

Thyroidectomy-specific quality improvement measures ID'd

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and were more often prescribed calcium, vitamin D, or both. Use of energy devices and intraoperative nerve monitoring were more prevalent at the best-versus worst-performing hospitals when profiled by RLN injury.

"Postoperative hypocalcemia and RLN injury, but not [hematoma](#), potentially could be used as thyroidectomy-specific national hospital quality improvement metrics," the authors write.

"Strategies aimed at reducing these complications after thyroidectomy may improve the care of these [patients](#)."

One author disclosed financial ties to the pharmaceutical industry.

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(HealthDay)—For patients undergoing thyroidectomy, hypocalcemia and recurrent laryngeal nerve (RLN) injury may be useful quality improvement measures, according to a study published online Nov. 29 in *JAMA Surgery*.

Jason B. Liu, M.D., from the American College of Surgeons in Chicago, and colleagues examined whether thyroidectomy-specific outcomes vary among hospitals in a [retrospective cohort study](#) involving 14,540 patients undergoing thyroidectomies at 98 hospitals.

The researchers found that clinically severe hypocalcemia occurred in 450 patients, RLN injury in 755 patients, and hematoma in 175 patients. There was variation in [hospital performance](#) for hypocalcemia and RLN injury, but not for hematoma. Inclusion of thyroidectomy-specific data in risk adjustment did not affect the rankings of hospital performance. Patients undergoing thyroidectomies at the best- versus the worst-performing hospitals less often had their postoperative parathyroid hormone level measured

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