



# ENDOCRINE SURGERY

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## *Patient Education & Information Packet*

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# Meet Our Team



ARIZONA  
THYROID &  
PARATHYROID  
SURGERY  
BIANCA J VAZQUEZ MD FACS



**Bianca J. Vazquez, MD FACS**

*Endocrine & General  
Surgeon*



**Panagiotis "Takis" Bletsis, MD**

*Endocrine & General  
Surgeon*

**Medical School:**

Ponce School of Medicine

**General Surgery Residency:**

University of Texas-San Antonio

**Endocrine Surgery Fellowship:**

Mayo Clinic-Rochester, MN

**Medical School:**

Indiana University School of Medicine

**General Surgery Residency:**

University of Arizona-Phoenix

**Endocrine Surgery Fellowship:**

Cleveland Clinic-Cleveland, OH

We are board-certified general surgeons with advanced fellowship training in endocrine surgery and are dedicated to managing the entire spectrum of endocrine conditions. We are also experienced in neck ultrasound, which we use in the office for diagnosis and procedures.



**Virginia Marlow**

*PA-C*



**Amy Hernandez**

*RN*



# About Dr. Bletsis

I am a board-certified General Surgeon with advanced fellowship training in Endocrine Surgery. Having completed a high volume of endocrine surgery cases in my training, I am confident performing thyroidectomies, minimally invasive and four-gland exploration parathyroidectomies, and adrenalectomies in all patients, including complex and reoperative cases. I am passionate about taking care of all patients with endocrine organ disorders and have a particular interest in adrenal gland tumors as well as difficult to diagnose forms of primary hyperparathyroidism and kidney-induced hyperparathyroidism.

Additionally, I perform general surgery procedures such as gallbladder surgery, hernia surgery, breast surgery, and more. I approach these surgeries, when possible, through small incisions using my expertise in robotic surgery.

Since coming to a surgeon's office can cause anxiety and a desire for answers, I take great pride in addressing those feelings by listening to your concerns and explaining the best evidence-based treatment options available. Together, we will create an individualized plan you are comfortable with that achieves the best possible outcome while giving you peace of mind.

When I am not taking care of patients, I enjoy being active outside, soaking in Arizona's beautiful weather, watching football, soccer or Formula 1 on the weekends, and spending quality time with family and friends.

*Panagiotis Bletsis, MD*

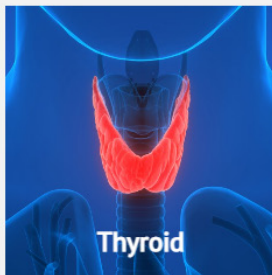


The American Association  
of Endocrine Surgeons  
Patient Education

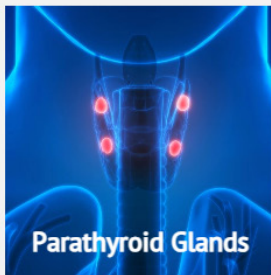
# Online Resources

To learn more about diseases related to the thyroid, parathyroid, adrenal glands, and pancreas, visit the patient education site on the American Association of Endocrine Surgeons website:  
**[www.endocrinediseases.org](http://www.endocrinediseases.org)**

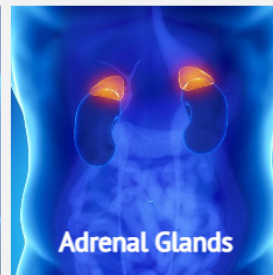
Learn More About Diseases of the:



Thyroid



Parathyroid Glands



Adrenal Glands



Neuroendocrine  
Tumors

Use the following links for additional educational material and to connect with patient support networks

## Thyroid



[www.thyroid.org/thyroid-information/](http://www.thyroid.org/thyroid-information/)



[www.gdatf.org](http://www.gdatf.org)

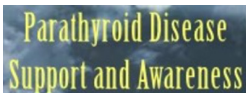


[www.thyca.org](http://www.thyca.org)

## Parathyroid



[www.hypopara.org](http://www.hypopara.org)



[www.facebook.com/ParaTroupers/](https://www.facebook.com/ParaTroupers/)

## Adrenal



[www.nadf.us](http://www.nadf.us)



[www.pheopara.org](http://www.pheopara.org)



[www.sdhbcoalition.org](http://www.sdhbcoalition.org)



[www.vhl.org](http://www.vhl.org)

## Neuroendocrine/MEN



[www.carcinoid.org](http://www.carcinoid.org)



[www.amensupport.org](http://www.amensupport.org)

## Conditions Treated

### Thyroid

- Thyroid nodule(s)
- Goiter
- Thyroid cancer
- Hyperthyroidism
- Toxic nodule(s)
- Graves' disease
- Thyroiditis

### Parathyroid

- Hyperparathyroidism
- Hypercalcemia
- Parathyroid cancer

### Adrenal

- Incidental adrenal nodule(s)
- Pheochromocytoma
- Paraganglioma
- Aldosteronoma
- Cushing's syndrome
- Mild autonomous cortisol secretion (MACS)
- Adrenal cancer

### Genetic/Hereditary

- Multiple Endocrine Neoplasia (MEN) I & II
- PTEN/PHTS
- Familial Adenomatous Polyposis (FAP)

### Neuroendocrine

- Tumors of GI tract
- Carcinoid

## Procedures Performed

### Thyroid

- Thyroid lobectomy
- Total thyroidectomy
- Lymph node dissection (central/lateral neck)
- Reoperative surgery for cancer recurrence

### Parathyroid

- Minimally invasive/focal parathyroidectomy
- 4-gland exploration parathyroidectomy
- Subtotal parathyroidectomy
- Parathyroid autotransplantation
- Reoperative parathyroidectomy

### Adrenal

- Laparoscopic & robotic minimally invasive adrenalectomy
- Open adrenalectomy

### Office Procedures

- Head/neck ultrasound
  - Thyroid & parathyroid disease
  - Lymph node mapping
- Ultrasound-guided fine needle biopsy
- Screening for hereditary endocrine conditions

All surgeries carry risk of complications, however, rates are generally low < 2%

## Risks of Surgery: *General*

- Heart issues (e.g. heart attack, irregular heart rhythms)
- Lung issues (e.g. pneumonia)
- Blood clots
- Potential need for intensive care after surgery
- Death

## Risks of Surgery: *Thyroid/Parathyroid*

- Infection
- Bleeding
- Voice changes (temporary/permanent)
- Low calcium (temporary/permanent) which may require long-term calcium/vitamin D replacement
- Swallowing difficulties
- Chronic neck/throat pain
- Visible scar
- Skin numbness
- Seroma (fluid collection under the skin)
- Injury to trachea, esophagus, or nearby blood vessels
- Potential for future surgeries related to recurrent or persistent disease

## **Risks of Surgery:** *Lymph Node Dissection*

- Infection
- Bleeding
- Nerve injury causing:
  - Voice changes
  - Shoulder weakness/stiffness
  - Tongue weakness
  - Skin numbness/tingling of the face, neck, ear lobe
  - Swallowing difficulties
- Lymphatic leak
- Chronic neck/throat pain
- Visible scar
- Seroma (fluid collection under the skin)
- Injury to trachea, esophagus, or nearby blood vessels
- Potential for future surgeries related to recurrent or persistent disease

## **Risks of Surgery:** *Adrenal*

- Infection
- Bleeding
- Injury to abdominal organs
- Need for adrenal gland functional support with medications
- Potential for future surgeries related to recurrent or persistent disease



# Instructions Before Surgery



## Preparing for Surgery

- Pre-operative interviews are conducted by the facility where you will have your surgery. Some are done over the phone, while others require an in person visit with the anesthesiologist.
- Prior to surgery, the facility will confirm your surgery time. **Please arrive 2 hours prior to your scheduled time unless otherwise instructed.** Late arrivals may cause your surgery to be delayed or canceled. *Please be aware that your surgery time may change and you will be informed as soon as possible if that happens. We appreciate your patience and understanding.*
- Your surgeon may request preoperative labs and tests. These can be done at an outside lab. Please get them done in a timely fashion so the results can be available before surgery.
- **DO NOT eat or drink anything after MIDNIGHT before your surgery unless otherwise directed by the anesthesiologist or hospital.** A sip of water to take your medications is ok.
- **DO NOT wear jewelry, body piercings, makeup, nail polish, watches, or contacts on the day of surgery.** Leave all valuables at home.
- Bring a small overnight bag with a change of clothes, phone, and phone charger.
- **You must arrange a responsible adult to drive you home after surgery,** whether you are having outpatient surgery or staying overnight. It is also recommended that you have someone stay with you the first 24 hours after returning home.

## Surgery Locations

- HonorHealth Piper Surgery Center**  
9007 E. Shea Blvd Building A, Scottsdale, AZ 85260. Phone: (480) 323-3950
- HonorHealth Shea Medical Center**  
9003 E. Shea Blvd, Scottsdale, AZ 85260. Phone: (480) 323-3000
- Chandler Regional Medical Center**  
1955 W. Frye Rd, Chandler, AZ 85224. Phone: (480) 728-3000
- Mercy Gilbert Medical Center**  
3555 S. Val Vista Dr, Gilbert, AZ 85297. Phone: (480) 728-8000
- Banner Octotillo Medical Center**  
1405 S. Alma School Rd, Chandler, AZ 85286. Phone: (480) 256-7000



## Instructions Before Surgery (Continued)

### Medication Instructions

- **STOP** taking these medications 7 days before surgery:
  - NSAIDs (such as Motrin, Ibuprofen, Aleve, Advil)
  - Aspirin
  - Herbal supplements
- If you use an inhaler daily, use it the morning before surgery and bring it to the hospital.
- **DO NOT take these blood pressure medications** on the morning of surgery or the night before surgery:
  - ACE inhibitors (such as lisinopril, benazepril)
  - Angiotensive receptor blockers (such as losartan, valsartan)
- If you take blood thinning medications such as the ones listed below, they must be stopped prior to surgery. This should only be done under the direction of a physician. Please ask the physician who prescribes it to you when they can be safely stopped prior to surgery. Your surgeon will tell you when you can resume them after surgery.
  - Clopidogrel (Plavix), Warfarin (Coumadin), Rivaroxaban (Xarelto), Apixaban (Eliquis), Enoxaparin (Lovenox), Ticagrelor (Brilinta), Dabigatran (Pradaxa)

#### For Patients with Diabetes

- **DO NOT take diabetic medication pills** on the morning of surgery
- Ask your primary care doctor or endocrinologist how to adjust your insulin dose the night before surgery and the morning of surgery
- If you wear an insulin pump, this will need to be removed during surgery

#### For Patients with Graves' Disease

- **TAKE Lugol's solution** (SSKI) as prescribed by your surgeon
  - Mix into juice and drink with a straw so it doesn't taste as bad
- **TAKE calcium carbonate** 1000 mg or **calcium citrate** 1900 mg for 10 days prior to surgery (available over-the-counter)
- **TAKE vitamin D3** 2000 IU for 10 days prior to surgery (available over-the-counter)

#### Please Purchase the Following Over-the-Counter Medications BEFORE Surgery

- Acetaminophen (Tylenol)
- Ibuprofen (Motril, Advil)
- Calcium carbonate 400 to 600 mg tablets or Calcium citrate 950 mg tablets
- Throat spray or lozenges

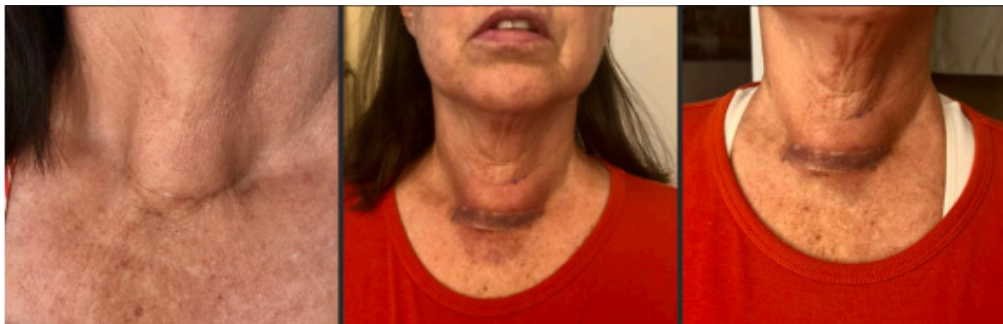
# What To Expect With Your Incision

## 1-2 Weeks After Surgery



- We use plastic surgery techniques to ensure best cosmetic scar healing. Any sutures used are internal and dissolve on their own, so nothing needs to be removed.
- Your incision will be closed with surgical glue and tape. They will fall off on their own after 10-14 days, however, if it remains on after 14 days you can gently remove it yourself. Everything will be healed by that point.
- Scars come in all lengths (tiny/medium/long) based on the diagnosis and type of surgery needed.

## 2-8 Weeks After Surgery



- Every person heals differently. It is usual to see some puffiness or slight swelling after surgery. For some patients, it can take days or weeks to slowly go away. You may also notice a ridge/thickening of the incision. Be assured that your incision will eventually be flat.

## 6+ Months After Surgery



- Healing can take up to a year or more until the scar becomes invisible. When it is comfortable, usually one month after the glue and tape are off, you can massage the skin to soften the scar tissue below the skin. You can also apply scar cream or lotion at that time if you want.
- Avoid sunburn to the scar and protect it with sunscreen for at least the first year after surgery so the scar doesn't darken.
- **Contact our team if you have any concerns.**

*Thank you to the patients who gave their permission to share their photos for this brochure.*

# Instructions After Surgery



ARIZONA  
THYROID &  
PARATHYROID  
SURGERY  
STANCA J VAZQUEZ MD FACS

## AROUND-THE-CLOCK FOR 3-5 DAYS

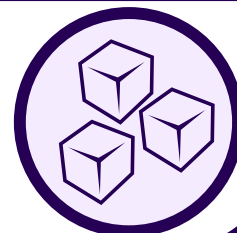
### Pain Control

- Tylenol 500-650 mg every 6 hours  
*Don't take more than 4000 mg in 1 day*  
*Remember: Percocet & Norco have Tylenol*
- Ibuprofen 600-800 mg every 6 hours  
*Don't take if you have history of stomach ulcers, kidney disease, or your doctor previously has said you shouldn't take it*



## AS NEEDED

- Ice packs
- Throat lozenges or sprays
- Narcotic pain medication every 4-6 hours (if prescribed)



## RESTRICTIONS

### Activity

- **NO** heavy lifting >10 lbs or strenuous activity (running, hiking, golf, etc.) for 1-2 WEEKS
- Avoid excessive **COUGHING/THROAT-CLEARING** as this can increase risk of bleeding after surgery
- **NO** driving until you can comfortably turn your neck & no longer using pain medications. Use your best judgment.
- You are encouraged to walk frequently & can use the stairs



## RECOMMENDATIONS

### Diet

- You will have a sore throat after surgery
- You can eat or drink whatever feels comfortable, but you may want to start with soft foods at first & advance as tolerated
- Stay well-hydrated (drink ~8 glasses of water each day)



## RESTRICTIONS

### Wound

- You will have skin glue & tape over your incision. Allow it to fall off on its own or you can remove it after 10-14 days.
- OK to shower & get incision wet, but don't scrub the area
- **NO** submerging incision under water (bath/pool) for 2 weeks
- Don't apply any creams to the incision until cleared by your surgeon



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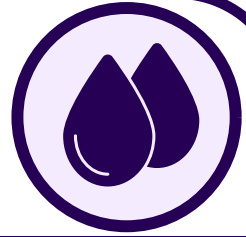


## Instructions After Surgery (Continued)

### Medications

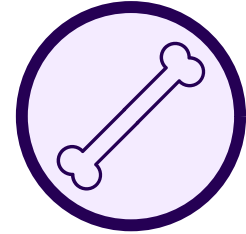
#### RESUME HOME MEDICATIONS

- **EXCEPT** blood thinners for 5 days **UNLESS** otherwise directed by your surgeon  
*Examples: Aspirin, Clopidogrel (Plavix), Warfarin (Coumadin), Rivaroxaban (Xarelto), Apixaban (Eliquis), Enoxaparin (Lovenox)*



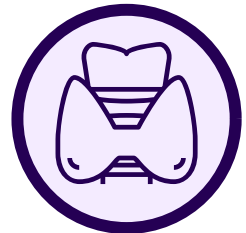
#### CALCIUM & VITAMIN D

- Take calcium carbonate 400-600 mg 3 times per day for 2 weeks
- If you experience numbness/tingling in your face, hands, or fingers, your calcium may be low. This is common after surgery & temporary. Take an **EXTRA** 1-2 calcium tablets every 1 hour until symptoms resolve.
- Continue taking Vitamin D as previously instructed before surgery unless otherwise directed by your surgeon
- If prescribed Calcitriol, take exactly as directed



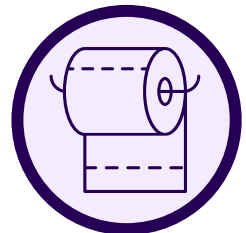
#### THYROID HORMONE REPLACEMENT

- If prescribed, take daily on an empty stomach 1 hour before or 4 hours after taking calcium or eating  
*This rule doesn't apply if you are having low calcium symptoms, in which case calcium can be taken within 1 hour*
- Thyroid hormone levels will be measured 6-8 weeks after surgery to determine if your dose is appropriate



#### CONSTIPATION

- Common with use of narcotics & calcium supplements
- To prevent, take Polyethylene glycol 3350 (Miralax) 17 g daily after surgery & stay well-hydrated
- If still constipated, add Milk of Magnesia, prune juice, Senokot, or suppositories to your regimen



#### WHEN TO CALL YOUR SURGEON

- Rapid or sudden **swelling of the neck** affecting your ability to breath or swallow—*this is an emergency!*
- Fever >101.5 °F
- Redness or drainage of pus/bad smelling liquid from the wound
- Symptoms of low calcium (numbness/tingling) lasting more than 6 hours despite taking extra calcium every hour



You will have a follow-up appointment ~2 weeks after surgery. Pathology results will be discussed during that appointment.



# THANK YOU

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*Thank you for choosing us at Arizona Thyroid & Parathyroid Surgery. We know you have many options when selecting your healthcare providers and appreciate the trust you have placed in us. We are committed to providing you, our patients, with the highest quality care to get you back to full health.*

***Please visit our website for more information at  
[www.azthyroidsurgery.com](http://www.azthyroidsurgery.com)***

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