**Primary Hyperparathyroidism Post-Parathyroidectomy**

**Letter to Primary Care Provider**

Dear Dr \_\_\_\_\_\_\_,

\_\_\_\_\_\_\_\_\_ is being discharged from the endocrine clinic.

Rationale for discharge from Endocrine Care:

XX has a history of primary hyperparathyroidism which was treated with surgical resection.  The post-operative investigations show a normal calcium and PTH level. Future sequelae or recurrence is possible, so we ask for routine monitoring of certain tests.

Summary of key results:

**Blood work:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date**  | **Most recent total/ionized  Calcium**  | **Most recent Parathyroid Hormone (PTH)** **PTH (pmol/L)**  | **Most recent Creatinine (umol/l)**  | **Most recent 25-hydroxyvitamin D**  |
|   |   |   |   |   |

**Imaging:**

|  |  |  |
| --- | --- | --- |
| **Test**  | **Date**  | **Result**  |
| **Kidney Ultrasound**  |   |   |
| **Neck Ultrasound**  |   |   |
| **Bone Mineral Density**  |   | Lumbar spine T-score: \_\_\_\_\_\_\_\_\_ Femoral Neck T-score:\_\_\_\_\_\_\_\_\_ Total Hip T-score: \_\_\_\_\_\_\_\_\_\_\_\_\_ 33% Radius: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fracture Risk:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Spine imaging**  |   |   |

**Pathology:**

|  |  |
| --- | --- |
| **Date**  | **Results**  |
|   |      |

**Treatment:**

* Your patient should continue with long-term Vitamin D supplementation: \_\_\_\_\_\_\_\_iu/day
* Your patient should maintain 1000 mg of calcium in their diet/day as per the Institute of Medicine National Guidelines

Surveillance:

1. Annual total calcium, albumin, ionized calcium, PTH, Cr/eGFR
2. Bone density: repeat 3-site BMD (including distal radius) in \_\_\_\_\_\_\_\_ (mm/yyy), if possible at the same institution as the last scan

Criteria for escalation or re-referral:

Please refer back to myself or another endocrinologist if there is:

* Elevation in total or ionized calcium
* New osteoporotic fracture or significant decline in BMD (significant decline depends on the BMD machine but is typically ~3-4%)
* New kidney stone that is suspected to be calcium in composition