

Outpatient parathyroidectomy – risk factors and changes in an over 20-year practice

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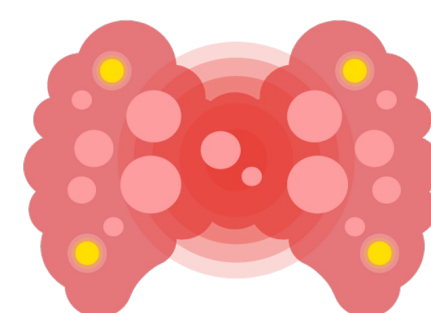
INTRODUCTION

- Increase in ambulatory surgeries
 - Increase in outpatient endocrine surgeries
 - High-volume endocrine surgery centers
- Reasons inpatient parathyroidectomies are still performed performed:
 - Central neck hematoma risk
 - Hypocalcemia

Are patient characteristics or risk factors associated with likelihood of outpatient parathyroidectomy?
What trends have been seen in outpatient parathyroidectomy at in a 20-year period?

MATERIALS AND METHODS

- Prospective parathyroidectomy database 2001-2022
 - Outpatient: same day discharge
 - Inpatient: requiring admission
- Demographics, risk factors
 - Univariate analyses
 - Multivariable analysis



RESULTS

Table 1.	Outpatient Parathyroidectomy n=2454 ^a	Inpatient Parathyroidectomy n=494 ^a	p-value
Male, n (%)	600/2454 (24.5)	140/494 (28.3)	0.07
Mean age, years (SD)	58.52 (14.1)	58.34 (16.8)	0.80
Race			0.02*
White, n (%)	2168/2375 (91.3)	463/487 (95.1)	
Black, n (%)	198/2375 (8.3)	23/487 (4.7)	
History of alcohol use, n (%)	847/2447 (34.6)	129/494 (26.1)	<0.001*
History of tobacco use, n (%)	462/2445 (18.9)	92/494 (18.6)	0.89
Anticoagulation/antiplatelet use, n (%)	717/2442 (29.4)	170/494 (34.4)	0.03*
Redo parathyroidectomy, n (%)	294/2453 (12.0)	71/494 (14.4)	0.14
Mean length of stay, days (SD)	---	1.14 (0.06)	---

*p<0.05

Table 2.	OR	95% CI
Outpatient parathyroidectomy (vs. inpatient parathyroidectomy)	---	---
Age	1.00	(0.99-1.01)
Black race	1.95	(1.25-3.05)*
History of alcohol use	1.58	(1.27-1.97)*
Anticoagulation/antiplatelet use	0.76	(0.61-0.94)*

*p<0.05

CONCLUSION

- Patient-level risk factors more likely to be associated with complications rather than post-operative length of stay
- Careful selection of appropriate patients for patient qualifications (selective use of inpatient parathyroidectomy)
- Next steps: algorithm for selective use of inpatient parathyroidectomies