Relation between surgeon reported outcome and the National Prescribed Drug Register in Sweden. A nationwide study of permanent hypoparathyroidism after total thyroidectomy.

**Contact name:** ANNEBACK, MATILDA  
**Institution/company:** Department of Surgical Sciences, Uppsala University,  
**Phone:** 958536820  
**Country:** Sweden  
**E-mail:** matilda.anneback@surgsci.uu.se  
**Type of communication:** ORAL  
**Number Abstracts:** 166  
**Area:** 2. General topics on endocrine surgery: Thyroid.

MATILDA Annebäck Department of Surgical Sciences, Uppsala University,; JAKOB HEDBERG Department of Surgical Sciences, Uppsala University,; BRANISLAV KLIMACEK Department of Surgery, Uppsala University Hospital; MARTIN ALMQUIST Department of Clinical Science, Lund University; PETER Stålberg Department of Surgical Sciences, Uppsala University,; OLOV NORLÉN Department of Surgical Sciences, Uppsala University,

**Abstract body (should contain maximum 300 words)**  
Purpose Most larger studies of permanent hypoparathyroidism (pHPP) after total thyroidectomy (TT) rely on non-validated surgeon-reported data. The prevalence of pHPP is highly variable, which raises questions about the reliability of surgeon-reported data. We aimed to investigate the prevalence of pHPP and the concurrence in surgeon-reported data and rate of treatment with active vitamin D and/or calcium after TT. 

Methods All patients who underwent TT for benign thyroid disease in Sweden 2005-2015 were included. Patients were identified through SQRTPA (Scandinavian Quality Register for Thyroid, Parathyroid and Adrenal Surgery), the Swedish National Patient Register (SNPR) and cross-linked with data from the Swedish Prescribed Drug Register. Patients with preoperative treatment with active vitamin D and/or calcium were excluded. pHPP was defined as a new dispensation of active vitamin D and/or calcium 12 months after surgery. Results 7311 patients were included. The coverage rate in SQRTPA was 40.2 % 2005 and increased to 72.4% 2014. Baseline variables in SQRTPA and SNPR showed a concurrence of 98.9% in procedure and 99.0% in operation date, with less than 3 days difference. Some 13.4 % (n=982) developed pHPP after TT. Of those were 16.8% (n=165) reported in SQRTPA, while 32.5% (n=319) was reported as no pHPP and 50.7 % (n=498) had either missed data or no registration in SQRTPA. Conclusions The risk of permanent medication with active vitamin D and/or calcium after total thyroidectomy was high. Baseline data had a high concurrence in SQRTPA and SNPR. However, surgeon-reported follow-up data underestimated the prevalence of permanent hypoparathyroidism.