

Advancements in 3D Printing for Thyroid Surgery: Enhancing Precision and Outcomes

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DESCRIPTION

Thyroid surgery, an essential intervention for conditions such as thyroid cancer, benign nodules and hyperthyroidism has witnessed significant advancements over the years. 3D printing technology is one of these breakthroughs that have shown to be a game-changer, improving thyroid surgery results and precision. Three-Dimensional (3D) printing has transformed preoperative planning, intraoperative navigation and postoperative recuperation by making it possible to create patient-specific models, surgical guides and implants. In order to better understand the influence of 3D printing on surgical precision, results and future potential, this article examines the latest developments in this field.

The role of 3D printing in thyroid surgery

3D printing, also known as additive manufacturing, involves creating three-dimensional objects layer by layer from digital models [1]. In thyroid surgery, this technology is applied in several ways to improve surgical precision and patient outcomes.

Preoperative planning: Preoperative planning is important for successful thyroid surgery and 3D printing aids this process by generating accurate, patient-specific anatomical models. With the use of image data from Magnetic Resonance Imaging (MRI) or Computed Tomography (CT) scans, 3D printers are able to produce accurate models of the thyroid gland and surrounding tissues in patients [2]. With the use of these models, surgeons may more fully comprehend the distinct anatomy and pathology of every patient, enabling more thorough preoperative preparation. For example, a thorough model can lower the risk of intraoperative difficulties in thyroid cancer patients by helping to define the size of the tumour and its connection with nearby tissues such the parathyroid glands and recurrent laryngeal nerve. Surgeons can practice difficult parts of the surgery in advance and mimic complex procedures using 3Dprinted replicas [3]. Better patient outcomes may result from this practical training, which can also boost confidence, shorten operating times and enhance surgical abilities. Additionally,

these models are excellent teaching resources for residents and fellows undergoing thyroid surgery.

Intraoperative navigation: In order to prevent problems like nerve injury and hypoparathyroidism after thyroid surgery, accuracy is essential. Customized surgical guides and templates made possible by 3D printing facilitate improved intraoperative navigation. The anatomy of the patient is taken into account while creating 3D-printed surgical guides, which provide exact passageways for surgical equipment. Using these instructions makes it easier to precisely locate and remove thyroid glands or nodules while protecting important structures. A guide that fits tightly over the thyroid cartilage, for instance, can be made to assist avoids the recurrent laryngeal nerve and identifies safe areas for incisions. 3D-printed models can be utilized intraoperatively to give real-time guidance when combined with modern imaging methods [4-6].

Postoperative recovery and custom implants: Additionally, the production of customized implants for patients undergoing thyroid surgery and postoperative rehabilitation are facilitated by 3D printing [7]. 3D printing can be utilized to make customized implants for reconstructive procedures where a large amount of tissue resection is required. Better integration and functionality are encouraged by the implants' anatomical fit to the patient. For example, tracheal stents built to order can be utilized to lower the risk of problems after major thyroid surgery by maintaining airway patency. Because they offer comprehensive details regarding the surgery site, 3D-printed models can help with postoperative care. Plans for individualized therapy and progress tracking may be created using this data. These models may also be utilized to inform patients about their surgery and recuperation process, which will increase patient happiness and participation [8-10].

CONCLUSION

Technological developments in 3D printing have completely changed thyroid surgery by increasing accuracy, cutting down on operating hours and improving patient outcomes. Custom

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implants, surgical guidance and anatomical models tailored to each patient provide previously unheard-of chances for enhanced surgical education and individualized treatment. Although there are still obstacles to overcome, such financial constraints and legal issues, 3D printing holds great promise for thyroid surgery in the future. The accuracy and results of thyroid surgery will be further improved by ongoing innovation and integration with other modern technology, eventually helping patients all around the world. The use of 3D printing technology is expected to advance the discipline and establish new benchmarks for the surgical treatment of thyroid problems.

REFERENCES

- Misquith JC, Bhattacharya O, Nambiar H, Kamath SS, Rao ST. Removal of broken airway exchanger in a patient post thyroid surgery. Tren Anaesth Crit Care. 2023:101323.
- Seifert G. Bilateral mucoepidermoid carcinomas arising in bilateral pre-existing Warthin's tumours of the parotid gland. Oral Oncol. 1997;33(4):284-287.
- 3. Hassikou H, Messary A, Boumdin H, Hadri L, Zouhair A. Severe primary hyperparathyroidism and vitamin D deficiency. Ann Endocrinol (Paris). 2004;65(3):226-232.

- Piperos T, Tanteles S, Zoulamoglou M, Papapanagiotou I, Theodoulou K, Kaklamanos I, et al. 408. Thyroidectomy: Is there safe technique for the laryngeal nerve?. Eur J Surg Oncol. 2016;42(9):161-162.
- Wasano K, Hashiguchi S, Suzuki N, Kawasaki T, Nameki I, Nameki H. Transoral closure of pharyngeal perforation caused by gastrointestinal endoscopy. Auris Nasus Larynx. 2014;41(1): 113-117.
- 6. Xiong X, Huang B, Gan Z, Liu W, Xie Y, Zhong J, et al. Ubiquitinmodifying enzymes in thyroid cancer: Mechanisms and functions. Heliyon. 2024.
- Li H, Wu P. Epigenetics in thyroid cancer: A bibliometric analysis. Endocr Connect. 2024;13(9).
- 8. Fan Y, Zheng X, Xu T, Li P, Zhang Y, Ran Y, et al. A bibliometric analysis of follicular thyroid carcinoma: Current situation, hot spots, and global trends. Asian J Surg. 2024.
- 9. Thöle M, Brezina T. Thyroid Disease in Rabbits and Rodents. Vet Clin North Am Exot Anim Pract. 2024.
- Wu L, Zhou Y, Liu M, Huang S, Su Y, Lai X, et al. Video-based AI Module with Raw-Scale and ROI-Scale Information for Thyroid Nodule Diagnosis. Heliyon. 2024.