

ABSTRACT

BACK GROUND

Thyroidectomy is a common surgery with an extremely low mortality, with specific morbidities which are related to the experience of the surgeon. Very low morbidity rates with specialised centers. Thyroid surgery is associated with few complications and no fatality. Post-operative complications may be as insignificant as edema of the flap or as dangerous and life threatening as hemorrhage or respiratory obstruction. Complications are less with sound surgical technique and good preoperative preparation

OBJECTIVE

1. The objective of the study is to compare complication rates of Bilateral sub total thyroidectomy (SBT), near total thyroidectomy (NTT) Hemithyroidectomy (Total lobectomy and isthmusectomy), and Total thyroidectomy (TT) in cohort of patients undergoing surgery for various thyroid disorders.
2. To compare complication rates after thyroidectomy for benign diseases and malignant diseases.
3. To identify ways to avoid the post operative complications.

METHODOLOGY

It is a prospective study conducted from September 2016 to August 2017 in one hundred patients who underwent thyroidectomy surgery in our hospital which includes ninety three female and seven male patients. All basic investigation along with vocal cord examination and special investigation like thyroid profile and

serum calcium is done in all patients in the study group. Meticulous pre operative preparation is done in all cases. FNAC is done in all cases of goitre under study group . Finally the outcome of various thyriodectomy procedures and their post operative complications along with nature of histopathological reports were compared. The morbidity and mortality associated with each procedure and nature of the disease were compared in this study.

RESULTS

In our study flap edema occurred more frequently,that too more frequent after total thyriodectomy (12%) .

Seroma occurred in eight cases (8 %) but subsided rapidly. The incidence of recurrent laryngeal nerve (vocal cord) palsy is 7 % and superior laryngeal nerve palsy in four patients (4%). These complications were transient. Recovered spontaneously over the time. Post operative hypo parathyroidism occurred in four patients who underwent total thyriodectomy for malignant thyroid disorders. These incidence is due to surgical clearance for malignant disease. This study also reveals complication rates were more for total thyriodectomy than any other procedures. Incidences of other complications are also higher in bilateral

total thyroidectomy. Thyroid storm, oesophageal injury and death were nil in our study group.

This study revealed that the hemithyroidectomy is an extremely safe procedure without any complication.

CONCLUSION

The following conclusions are drawn from this study

1. This study shows that the total thyroidectomy or hemithyroidectomy can be done with very low complication rate in cases of benign thyroid disease affecting the whole gland.
2. Recurrent laryngeal nerve palsy , hypo parathyroidism induced hypocalcemia were occurring in total thyroidectomy procuredes in malignant thyroid disorder patients than benign disorders.
3. Thyroid carcinoma, recurrent goiter, toxic goiter and total thyroidectomy are risk factors for post operative complication.
4. There is a risk of recurrence with bilateral subtotal thyroidectomy. Because total thyroidectomy carries a risk of complication similar to that for bilateral subtotal thyroidectomy, it is no logical to avoid total resections. Therefore near total or total thyroidectomy may be the operation of choice for multinodular goiter.

5. Complications and sequelae of thyroid surgery can yet be reduced by careful evaluation of the surgical and medical therapeutic options to have more precise surgical indications, a thorough knowledge of the surgical anatomy, a rigorous surgical technique, a systematic dissection of recurrent laryngeal nerve and meticulousness during the procedure.

6. I conclude that the operative skills and experience of the Surgeon and the malignant nature of the disease are the determining factors for the complications in thyroidectomy procedures.