

THERE IS NO CASE FOR DUAL CONSULTANT OPERATING IN BENIGN THYROID DISEASE

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Introduction

It is now fashionable for consultant surgeons to operate in pairs
Purported advantages include

- ‘two sets of eyes being better than one’
- good quality assistance
- combined experience in perioperative decision making

In the pandemic, dual-consultant operating became more common owing to limited access to theatre.



Aim


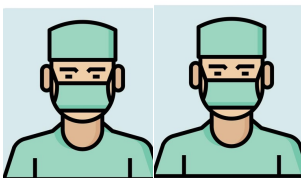
to determine if there are any advantages to dual-consultant operating in patients with benign thyroid disease.

Method:

Retrospective study of prospectively collected data on patients undergoing total thyroidectomy for benign disease. Patients were divided into dual-consultant or single-consultant operating for Graves’ disease and multinodular goitre (MNG).

Results:

Between May 2014 and Dec 2023 dual-consultant total thyroidectomy in 36 Graves’ and 45 MNG, compared with single-surgeon operations for the same numbers between Sept 2021 and Dec 2023.

	Graves’ disease			MNG		
	Goitre weight [g] (median; range)	Op time [min] (median; range)	Day one calcium [mmol/l] [NR 2.2-2.6]	Goitre weight [g] (median; range)	Op time [min] (median; range)	Day one calcium [mmol/l] [NR 2.2-2.6]
	58 (31-81)*	90 ⁺	2.25 [∞]	40 (15-924) ^f	90 ^e	2.31 [†]
	160 (35-530)*	80 ⁺	2.25 [∞]	62 (11-173) ^f	80 ^e	2.20 [†]

*,+ , ∞, f,e,† no significant statistical difference (Student’s unpaired t-test)
No patient had a permanent RLN injury.

Conclusion

There is no evidence to support dual-consultant operating for patients undergoing total thyroidectomy for Graves’ disease or MNG. This will allow for better deployment of resources.