Thyroid lobectomy generic adult pathway

Endocrine surgery and ENT

GIRFT GETTING IT RIGHT FIRST TIME

ENTUK

BAETS BRITISH ASSOCIATION OF ENDOCRINE & THYROID SURGEONS

Referral, surgical review & assessment

- Referral
- Screen new referrals for virtual or face to face
- Ultrasound, fna, nasolaryngoscopy available if needed
- Discuss results with patient
- Decision on whether to proceed
- Provide patient information
- Discuss at MDT and refer to CNS if appropriate

Patient selection & Booking/Listing

- Clinical decision on day case surgery
- Book as inpatient
- Book as day case
- Note if available at short notice
- Lifestyle interventions (smoking cessation, weight management etc)

Clinical decision on day case surgery
Offer in line with BAETS guidance and if all BADS guidelines criteria met and patient accepts.
Document offer

Pre-operative assessment

- If on cancer pathway Maximum 1 week after listing (including diagnostic)
- If on elective pathway Minimum 6 weeks prior to surgery
- Pre-operative assessment
- Ensure patient has had information from surgeon
- Give information about postoperative pain control and discharge

Pre-operative assessment
Consider anaemia, management of diabetes, medication checks including allergies, infection control, DVT prophylaxis, thyroid function, calcium, vitamin D

Admission

- Follow COVID swab / isolation guidance
- Call day before surgery to check fitness for admission
- Admit on day of surgery. Early on list if day case
- Medicines chart
- VTE assessment
- Confirm consent
- WHO protocol
- Check all results in place and reviewed, including COVID swab as per current guidance

Surgery & postoperative care

- WHO checklist including equipment
- Appropriate short acting anaesthetic
- Surgery
- Operation note with postoperative instructions
- Enter audit data
- Discharge letter
- Monitor vital signs
- Have clear instructions to manage airway if evidence of haemorrhage or nerve injury
- Calcium algorithm, if previous lobectomy
- Minimum 6 hours observation if day case

Discharge and follow up

- Nurse led discharge based on BADS criteria and assessment
- Pain control & TTO pack
- Email discharge document to GP, printed copy to patient
- Clear advice on medication including starting T4 if needed.
- Clear written advice for patient & carer on how to seek help in the event of difficulty breathing.
- Follow up in 2 weeks to discuss hiostology, virtual or f2f as appropriate. Check TSH
- Discharge from follow up if benign/MDT if malignant

Discharge criteria
Based on BADS criteria and assessment.
Assessment of neck for swelling and other signs / symptoms of bleeding or nerve injury.
Assess if patient can eat and drink.