

Need your thyroid removed? Seek a surgeon with 25+ cases a year

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More Cases Lead to Better Surgical Outcomes

Patients of low-volume surgeons (25 or fewer thyroidectomies per year) have an increased risk for complications when compared to patients of high-volume surgeons (26 or more operations a year).

Thyroidectomies Per Year	Risk of Complication
1 case	87 percent increased risk
2-5 cases	68 percent increased risk
6-10 cases	42 percent increased risk
11-15 cases	22 percent increased risk
16-20 cases	10 percent increased risk
21-25 cases	3 percent increased risk

Duke Health

Patients of low-volume surgeons (25 or fewer thyroidectomies per year) have an increased risk for complications when compared to patients of high-volume surgeons (26 or more operations a year). Credit: Duke Health

A new study from Duke Health suggests that patients who need to have their thyroid gland removed should seek surgeons who perform 25 or more thyroidectomies a year for the least risk of complications.

Thyroidectomy is one of the most common operations performed in the U.S, often due to cancer, over-activity, or enlargement of the gland, which is located at the base of the throat and produces hormones that regulate metabolism. But most consumers would be surprised to learn that about half (51 percent) of [surgeons](#) who perform thyroidectomy do so just once a year, according to the study published in the *Annals of Surgery*.

"This is a very technical operation, and patients should feel empowered to ask their surgeons how many procedures they do each year, on average," said Julie A. Sosa, M.D., senior author and chief of endocrine surgery at Duke. "Surgeons have an ethical responsibility to report their case numbers. While this is not a guarantee of a positive outcome, choosing a more experienced surgeon certainly can improve the odds that the patient will do well."

Although total thyroidectomy is generally safe, it can cause life-altering [complications](#) that were seen in some study patients, such as bleeding, problems with the parathyroid glands, and damage to the laryngeal nerve that can lead to difficulty speaking, breathing and swallowing. Any complication can require more care, driving up patient costs and potentially compromising quality of life.

The study evaluated data from 16,954 patients who had thyroidectomies between 1998 and 2009 and were enrolled in a national database from the Health Care Utilization Project.

In analyzing the case volumes of 4,627 surgeons, researchers found an association between the number of procedures surgeons performed each year and rates of complications. Notably, patients of surgeons who performed fewer than 25 thyroidectomies a year were 1.5 times more likely to experience complications.

As the average number of cases increased, the risk of complications for patients steadily decreased. Risks leveled out for surgeons who performed an average of 25 or more operations a year.

"Thyroid nodules, which can give rise to thyroid cancer, are a growing health issue, partly because we have better imaging and are able to discover them more easily," Sosa said. "As many as 68 percent of healthy adults have [thyroid nodules](#), and this, in part, has significantly increased the number of biopsies and surgeries performed in the U.S."

"Surgeon volume is one factor doctors and patients should consider as we talk about value-based care—helping [patients](#) get appropriate care at an optimized cost and with fewer complications," Sosa said.

More information: Mohamed Abdelgadir Adam et al. Is There a Minimum Number of Thyroidectomies a Surgeon Should Perform to Optimize Patient Outcomes?, *Annals of Surgery* (2016). [DOI: 10.1097/SLA.0000000000001688](#)

Provided by Duke University Medical Center

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