

EVALUATING RISK FACTORS FOR RE-EXPLORATION DUE TO POST-OPERATIVE BLEEDING AFTER THYROID SURGERY. A NESTED CASE-CONTROL STUDY.

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Background: Post-operative bleeding after thyroid surgery remains a potentially lethal complication. Outpatient thyroidectomy is an increasing trend in the high volume centres. There is a need to identify risk factors for postoperative bleeding in order to select proper patients for outpatient thyroidectomy. This study aimed to investigate this using a national population-based register. Material and Method: A nested case-control study on patients registered in the Swedish national register for endocrine surgery (SQRTPA) was performed. Patients with postoperative bleeding were matched 1:1 by age and gender to controls. Additional information on cases and controls was queried from attending surgeons using a questionnaire. Risk factors for postoperative bleeding were evaluated with logistic regression and presented as odds ratios (OR) with 95% confidence intervals (CI). Time of bleeding in relation to surgery was also investigated. Results: There were 9,494 operations registered, 174 (1.8 %) of them had postoperative bleeding. In the whole cohort, patients with postoperative bleeding were older, 58 (46-69) vs. 49 (37-62) years, than patients without. Male patients had a higher risk of bleeding, OR 2.18 (95% CI 1.58-2.99). In the case-control cohort, drain was an independent risk factor for bleeding, OR 1.64 (1.05-2.57). Two thirds of patients bled within 6 hours after surgery. The incidence of bleeding after 24 hours was 10%. Conclusion: High age, male gender and drain are independent risk factors for bleeding after thyroid surgery. Even with careful patient selection, prolonged observation might be necessary in day surgery.