

Parathyroidectomy  
indicatedBe aware that  
surgery should  
proceed regardless  
of preoperative  
imaging resultsOffer preoperative imaging (usually  
ultrasound) to people having surgery for  
primary hyperparathyroidism if it will inform  
the surgical approachConsider a second preoperative imaging  
modality (usually a sestamibi scan) if it will  
further guide the surgical approachPreoperative  
imaging does not  
identify an  
adenomaFirst modality  
and second  
modality scans  
are discordantPreoperative  
imaging shows  
a single  
adenoma in the  
neckPreoperative  
imaging shows  
an ectopic  
adenomaDo not use  
intraoperative  
parathyroid  
hormone  
monitoring in  
first-time  
parathyroid  
surgeryDo not offer more  
preoperative  
imagingDo not offer more  
preoperative  
imagingOffer a choice of  
focused  
parathyroidectomy  
or 4-gland  
explorationRefer the person  
to a centre with  
relevant  
expertiseOffer 4-gland  
explorationConsider 4-gland  
exploration**Follow-up after surgery:**

- measure albumin-adjusted serum calcium and parathyroid hormone before discharge after surgery for primary hyperparathyroidism.
- measure albumin-adjusted serum calcium 3 to 6 months after surgery for primary hyperparathyroidism.
- if albumin-adjusted serum calcium is within the reference range 3 to 6 months after surgery for primary hyperparathyroidism, do not routinely monitor it.

**Offer monitoring:**

- consider opportunistic monitoring of albumin-adjusted serum calcium if the person has a routine blood test, no more than once a year.
- seek specialist opinion according to local pathways on monitoring for people who have osteoporosis or renal stones.
- seek specialist endocrine opinion on monitoring for people who have had parathyroid surgery for multigland disease, or have disease that recurs after successful surgery.

For people for whom parathyroid surgery has not been successful, see **algorithm 4**.