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Measuring parathyroid hormone and calcium levels following thyroid or parathyroid surgery

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Introduction and Background: Post-operative Parathyroid (PTH) and calcium levels have been used following thyroid and parathyroid surgery to predict the development of subsequent hypocalcaemia. It was noticed that a significant proportion of patients were having repeated requests for PTH levels following surgery, often delaying results by days, and potentially causing comorbidity from repeated venepuncture, length of stay and uncorrected calcium. An audit was performed to assess reasons for this and correct them within the department.

Methods: Two audit cycles were completed, one between October 2020 – April 2021 and the second from August 2021 – February 2022. Following the first cycle, a poster was developed for wards to help nursing staff remember to take a separate bottle for parathyroid hormone levels.

Results: 21 operations were included in the first cycle, and 29 in the second. Correct PTH sampling on the first occasion improved from 66 to 79%. When operation notes specified bottles to use, correct sampling improved from 75% to 100%. When nurses requested a Full Blood Count simultaneously, the percentage of correct PTH sampling increased from 54% to 66%.

Conclusion: This audit shows an improvement in the number of PTH samples returned first time following operations on the thyroid and parathyroid glands. Of the times FBC was not requested, almost all PTH requests were correctly actioned and reported promptly. When specific bottles were requested, PTH was returned the first time on every occasion. The poster developed to assist ward staff to decrease the frequency of repeat PTH samples appears to have been effective.

Biography

Ben Walters is a researcher in Royal Stoke University Hospital at United Kingdom.

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