

## **Feasibility of Ambulatory Thyroidectomy: Beginning of Experience about 22 Cases**

**Zatir Soufiane<sup>1\*</sup>, S Lemoui<sup>1</sup>, T Lerkaam<sup>1</sup>, D Adnane<sup>1</sup>, M Mouloudi<sup>2</sup>, F Dahim<sup>3</sup>, M Medjamea<sup>4</sup> and S Belakehal<sup>5</sup>**

<sup>1</sup>Medico-Surgical Emergency Department, Military Hospital University of Oran, Algeria

<sup>2</sup>Radiology Department, Military Hospital University of Oran, Algeria

<sup>3</sup>Intensive Care Department, Military Hospital University of Oran, Algeria

<sup>4</sup>Pathology Department, Military Hospital University of Oran, Algeria

<sup>5</sup>General Director of the Hospital, Military Hospital University of Oran, Algeria

**\*Corresponding Author:** Zatir Soufiane, Medico-Surgical Emergency Department, Military Hospital University of Oran, Algeria.

**Received:** June 20, 2022; **Published:** July 27, 2022

### **Abstract**

Outpatient thyroid surgery is growing in popularity because it can reduce length of hospital stay, lower costs of care, and increase patient satisfaction. There remains significant variation in the use of this practice, including a perceived lack of knowledge regarding the safety of outpatient thyroidectomies and how to implement standardized institutional protocols to ensure safe same-day discharge. We started doing thyroidectomies on an outpatient basis with 8-hour drainage, we operated on 22 patients with multinodular goiter without suspicion of malignancy. We had no postoperative complications and all our patients left the same day after removal of the drainage.

**Keywords:** Ambulatory Thyroidectomy; Thyroid Surgery; Outpatient Thyroidectomies

### **Introduction**

Over the past 20 years, there has been a growing body of evidence in the literature reporting the outcomes of outpatient thyroidectomy (without overnight hospitalization). Most of these works come from the United States. The American Thyroid Association (ATA) recently released an interdisciplinary consensus statement regarding ambulatory thyroidectomies. Traditionally, thyroid surgery is performed with a postoperative hospital stay of at least 1 or 2 nights. In recent years, several series of outpatient thyroidectomies have been published [1-16]. Day surgery is becoming increasingly popular, especially in the United States, where there are dedicated day surgery facilities, independent centers or "Free-Standing Surgery Centers" [10,12]. But thyroidectomies "without the nights spent in the hospital" remain relatively rare in Europe, and particularly in France where only one series has been published [6]. The results reported by the Americans are suspected of being difficult to transpose to Europe, because the patients would remain hospitalized for 23 hours and/or would sleep the first night in a hotel, whereas in France, the length of stay must be less than 12 hours. We present our new experience concerning thyroid surgery on an outpatient basis in the university military hospital of Oran in Algeria. This decision concerns the care of twenty-one patients with simple multinodular goiter without signs of malignancy [12,17-20].

### Materials and Methods/Case Report

We operated on 22 patients with multinodular goiter without signs of malignancy, the selection criteria was:

- Patient age less than 70 years old.
- Simple nodular goiter.
- Without comorbidity factors, namely hypertension, diabetes, morbid obesity.
- The ultrasound radiological examination the simple multinodular goiter tyras 2 - 3 and whose cytopuncture came back negative.
- Correct biological assessment especially a correct hemostasis, the correct TSH and the rate of Thyroglobulin is correct.

### Surgical protocol

Thyroidectomies were performed via the cervical approach in all cases. When specified, hemostasis of the vessels was achieved in 50% of cases with standard techniques (ligation or mono- or bipolar coagulation). A redon 14 drain was used in the thyroid compartment.

### Discussion

In 2000 the National Health Service in England set a target of performing 75% or more of all elective surgery on an outpatient basis and in 2001 the British Association of Day Surgery added thyroidectomy to the list of outpatient interventions. However, same-day discharge after thyroidectomy has only been adopted by a very few UK centres. The aim of this review was to establish the evidence base surrounding same-day thyroid surgery. In 2013 [4], the American Thyroid Association (ATA) released a statement on outpatient total thyroidectomy, providing guidelines on the appropriate steps to take to perform outpatient thyroid surgery safely. Hessman, *et al.* [5] describe the outcomes of 72 patients who underwent total thyroidectomy by a single general surgeon at a private hospital in Portland, Oregon. They identified that male gender and Graves' disease put patients at higher risk for unplanned admission in their cohort. Sklar, *et al.* [6] describe 94 ambulatory hemithyroidectomies performed in a community hospital in Canada, of which 5 patients required unplanned hospitalization. In a separate study, Ayala and Yencha [7] report 61 cases of successful outpatient total thyroidectomy in a small [6], low-volume hospital. we performed 22 outpatient thyroidectomies performed by a single surgery during the year 2021, we reported no intraoperative insiders were reported, postoperatively no case of postoperative hematoma was noted, the drain was kept on for 8 hours. a single case of complication of a type of hypocalcemia complicated by ants benefiting from a calcium-based treatment and the patient was kept under observation for 24 hours. there is no recurrent nerve injury [7].

### Conclusion

Total thyroidectomy in carefully selected cases is safe as an outpatient procedure in the community setting, and strict adherence to guidelines and procedures results in low complication rates. Geographic proximity of the surgical facility to the patient's home should further improve safety in the community setting.

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**Volume 5 Issue 8 August 2022**

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