

## COMPLICATIONS OF THYROIDECTOMY WITH SMALL INCISION

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**Background/Purpose:** To evaluate surgical complications in patients undergoing thyroidectomy with small incision and to review under literature.

**Methods:** 279 subjects who underwent thyroidectomy using small incision (<5 cm) with intraoperative recurrent laryngeal nerve monitoring between July 2009 and January 2013 were evaluated for postoperative complications.

**Results:** Postoperative complications occurred in 35 patients. 26 patients underwent total thyroidectomy, of these, 8 were with central neck dissection and 1 was with parathyroidectomy. Thyroid lobectomy was performed on 2 patients, revision total thyroidectomy was performed on 6 patients and revision thyroidectomy with parathyroidectomy was performed on 1 patient. There was no paralytic vocal fold or hypocalcaemia preoperatively. There was no bilateral vocal cord paralysis. Vocal fold immobility was detected in 20 patients (3,89% of 513 nerves at risk) at the first postoperative evaluation. Twelve vocal cord paralysis were resolved spontaneously within three months after surgery. After 6 month follow-up period 8 of them (1,55%) were still paralytic. Postoperatively, 4 patients had permanent, 11 patients had temporary hypoparathyroidism (1,38% and 3,80%, respectively). Five patients (1,73%) had hematoma, 2 patients had seroma (0,69%) and another patient (%0,34) had an infection postoperatively.

**Discussion & Conclusion:** Even though the arguments against small incision, we feel that with intraoperative recurrent laryngeal nerve monitoring small incision is a valuable adjunctive tool for prevention of complications.