

Safety and Cost-Effectiveness of Out-Patient Thyroidectomy: Experience in Two Tertiary Care Hospitals

Mohammed AlEsa

King Saud University, Saudi Arabia



Abstract

Objective: To investigate the feasibility and safety of out-patient thyroidectomy in Saudi Arabia and provide a systematic post-operative care plan scheme for safe discharge.

Methods: The medical records of all patients who underwent total, hemi-, or completion thyroidectomy from July 2017 – April 2019 were reviewed from a prospectively collected database. Multivariable analysis was performed on the potential predictors of post-operative complications including: age, gender, type of admission, ASA classification, and type of surgery. Healthcare costs of the type of admission (out-patient vs. in-patient) were reviewed as well.

Results: One-hundred and twenty-two patients were included in the study. Total thyroidectomy was the most prevalent type of surgery ($n = 90$, 73.7%). Most of the cases were in the out-patient group ($n = 76$, 62.3%). There was a total of 20 complications in 18 patients (In-patient = 9 vs. out-patient = 9). No cases of cervical hematoma or bilateral vocal cord paralysis were encountered. No differences were noted between type of admission (out-patient vs. in-patient) and complications post-surgery ($P = 0.24$). Multivariable regression model retained significance for male gender and ASA III. Healthcare costs would reduce by at least 15.5% for thyroidectomy when done as an out-patient procedure.

Conclusion: Out-patient thyroidectomy was not different than in-patient thyroidectomy in terms of complications. We project a cost containment of over 2.6 million Saudi Riyals per 1000 cases for out-patient thyroid surgeries.



Biography

Mohammed AlEsa is an Assistant Professor of Otolaryngology, Head and Neck Surgery at King Saud University since 2014. He has a busy practice in thyroid surgery with many publication in thyroid oncology. He is a Chairman of Otolaryngology examination Committee at Saudi Council of Health Specialties.

Publications

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