

TOTAL THYROIDECTOMY PERFORMED BY RESIDENTS: A EUROPEAN MULTICENTER STUDY.

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Abstract: The main goal of a high volume teaching endocrine surgical center is the training of specialized surgeons without compromising patients'safety. This multicenter study retrospectively evaluated patients'outcome after total thyroidectomy (TT), performed by resident surgeons (RS) assisted by attending surgeons (AS). Between 2009 and 2013, 8908 patients underwent TT in 10 high volume centers (8 in Italy, 1 in France, 1 in UK). 7092 patients were treated by an AS assisted by a RS (Group A); 261 patients by a junior RS assisted by an AS (Group B); 1555 patients by a senior RS assisted by an AS (Group C). No mortality occurred. Overall morbidity was 22.3% and resulted significantly ($P<0.001$) higher in B (29.5%) than A (22.3%), and C (21.3%), while no differences were found between A and B+C. These results were confirmed by multivariate analysis. For what concerns recurrent laryngeal nerve palsy and hypocalcemia no differences were found among the three groups. Operative time was significantly ($P<0.001$) longer in B (101.3 ± 43.0 min) than A (71.8 ± 27.6 min) and C (81.2 ± 29.9 min). Duration of drain was significantly ($P<0.001$) lower in A (47.4 ± 13.2 h) than C (56.4 ± 16.5 h), and in B (42.8 ± 14.9 h) than A, and C. Hospitalization was significantly ($P<0.001$) longer

in C (3.8 ± 1.8 days) than B (2.4 ± 1.0 days), and A (2.6 ± 1.5 days). It can be concluded that TT can be safely performed by RS with supervision of AS. In order to guarantee patients'safety it is desirable to design training programmes for the gradual achievement of specific technical skills.