol/ with symptoms/Ca>3.0mml/litre
- Consider excluding MEN (gene test) and FHH (gene test and urine calcium/creatine ratio) when family history/young patient etc.

Presenting symptoms

- Most patients are asymptomatic
- Osteoporosis or fragility fracture
- Renal Calculi/ nephrocalcinosis/renal impairment
- Pancreatitis
- Polyuria/polydipsia
- Constipation/ abdominal pain
- Depression
- Incidental Calcium > 2.6mmol/l
- Chronic non-differentiated symptoms

Surgical review and assessment

Referral onto surgeon with expertise in parathyroid surgery

Joint decision between endocrinologist, surgeon and patient to operate

- No → Follow up with Endocrinologist/GP
- Yes →

Preoperative Imaging organised by surgical or endocrine team

- Ultra sound neck
  SPECT-CT or 4D CT -Use localisation to plan surgery

Adenoma identified **

- No → offer 4 gland exploration
- Yes → focused para-thyroidectomy
- Not concordant → consider 4 gland exploration

* Primary hyperparathyroidism sometimes presents with normal corrected calcium levels, although this is rare.

** If ectopic adenoma identified then refer to centre with specialist expertise

Surgery and post-operative

List patient for surgery with **surgeon >20 parathyroidectomies per year**

Admission

Meets BADS and BAETS criteria for day case?

- Yes → Admit on day of surgery as **day case**
- No → Admit on day of surgery as **overnight stay**

Post operative

- Before discharge check calcium and PTH
- Criteria Led Discharge

Face to face or virtual follow up to discuss outcome and histology

Follow up

Further surgical follow up is unnecessary

(unless parathyroid cancer or atypia which will require MDT)

Patients with ongoing need for treatment of osteoporosis to remain under care of Endocrinologist and/or GP

Consider PIFU

Discharge back to Primary Care