

Comment on: Safety and cost-effectiveness of outpatient thyroidectomy. A retrospective observational study

To the Editor

The paper of AlEsa et al¹ is concerning a debated issue since several years: can same day thyroidectomy be performed safely? Although the number of reported patients is relatively low, the outcome between outpatients and inpatients was not different in the experience of the authors, being in line with previous studies,² provided a high-volume surgeon as in this report, is available. Indeed, economic more than true surgical factors seem often to drive the choice toward a same day surgery. However, other aspects should be considered before any decision. Most patients are reasonably satisfied after a same day thyroidectomy, but a subset of patients is uncomfortable going home few hours after surgery. An accurate (not only surgical) selection of the patients is the key to achieve safe and satisfactory results. As outlined by Courtney et al³ social and medical factors that place patients at higher risk for complications must be identified. Patients must be able to identify postoperative complications, contact the surgical team and not live far away from the hospital. A last, but not least, issue, not mentioned in the study, must be considered: a thorough and meticulous anesthesia, to avoid or reduce postoperative nausea or vomiting.

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Reply from the Author

We thank Dr. Sandro Contini for his interest and invaluable comment on our study, "Safety and cost-effectiveness of outpatient thyroidectomy A retrospective observational study."¹

We would like to clarify that the small sample size was influenced by different factors which underline

the importance of proper selection of patients for ambulatory surgery. Only patients who were principally fit to undergo same-day surgery were enrolled in the study. In addition, patients' social and economic factors were accounted for as well.

In our government-funded hospital, the financial issue for the patient plays a minimal role in deciding for ambulatory versus in-patient procedure, as all costs are covered by the government. One of our aims in this study was to find out the economical impact of implementing a safe ambulatory thyroidectomy surgery. Our results demonstrated a favorable outcome by saving around 15% of the total cost of in-patient thyroidectomy surgery. Redirecting such savings into other healthcare channels can help in utilizing resources the best way possible and improving the quality of care in the health care system. In addition, the saving in bed availability especially in the COVID19 era, which demands a minimum bed capacity to be maintained in anticipation of any outbreak wave, is of paramount importance.

We totally agree with Dr. Contini's comment regarding the importance of meticulous surgery with optimal anesthesia as these measures will minimize the risk of dreadful complications. We found most of our patients tend to opt for ambulatory based surgery once a proper education of the procedure and the post-operative care course is clearly explained. Therefore, a proper communication between the medical team and patients should be emphasized and not neglected.

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