

ABSTRACT

Total Thyroidectomy is most commonly performed surgery. There are some common complications like Hemorrhage, Hypocalcemia, and recurrent laryngeal nerve in which the incidence of hypocalcemia after total thyroidectomy will be 2-30%.

Aim of this study is to identify predictors of transient and permanent hypocalcemia which includes clinical parameters like age & sex of the patients size of goiter, biochemical factor like Serum ionized calcium parathyroid hormone level vitamin D, and albumin and preoperative factors like identification of no of parathyroid glands during thyroidectomy.

Early serial ionized calcium, PTH level monitoring in post operative period can predict the post thyroidectomy hypocalcemia.

Thus the study concludes that normal levels of post operative calcium values based on two early ionized calcium values and parathyroid hormone level within 24 hrs after total thyroidectomy are strongly predictive of a stable post operative calcium level. These patients thus can have an early and safe discharge from the hospital. Patients with decreased calcium and parathyroid hormone values in the postoperative period are at a higher risk of developing symptomatic hypocalcemia and require careful follow up and monitoring. So these predictors will influence the occurrence of hypocalcemia after total thyroidectomy, and the patients can be discharged early.