

Same Day Thyroid Surgery Guidelines (2015)

These guidelines were developed by the Canadian Society of Otolaryngology – Head and Neck Surgery Endocrine Group. At the 2015 Annual Meeting in Winnipeg, Manitoba a consensus was achieved and the guidelines were adopted.

Preamble:

Same day thyroid surgery is becoming increasingly more common in North America. The Canadian Society of Otolaryngology – Head and Neck Surgery Endocrine Group determined that it was important to develop a guideline to assist thyroid surgeons performing same day thyroid surgery. The process involved reviewing guidelines developed by other groups (For example: American Thyroid Association Statement on Outpatient Thyroidectomy, 2013), discussion via telephone, correspondence via Email, and a discussion at the 2015 Annual Meeting of the Canadian Society of Otolaryngology – Head and Neck Surgery Endocrine Group in Winnipeg, Manitoba where a consensus was reached.

Disclaimer:

These guidelines were developed to assist thyroid surgeons with decision making. They are not intended to replace or supersede the surgeon's judgment.

Organization:

The guidelines are organized into four categories: Patient Factors, Social Situation, Final Check, and Protocol.

I. Patient Factors

Same day surgery should be avoided in the following patients:

1. Serious medical conditions.
2. Suffering from moderate or severe obstructive sleep apnea.
3. Taking any blood thinning medications at the time of surgery (not including NSAIDs).

At the time of discharge the patient should meet the following:

1. Vital signs are stable.
2. There is no significant coughing or vomiting.

3. Pain is well controlled.
4. The incision site is not worrisome for hematoma.
5. Tolerates PO and is able to void.

II. Social Situation

1. The patient needs a responsible adult to drive them home from the hospital.
2. A responsible adult must stay with the patient overnight.
3. The patient must live within reasonable proximity of an appropriate hospital.
4. The patient must demonstrate that they understand the instructions and risks associated with hematoma, hypocalcemia, and infection.

III. Final Check

1. The patient meets the hospital post-thyroidectomy hypocalcemia criteria for discharge.
2. The patient is examined at a minimum of 2 hours post-thyroidectomy.
3. The staff surgeon feels as if the patient can go home given the extent of surgery and perioperative course in his/her judgment.

IV. Protocol

1. The patient and the responsible adult that will stay with them receive verbal and written instructions regarding signs of hematoma as well as what to do.
2. The patient and the responsible adult that will stay with them receive verbal and written instructions regarding signs of hypocalcemia as well as what to do.
3. The phone number of the hospital is provided with instructions of who to call if they have questions.
4. If uncertain about whether a hematoma is developing, call an ambulance and go directly to the hospital.