



THYROID SURGERY

Looking beyond readmissions as an outcome for outpatient thyroidectomy

BACKGROUND

Thyroid surgery is done regularly for cancer and benign non-cancerous reasons. The usual procedure has been admitting on the day of surgery, staying in the hospital overnight for observation of potential serious postoperative complications, such as severe hypocalcemia or a bleeding requiring urgent reoperation, then going home the next day. Over the past decade, there has been an increase in thyroid surgery done as an outpatient procedure, meaning no overnight stay. This has mainly been done by high volume surgeons, meaning those that do >100 thyroid operations a year. Multiple studies demonstrating that these same-day discharges after thyroid surgery is a safe practice in appropriately selected patients. However, most previous studies have used the “outpatient” term to also include patients that stay overnight and <23 hours for observation.

A large national database has been capturing endocrine specific outcomes for the past few years and therefore, the aim of this study was to use this large database to compare outcomes (complications) of thyroid surgery patients that were discharged on the same day vs those that stayed in the hospital 1-2 nights.

THE FULL ARTICLE TITLE

Hu QL et al. 2020 Same-day discharge is not associated with increased readmissions or complications after thyroid operations. *Surgery* 167:117–123. PMID: 31582306.

SUMMARY OF THE STUDY

The authors were able to look at just over 10,000 patients that had thyroid surgery that remained in the central neck (ie not including a lateral neck dissection). About ¼ were discharged on the same day whereas ¾ were discharged after 1-2 nights in the hospital. Without taking other factors into account, patients that had only half of their thyroid removed as opposed to a total thyroidectomy, as well as those that were younger and healthier, were much more likely to be discharged without staying overnight. When all factors were taken into account, multiple patient and operative factors were predictive of being discharged the same day of surgery. When patients that were discharged on the same day were matched with patients that stayed 1-2 nights, there was no difference in any complications or readmissions.

WHAT ARE THE IMPLICATIONS OF THIS STUDY?

This study suggests that same-day discharge for most patients after thyroid surgery is safe and without any increased risk of complications or readmission. This is especially true for patients that have only half of their thyroid taken out. It is reasonable for patients to discuss this option with their surgeons.

— Melanie Goldfarb, MD, FACS

ATA THYROID BROCHURE LINKS

Thyroid Surgery: <https://www.thyroid.org/thyroid-surgery/>

ABBREVIATIONS & DEFINITIONS

Thyroidectomy: surgery to remove the entire thyroid gland. When the entire thyroid is removed it is termed a *total thyroidectomy*. When less is removed, such as in

removal of a lobe, it is termed a *partial thyroidectomy*.

Lobectomy: surgery to remove one lobe of the thyroid.





THYROID SURGERY, continued

Total thyroidectomy: surgery to remove the entire thyroid gland.

Hypocalcemia: low calcium levels in the blood, a complication from thyroid surgery that is usually short-

term and relatively easily treated with calcium pills. If left untreated, low calcium may be associated with muscle twitching or cramping and, if severe, can cause seizures and/or heart problems.

www.thyroid.org/donate/

