**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)