

The in-patient admission pathway for parathyroid surgery: Is this practice still appropriate?

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Aim:

Although most patients undergoing parathyroidectomy surgery do not have a surgical drain inserted all are admitted within the inpatient pathway. This commits patients at least an overnight stay in hospital.

The aim of this quality improvement project is to examine elective parathyroidectomy procedures as part of an in-patient admission pathway.

Method:

A retrospective study was completed of all adult patients undergoing elective parathyroidectomy surgery over an 8-month period (Oct 2018–May 2019) at a tertiary referral unit.

Results:

Eighteen patients underwent parathyroidectomy surgery in the study period, all indicated for primary hyperparathyroidism. All but two patients had SPECT positive lesions during preoperative planning. Fifteen patients (83%) underwent unilateral surgery whilst three underwent bilateral neck exploration.

Two patients who also underwent hemithyroidectomy surgery had surgical drains inserted, both insitu for a day with average drain outputs of 25 ml/day.

In the cohort of sole parathyroidectomy procedures, surgical drains were inserted in two patients, one of which was a re-exploration neck procedure. The average drain output for both was 10ml/day.

The length of hospital stays for 72% of patients was one day, 22% two days and 1 patient for 8 days. Delays in discharge were due to postoperative urinary retention and biochemical hypocalcaemia. No Patients in 30 days after their procedure returned to the Emergency department or their local General Practitioner with hypocalcemia.

Conclusion:

Patients undergoing sole parathyroidectomy procedures without additional thyroid surgery had insignificant drain outputs. We therefore advocate consideration of a 23-hour admission pathway versus longer in-patient admission.

The 23-hour admission pathway can be facilitated by nurse-lead discharge and formulation of a specific postoperative checklist to ensure close monitoring, bone profile bloods, clear indicators for seeking specialist review, analgesia, and anti-emetic treatment.

Reducing the length of hospital stay safely and effectively improves patient experience, reduces risks and costs, making ENT departments resilient to pressures of bed availability.