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Special Article

Clinical Pathway for Thyroidectomy[☆],[☆☆]

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ABSTRACT

Clinical pathways are care plans applicable to patient care procedures that present variations in practice and a predictable clinical course. They are designed not as a substitute for clinical judgement, but rather as a means to improve the effectiveness and efficiency of the procedures. This clinical pathway is the result of a collaborative work of the Sections of Endocrine Surgery and Quality Management of the Spanish Association of Surgeons. It attempts to provide a framework for standardising the performance of thyroidectomy, the most frequently performed operation in endocrine surgery. Along with the usual documents of clinical pathways (temporary matrix, variance tracking and information sheets, assessment indicators and a satisfaction questionnaire) it includes a review of the scientific evidence around different aspects of pre, intra and postoperative management. Among others, antibiotic and antithrombotic prophylaxis, preoperative preparation in hyperthyroidism, intraoperative neuromonitoring and systems for obtaining hemostasis are included, along with management of postoperative hypocalcemia.

Vía clínica de la tiroidectomía

RESUMEN

Palabras clave:
Tiroidectomía
Vía clínica
Hipocalcemia posoperatoria
Nervio laríngeo recurrente
Morbilidad
Estancia hospitalaria
Tiroidectomía ambulatoria

Las vías clínicas son planes detallados de asistencia aplicables al tratamiento de pacientes con variaciones en la práctica y un curso clínico predecible. Sin pretender sustituir el juicio clínico de los profesionales, buscan una mejora en la efectividad y la eficiencia. La vía clínica que presentamos es el resultado del trabajo colaborativo de las Secciones de Cirugía Endocrina y Gestión de Calidad de la Asociación Española de Cirujanos, que intenta aportar un marco para normalizar la realización de la tiroidectomía. Junto con documentos habituales de toda vía clínica (matriz temporal, hoja de variaciones e información, indicadores de evaluación, encuesta de satisfacción), incluye una revisión de la evidencia científica en torno a diferentes aspectos del pre, intra y posoperatorio de esta intervención, la más frecuentemente realizada en cirugía endocrina. Entre otros, analiza la profilaxis antibiótica y antitrombótica, la preparación preoperatoria en hipertiroidismo, la neuromonitorización intraoperatoria, los sistemas para hemostasia intraoperatoria y el tratamiento de la hipocalcemia posoperatoria.

Introduction

Justification and Objectives of the Clinical Pathway

Any health care process requires a multidisciplinary and comprehensive approach. To that end, one of the tools available to health care professionals is clinical practice pathways and guidelines. Clinical pathways are health care plans applicable to patients with a specific disease that coordinate every dimension of the health care quality: those estimated by professionals (scientific–technical quality, interprofessional health care and coordination optimisation), by patients (information, participation and expectations adjustment) and by agents (efficiency and continuous assessment).[1] These are tools that help to facilitate the multidisciplinary and systematised assistance to the patient but do not replace professional clinical judgement.[2] The main objectives are the following: standardise professional performance in accordance with the best scientific evidence available, to reduce the unjustified variability of clinical practice and unnecessary costs associated to the procedure.

Thyroidectomy is the intervention most frequently performed in endocrine surgery, and has evolved in the last years, with a better knowledge of the pathophysiology of its complications and the incorporation of new assistance techniques in the pre-, intra- and postoperative scenarios. With the purpose of helping professionals incorporate the best practices and provide the best assistance to patients, the Endocrine Surgery and Quality Management sections of the Asociación Española de Cirujanos (Spanish Association of Surgeons) decided to create a clinical pathway for thyroidectomy (CPT). The boards of both sections assigned its performance to a joint and equal group of work. This clinical pathway is intended to become a useful tool in clinical decision-making, through a series of evidence-based guidelines with which the problems arising from the care of particular patients are solved.

Process Limits. Inclusion and Exclusion Criteria

The clinical pathway starts when the surgeon confirms the surgical indication and advises the patient to have a thyroidectomy performed. Even though conceptually the exit limit is the hospital discharge, due to the existing variability in practice, we have incorporated a systematic review of certain innovative or controversial monitoring aspects, the follow-up and the eventual treatment of postoperative complications, once the patient has been discharged. Generally, the recommendations proposed in the CPT are applicable to all the patients subjected to thyroid resection. Exclusion criteria have been defined as: regional or general anaesthesia contraindication, urgent interventions and the performance of concomitant larger surgical procedures. The CPT has been divided into 2 basic documents: recommendations on key process points and CPT-related documents.

Recommendations on Key Process Points

General Considerations

They have been systematically prepared regarding high-variability aspects or aspects that required an update. The evidence-based medicine methodology has been followed, standardising the search and performing a critical assessment of the literature. Based on the level of evidence (LOE) determined, we have appraised several recommendations to minimise bias. We have based our work on original documents and clinical practice guidelines assessed in accordance with the guidelines from Appraisal of Guidelines for Research and Evaluation–AGREE–II (http://www.agreetrust.org).[3]

The LOE classification used is the one from the Oxford Centre for Evidence-Based Medicine in 2009 (http://www.