Dynamic Risk Stratification: Intraoperative Decision-Making in Treatment of Thyroid Cancer

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Abstract

Introduction: Surgery, the primary treatment for thyroid cancer,¹ involves a constant real-time assessment and active process. Intraoperative decision whether the patient has high-risk features directly influences surgical extent and postoperative adjuvant treatment.

Materials and Methods: We highlighted 10 points requiring dynamic intraoperative decision-making. These intraoperative settings and surgical techniques were demonstrated by video footage.

Results: These included positioning, inspection of the Delphian lymph nodes,² assessment of strap muscles adherence, protection of the parathyroid glands,³ dissection at the ligament of Berry, confirmation of complete removal of thyroid but not parathyroid tissue, nodal status assessment posterior to the recurrent laryngeal nerve, the need for conversion to a compartment-oriented therapeutic central neck dissection,⁴ extent of the superior most aspect of a therapeutic lateral neck dissection, and detailed information in the operative note.

Conclusions: Through these 10 points, surgeons may minimize persistent or recurrent diseases as well as ensure safety. Such information would facilitate postoperative decision-making by the multidisciplinary team.

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Runtime of video: 10 mins

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Keywords: thyroid cancer, risk assessment, thyroidectomy, decision-making

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