

Thyroidectomy

I. Consent

- Discusses indications for operation
- Discusses potential risks and complications, including haemorrhage, nerve injury, hypocalcaemia, etc.

II. Pre operation planning

- Considers / requests preoperative laryngoscopy
- Considers CT scan if clinical suspicion of retrosternal goitre

III. Pre operative preparation

- Completes WHO Safety checklist (team time-out)
- Positions patient for optimal access eg. head-ring, sand-bag between shoulders
- Skin preparation and draping

IV. Exposure and closure

- Plans / marks skin incision
- Raises upper and lower flaps in sub-platysmal plane
- Separates or divides strap muscles as indicated
- Closes wound in layers with an appropriate choice of suture

V. Intra operative technique: global (G) and task-specific items (T)

- Capsular dissection of gland
- Controls vessels in continuity or with vessel sealing device
- Takes care to preserve well-vascularised parathyroid glands/performs autotransplantation where appropriate
- Identifies and preserves recurrent laryngeal nerve(s)
- Minimises risk of injury to external branch of superior laryngeal nerve by division of individual branches of superior thyroid artery
- Adequately controls the thyroid isthmus (if hemithyroidectomy)

VI. Post operative management

- Aware of signs of respiratory compromise from haemorrhage or recurrent laryngeal nerve palsy
- Monitors serum calcium if total/completion thyroidectomy
- Considers indication for and/or timing of thyroxine replacement

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