

RISK FACTORS FOR POST-THYROIDECTOMY BLEEDING: ANALYSIS OF UNITED KINGDOM REGISTRY OF ENDOCRINE AND THYROID SURGERY (UKRETS)

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Day-case thyroidectomy is increasingly performed despite some concerns regarding its safety. Post-operative haematoma is the main complication which deters surgeons from undertaking day-case thyroidectomy. The United Kingdom Registry of Thyroid and Endocrine Surgery (UKRETS) was analysed to identify risk factors for post-operative haematoma. 14 years data from 28/06/2004 was analysed. Entries with patients aged <18 and >90 years or missing data were excluded. Predictive factors for reoperation for bleeding included patient age, gender, thyroid status, goitre type, extent of surgery, re-do surgery, pathology and use of additional surgical energy sources in addition to diathermy. 66,707 thyroidectomies were recorded in UKRETS. 38,545 entries were analysed after exclusions. 417(1.1%) thyroidectomies underwent reoperation for bleeding. Lymph node dissection, thyroid cancer, re-do surgery and use of additional energy sources showed no correlation with post-operative haematoma. Male gender, age, hyperthyroidism, retrosternal goitre, and total thyroidectomy were significantly correlated (Pearson's, $p < 0.05$) with reoperation for bleeding and were included in a logistic regression model to predict bleeding risk, with a calculated $R^2 = 0.019$ (Nagelkerke). Odds ratio for mortality and readmission in post-operative haematoma was 3.78 ($p = \text{ns}$) and 5.86 ($p < 0.01$). Avoiding day-case total thyroidectomy in either the elderly, men, hyperthyroidism or retrosternal goitre is logical given these findings but doesn't guarantee safety of day-case thyroidectomy, as although significantly correlated, these are weak predictive factors for postoperative bleeding. The majority of bleeding risk following thyroidectomy is unrelated to factors recorded in UKRETS and remains an unpredictable and life-threatening event.