**Thyroidectomy Template Answer:**

* **Sources: “SAQs for the Final FRCA”, Shorthouse**
* <https://bit.ly/2Bv7Zz8>
* <http://www.frca.co.uk/Documents/162%20Anaesthesia%20for%20thyroid%20surgery.pdf>
1. **Pre-op assessment:**
	1. History – ask about lying flat, stridor, hoarse voice, stridor
	2. Symptoms of hyper/hypo- thyroidism (AF, ECG), aim for euthyroid pre-op (biochemically & clinically)
	3. Airway examination – extent of goitre, trachea location (deviated?), FONA assessment, neck movements
	4. Bloods: FBC, TFTs, FBC, U&Es, Ca2+.
	5. CT - ? compression, narrowing, deviation, retrosternal extension
	6. Nasal endoscopy
2. **Intra-op:**
	* Usually standard induction, possibly head up/semi-recumbent
	* Reinforced ETT
	* Consider AFOI if tracheal anatomy difficult
	* Consider LA tracheostomy
	* Rigid bronchoscope – backup if unable to pass ETT
	* Careful eye protection (exophthalmos)
	* Neck extended, hear slightly up to help venous drainage
	* Ensure adequate relaxation
	* Consider dexamethasone for oedema/antiemesis
3. **Post-op:**
* ABC approach if called to recovery
* Consider re-intubation and ventilation
* Tracheomalacia or RLN palsy helped by sitting up
* For expanding haematoma, remove clips
* Hypocalcaemia – if >2.0 mmol/L, post-op supplementation; if <2.0 give 10ml 10% calcium gluconate over 10 mins and Px alfacalcidol or dihydroxycholecalciferol (1-5g)
* Pneumothorax – if retrosternal extension
* Thyroid crisis – β-blockers, steroids, and thyroid suppression therapy in HDU/ITU (liaise with endocrinologist)