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Thyroidectomy at Chris Hani Baragwanath Academic Hospital: is routine admission to intensive care unit justified?

Elgahani, Ahmed A M

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Abstract

Introduction

Thyroidectomy is the most common endocrine operation performed often in healthy patient in an elective setting. Patients are discharged early and the post-operative course is mainly uneventful. The need for intensive care is not essential in most cases. This study reviews the thyroidectomy cases routinely sent to intensive care at Chris Hani Baragwanath Academic Hospital, to assess the relevance of this practice.

Objectives

To establish the profile and outcome of thyroidectomy patients admitted to intensive care, and the incidence of an uneventful ICU stay.

Method

A review of all thyroidectomy cases admitted to intensive care from January 2013 to July 2017 at Chris Hani Baragwanath Academic Hospital.

Results

In 88.42% of cases intensive care admission was not justified. Of the 11.57% that needed ICU, 90.90% was predicted pre-operatively by an underlying comorbidity and the surgical approach. Altogether only 1.06% of cases had unpredicted ICU admission.

Conclusion

Routine intensive care admission was unnecessary in most cases.