

DOES COMPLETION THYROID SURGERY POSE A HIGHER RISK OF COMPLICATIONS?

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Introduction

- The outcomes of completion thyroidectomy are not well-documented.
- Our aim is to compare the major risks of **total thyroidectomy (TT)**, **thyroid lobectomy (TL)**, and **completion thyroidectomy (CT)**

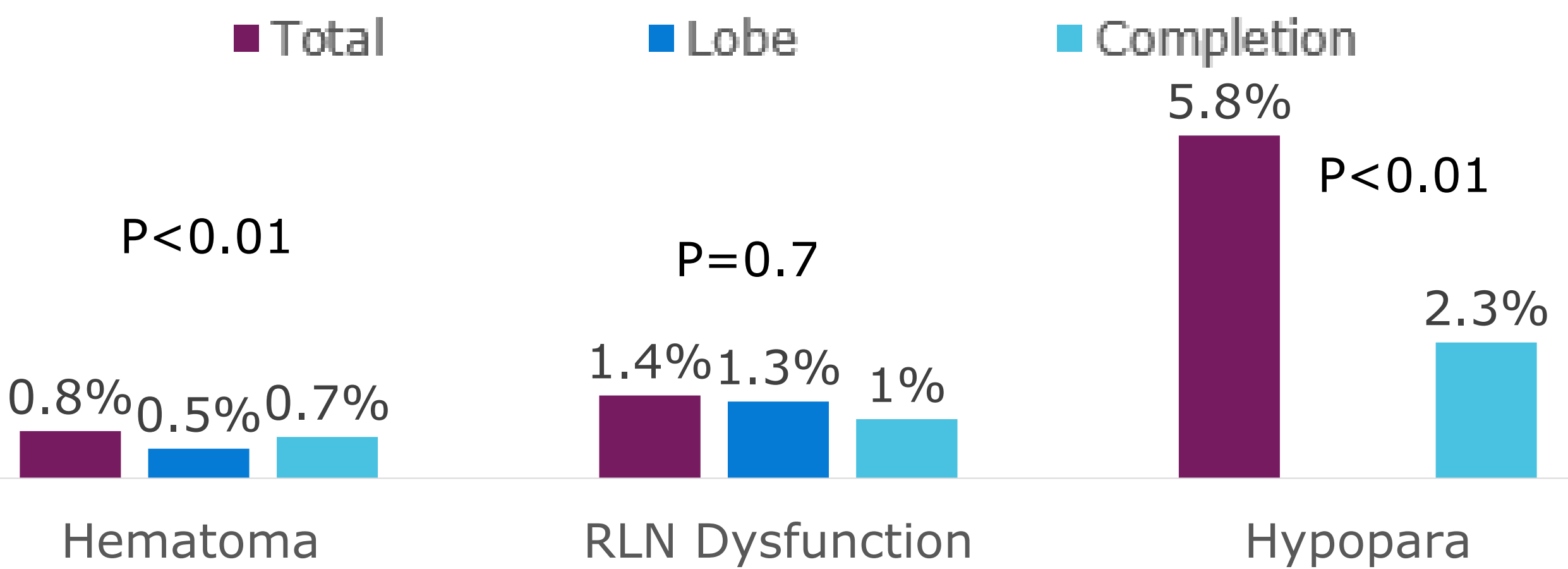
Methods

- Using the Collaborative Endocrine Surgery Quality Improvement Program, we identified all cases of thyroidectomy without lymphadenectomy (2013-2023).
- Reoperative thyroidectomies in the ipsilateral compartment were excluded.
- 30-day outcomes included hematoma requiring evacuation, vocal cord dysfunction documented by laryngoscopy, and clinical concern for hypoparathyroidism
- Long-term outcomes excluded hematoma.

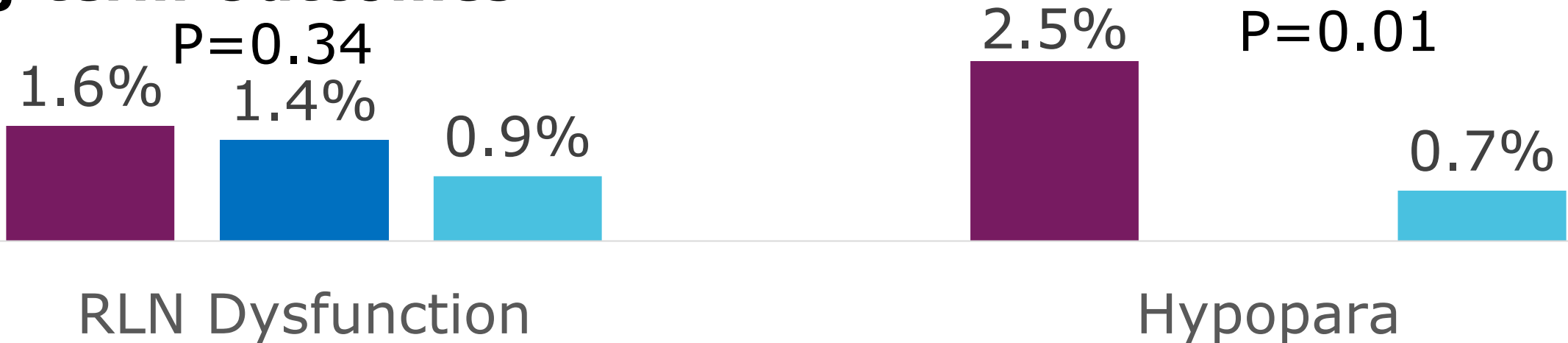
Results

All=33,154. **Total=57%**, **Lobe=40%**, **Completion=3%**

Short-term Outcomes



Long-term Outcomes



Conclusion

- The overall complication rate after **completion thyroidectomy** was low.
- However, the incidence of hypoparathyroidism was 2.5-fold higher for **total** than for **completion thyroidectomy** at 30-days and remained 3.7-fold higher at 6-months.
- In some clinical scenarios where hypoparathyroidism may be difficult to treat, and total thyroidectomy is necessary, 2-stage thyroidectomy may be considered.