

HEALTH RESEARCH ABSTRACT SUBMISSIONS

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Name *	Philip Spanheimer
Email *	philip-spanheimer@uiowa.edu
Educational Level *	Post-Doc/Fellow
If Selected Other	R1
College *	College of Medicine
Department *	Surgery
Title of Research *	Surveillance and Intervention Following Thyroid Lobectomy
Other Authors *	Kristopher M. Day, BS Sonia L. Sugg, MD Geeta Lal, MD James R. Howe, MD Ronald J. Weigel, MD, PhD
Introduction & Purpose *	Following thyroid lobectomy, many patients require ongoing care including thyroid hormone replacement, thyroid ultrasound, fine needle aspiration (FNA), and completion thyroidectomy. This study aims to quantify the rates of surveillance and intervention following thyroid lobectomy.
Experimental Design *	101 consecutive patients who underwent a thyroid lobectomy between November 2006 and May 2009 were evaluated. Exclusion criteria included prior thyroid surgery and patients who had an incidental thyroidectomy during surgery for another indication. Clinical and follow-up data were obtained by a review of patient charts.
Results *	<p>Of 101 patients undergoing thyroid lobectomy, 19 required completion thyroidectomy and 11 had hypothyroidism prior to lobectomy. Of the remaining 71 evaluable patients, 30/71 (42.2%) were started on thyroid hormone replacement after lobectomy, with 24 patients having elevated TSH and 6 for suppression of nodules in the contralateral lobe. The likelihood of thyroid hormone replacement demonstrated a trend with a contralateral nodule on preoperative ultrasound (9/14, $p=0.06$) and a significant association with thyroiditis on surgical pathology (10/11, $p<0.001$). Of the 82 patients who did not undergo completion lobectomy, 10/82 (12%) had a post-operative FNA of the contralateral lobe, and 25/82 (30%) were followed with ultrasound surveillance. Total cost including hospital stay and follow up per patient was \$8,831.17 for lobectomy compared to \$7,348.36 for total thyroidectomy. Mean follow up in these patients was 240 days. There were no instances of permanent recurrent laryngeal nerve injury.</p>
Conclusions *	After thyroid lobectomy, patients have a high likelihood of requiring additional treatment including the need for thyroid hormone replacement, follow up ultrasound, FNA of the contralateral lobe and completion thyroidectomy. The total cost of a thyroid lobectomy including post operative care is 20% more than the total cost of total thyroidectomy. Patients should be counseled about the need for continued surveillance after lobectomy and the option of total thyroidectomy to prevent future

interventions and reduce average cost.

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