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Our experience in treatment of recurrent laryngeal nerve paralysis after Thyroidectomy

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Recurrent laryngeal nerve paralysis, a common complication after Thyroidectomy depends on the kind of Thyroidectomy, unilateral or bilateral paralysis may occur. Anterior branch of RLN is in the posterior aspect of cricoThyroid joint so it can simply get injured in blind dissection of this area. After unilateral RLN injury, we have true vocal cord paralysis at the same side. In this category the patients have swallowing problem with voice disorder. Depends on the severity and the type of injury in the operation we can do some procedures with different approach. TVC medicalization with Cortex, cadaveric fascia, fascia late is the procedures of choice in selected patients in our experience. Especially we create a window in lower most border of Thyroid cartilage about 6-10 mm posterior to the anterior commissure. Injection of VOX under general anesthesia in paraglotic space with the special injector is the simplest procedure with good outcome. Neuromuscular pedicle transfer, reinnervation with nerve graft is the other procedure that we can do in this situation. Anyway the best result is in the primary surgery at the time of Thyroidectomy, that the surgeon should carefully dissect the nerve and prevent to damage the recurrent laryngeal nerve.

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Outpatient Thyroid surgery

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Outpatient Thyroid surgery has been increasing in frequency over the last decade. Factors driving this transition of a traditional inpatient procedure to the outpatient realm include: costs, surgeon experience, energy instrumentation and agents for hemostasis, laryngeal electromyography and paraThyroid hormone assays among others. This presentation will highlight trends and published best practices to safely offer outpatient endocrine surgery of the neck when appropriately indicated. Obstacles to same day surgery will also be presented.

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