

## **BAETS Position Statement on Daycase Hemithyroidectomy**

Following debate at BAETS annual 2018 conference in Glasgow, ratification at Executive Council meeting March 2020 and formal presentation to the membership at BAETS 2020 Online Annual Conference; BAETS is now supportive of a clearly defined Daycase Hemithyroidectomy service, but with certain provisos.

BAETS recommends restricting daycase thyroid surgery to **LOW RISK** hemithyroidectomy cases. We define low risk as the absence of factors that might increase risk of haemorrhage including retrosternal goitre, perioperative antiplatelet or anticoagulant therapy and re-operative surgery same side surgery.

Surgery should take place in appropriately staffed units with ready access to inpatient beds. In all cases patients must have easy and defined access to postoperative healthcare advice, and protocolised postoperative haemorrhage pathways in the event of bleeding.

In summary, we strongly recommend that the following are in place at centres wishing to undertake day case hemithyroidectomy:

- Patient-specific risk of post-operative haemorrhage is minimised
- Although not a contraindication, additional caution is advised in older patients and males
- Minimum of 6 hours post-operative stay
- Patient informed consent includes the small additional risk of an off-site postoperative bleed and its consequences
- Written instruction on pre-health care management of such an occurrence is provided
- Patients have easy access to appropriate health care facilities
- Support for individual clinicians if they endeavour to work alongside their Trusts' development of a clearly defined Daycase Hemithyroidectomy service

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