HAC 2015 ABSTRACT for Oral Presentations

Presentation no.: SPP5.4

Presenting Author:

Project title
Non-endoscopic minimally invasive thyroidectomy with minimally invasive anesthesia: Results of a local regional hospital.

Author(s)
Tsui KP(1), Wong CL(1), Kwan WYW(1), Choi CY(1), Chow TL(1)
(1)Division of Head and Neck Surgery, Department of Surgery, United Christian Hospital

Keyword(s)
Thyroid surgery
Ambulatory surgery
Local anesthesia
Minimally invasive surgery
Length of stay
Length of stay

Approval by Ethics Committee: /

****

Introduction
Thyroidectomy for benign and malignant diseases is traditionally carried out under general anesthesia (GA) and patients are admitted postoperatively to surgical ward for overnight observation. In our division, we face a particular problem of limited GA operative sessions for head and neck operations (one whole-day GA session per week), which is insufficient compared with the heavy caseloads. With our surgical expertise and utilization of superficial cervical plexus block, we can perform thyroidectomy under local anesthesia (LA) in our LA operative sessions as well.

Objectives
We report our results of performing thyroidectomy with a 4 cm mini-incision under LA in a local tertiary hospital.

Methodology
Patients with thyroid nodules sized 4 cm or below who opt for operation are recruited if they fit our specific selection criteria. They are then assessed by nursing staff in Day Surgery Center for the feasibility of day surgery. From May 2010 to December 2014, 50 patients underwent thyroidectomy under LA using mini-incision in our hospital. Hospital notes were revealed to record the operative time, amount of blood loss, length of hospital stay and complications. The mean follow-up duration was 15 months.

Result
A total of 50 thyroidectomies were performed of which 41 were benign and 9 were malignant pathologies. The mean nodule size was 2.3 cm. The mean operative time was 75 minutes (range 35 – 124 minutes). The median length of hospital stay was 1 day out of which 38 cases were done on a day surgery basis. None required conversion to GA or readmission. None had complications of wound hematoma or infection. Only one complication, permanent vocal cord palsy (2%), was recorded. Compared with traditional thyroidectomy, the estimated total costs of inpatient beds saved during the period was HK$182,000. In conclusions, thyroidectomy with a mini-incision under LA is a safe and feasible procedure which is well acceptable to patients. It facilitates day surgery and saves hospital beds. It also alleviates the long waiting time of GA operation in our unit and permits better resource utilization. Collaboration among surgeons, outpatient clinic nursing staff and Day Surgery Center staff as a multidisciplinary team are the key to its success.