



# Focused lateral approach for targeted parathyroidectomy



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## KEYWORDS

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 Focused  
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Minimally invasive targeted parathyroidectomy is typically performed via a midline approach. Alternatively, for more posteriorly located glands, the focused lateral approach allows a much more direct approach to the adenoma. The procedure is safe and can also be performed under local sedation. This article describes in detail the surgical technique as well as patient selection and limitations.

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Minimally invasive targeted parathyroidectomy is typically performed via a midline incision, approaching the parathyroid adenoma by separating the linea alba, similar to the traditional bilateral exploration but through a smaller incision (Figure 1A). Alternatively, for more posteriorly located glands, the focused lateral approach (FLA) allows a much more direct access because the ipsilateral strap muscles are left on the thyroid capsule, and both the thyroid and strap muscles are retracted together (Figure 1B).

## Technique

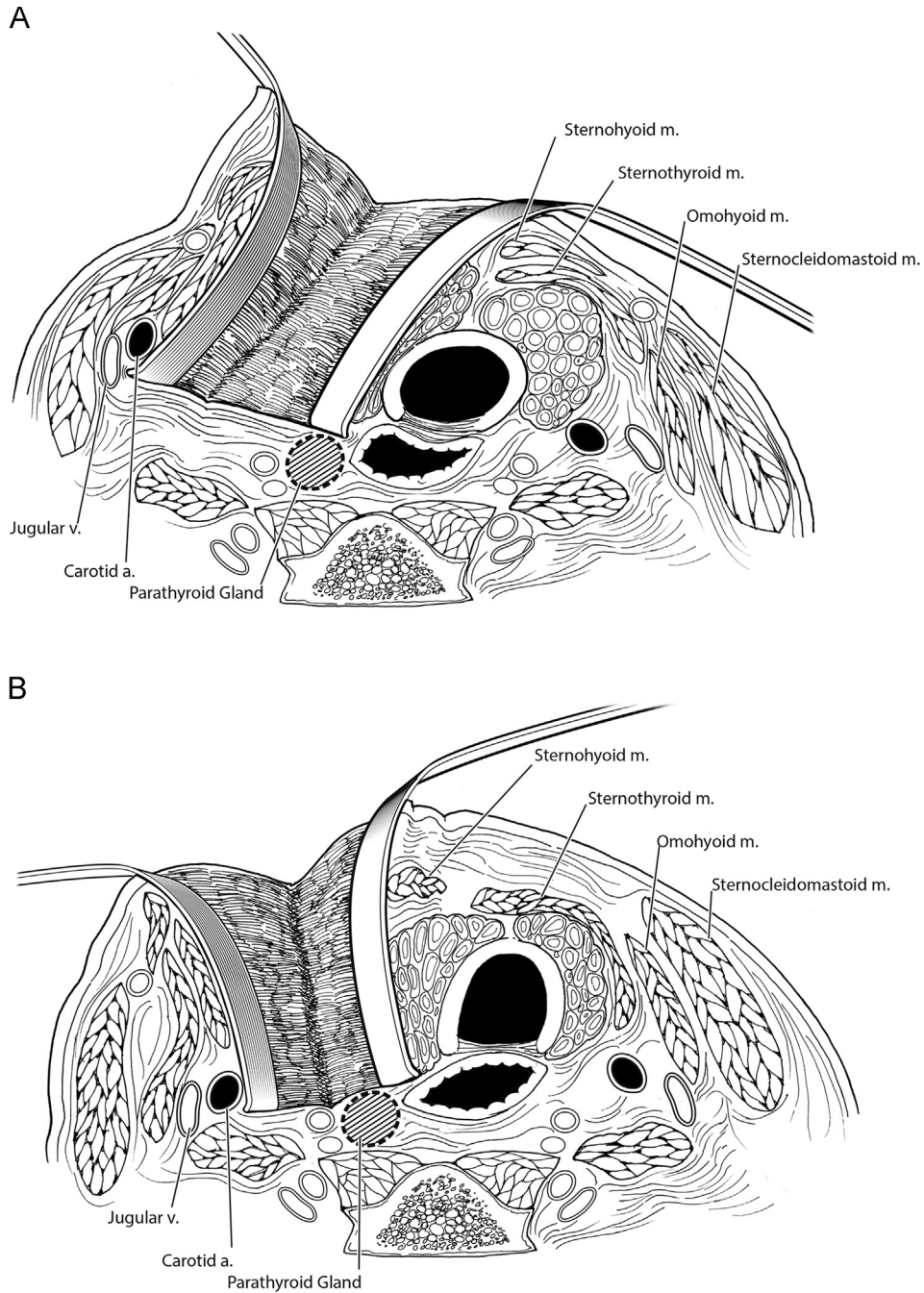
The FLA is performed through a 2.5–3 cm curvilinear incision, preferentially made in a prominent skin crease if present. The incision is placed at approximately the level of the adenoma starting at the midline and carried to the anterior border of the sternocleidomastoid muscle (SCM) (Figure 2). A preoperative ultrasound performed after anesthetic induction and positioning of the patient is very helpful in localizing the adenoma and placement of the incision. This incision is much more medial than what has

previously been described by other surgeons for the FLA approach.<sup>1</sup> The more medially placed incision allows for conversion to a slightly longer incision for bilateral exploration by extending the incision to the contralateral side. The incision is carried through the platysma, and limited subplatysmal skin flaps are elevated. Although other authors have described the lateral approach as separation of the strap muscle fibers longitudinally,<sup>2</sup> the approach of this author is through a plane between the SCM and the strap muscles. The anterior border of the SCM is dissected and retracted laterally, exposing the lateral border of the strap muscles, which are then retracted medially (Figure 3). If the omohyoid muscle is encountered, it is retracted inferiorly or superiorly to obtain the necessary surgical exposure. The strap muscles and ansa hypoglossi are retracted medially, and the internal jugular vein is exposed (Figure 4) and retracted laterally. At times the vagus nerve can be just posterior to the vein, as the vein is retracted; therefore, to avoid injuring the vagus nerve, it is best not to use unipolar cautery once the jugular vein is retracted. Next, the carotid artery is identified, dissected along its medial border (Figure 5), and gently retracted laterally. The thyroid capsule is exposed just under the strap muscles and is retracted medially, allowing direct access to the posterior aspect of the thyroid gland and tracheoesophageal groove. The preoperative imaging studies can be

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**Figure 1** Schematic diagrams illustrating approaches to parathyroid adenoma: (A) traditional midline approach between right and left strap muscles; (B) lateral approach between sternocleidomastoid and strap muscles allows a more direct approach to the posteriorly located adenoma.

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