

# THYROID SURGERY OPERATIVE CHECKLIST

## (THYROID SYNOPTIC OPERATIVE REPORT TEMPLATE)

Electronic version available on the Network website: [www.bccancer.bc.ca/surgerynetwork](http://www.bccancer.bc.ca/surgerynetwork)

For a case that requires concurrent thyroid and parathyroid surgery, please answer questions 1 – 23 (below) and then complete the Parathyroid Surgery Operative Checklist (back of card).

### A. PREOPERATIVE DETAILS

**1. Clinical Preamble** - Dictate as appropriate. May include details such as patient marking, antibiotics, DVT, prophylaxis, etc.

**2. Preoperative Fine Needle Aspiration (FNA) Biopsy?**

- a. Yes, image guided
- b. Yes, not image guided
- c. No (go to question 5)

**3. Was the Bethesda System For Reporting Thyroid Cytopathology Employed?**

- a. Yes
- b. No

**4. What Was the Preoperative Cytopathological Diagnosis?**

- a. Non diagnostic or unsatisfactory
- b. Benign
- c. Atypia of undetermined significance or follicular lesion of undetermined significance
- d. Follicular neoplasm or suspicious for a follicular neoplasm
- e. Suspicious for malignancy - Papillary Carcinoma
- f. Suspicious for malignancy - Medullary Carcinoma
- g. Suspicious for malignancy - Other (please specify)
- h. Malignant - Papillary Carcinoma
- i. Malignant - Medullary Carcinoma
- j. Malignant - Other (please specify)
- k. Other (please specify)

**5. Primary Surgical Indication**

- a. FNA biopsy indeterminate or suspicious for cancer
- b. Malignancy- Papilla Carcinoma or other

- c. Benign- Goiter or Cyst
- d. Benign- Graves Disease or Hyperthyroidism
- e. Inadequate FNA Biopsy(s)
- f. Other (please specify)

**6. If Thyroid Reoperation**

- (Select All That Apply)*
- a. Not applicable
  - b. Completion thyroid lobectomy
  - c. Removal central neck cancer recurrence or persistence
  - d. Removal lateral neck cancer recurrence or persistence
  - e. Removal central neck benign disease recurrence
  - f. Other (please specify)

**7. For Thyroid Cancer Diagnosis Only: Preoperative Clinical Extent of Disease Documented**

- (Select all that apply)*
- a. Not applicable
  - b. Local (limited to thyroid or thyroid surgical bed for reoperation)
  - c. Regional (central neck lymph nodes)
  - d. Regional (lateral neck lymph nodes)
  - e. Distant metastasis

### B. OPERATIVE DETAILS

**8. Opening Narrative** - May include details such as incision type, flap creation, etc.

**9. Location of Lesion(s)/Nodule(s) of Interest**

- (Select all that apply)*
- a. Right lobe +/- right central neck
  - b. Right lateral neck
  - c. Right superior mediastinum (i.e. below level of clavicle)
  - d. Left lobe +/- left central neck
  - e. Left lateral neck
  - f. Left superior mediastinum (ie. below level of clavicle)
  - g. Both lobes +/- central neck
  - h. Isthmus +/- pyramidal lobe
  - i. No specific nodule or lesion

**10. Adjunctive Surgical Techniques/ Technology Utilized**

- (Select all that apply)*
- a. Monopolar electrocautery
  - b. Bipolar electrocautery
  - c. Electrothermal vessel sealing device (Ligasure™ or equivalent)
  - d. Ultrasonic vessel sealing device (Harmonic Scalpel™ or equivalent)
  - e. Recurrent laryngeal nerve monitoring
  - f. Loupes (magnifying glasses)
  - g. Robotics
  - h. Video assistance
  - i. Intraoperative ultrasound
  - j. Parathyroid cryopreservation
  - k. Other (please specify)

**11. Operation Performed**

- (Select all that apply)*
- a. Right thyroid lobectomy
  - b. Right subtotal thyroidectomy
  - c. Right central neck dissection
  - d. Right lateral neck dissection
  - e. Left thyroid lobectomy
  - f. Left subtotal thyroidectomy
  - g. Left central neck dissection
  - h. Left lateral neck dissection
  - i. Total or near total thyroidectomy
  - j. Isthmusectomy
  - k. Other (please specify)

If no thyroid/central neck dissection carried out, please complete Lateral Neck Dissection Checklist (BACK OF CARD)

**12. Gross Extrathyroidal Cancer Extension Appreciated During Operation**

- a. Yes or probable
- b. No (go to question 15)
- c. Not applicable

**13. Gross Residual Cancer Present After Operation**

- a. Yes or probable
- b. No

**14. Site of Gross Residual Cancer Present After Operation**

- (Select all that apply)*
- a. Right recurrent laryngeal nerve
  - b. Right esophagus
  - c. Right trachea
  - d. Right larynx
  - e. Left recurrent laryngeal nerve
  - f. Left esophagus
  - g. Left trachea
  - h. Left larynx
  - i. Other (please specify)

**15. Recurrent Laryngeal Nerve Management**

- a. Right identified/preserved
- b. Right identified/intentionally resected
- c. Right identified /injured
- d. Right not identified
- e. Left identified/preserved
- f. Left identified/intentionally resected
- g. Left identified /injured
- h. Left not identified
- i. Not applicable

**16. Right Superior Parathyroid Gland Management** (select from options below)

**17. Right Inferior Parathyroid Gland Management** (select from options below)

**18. Left Superior Parathyroid Gland Management** (select from options below)

**19. Left Inferior Parathyroid Gland Management** (select from options below)

- a. Not applicable
- b. Visualized normal (indicate if biopsied/confirmed by frozen section) and left in situ
- c. Visualized normal (indicate if biopsied/confirmed by frozen section) and removed
- d. Visualized normal (indicate if biopsied/confirmed by frozen section) and autotransplanted
- e. Visualized abnormal/enlarged (indicate if biopsied/confirmed by frozen section) and removed

- f. Visualized abnormal/enlarged (indicate if biopsied/confirmed by frozen section) and partially removed
- g. Visualized abnormal/enlarged (indicate if biopsied/confirmed by frozen section) and autotransplanted
- h. Not identified

**20. Destination and Marking of Parathyroid Autotransplantation**

- (Select all that apply)*
- a. Not applicable
  - b. Right sternocleidomastoid muscle
  - c. Right forearm
  - d. Left sternocleidomastoid muscle
  - e. Left forearm
  - f. Other (please specify)
  - g. Location marked with clips
  - h. Location marked with suture
  - i. Location not marked

**21. Management of Central Compartment Neck Lymph Nodes (Levels VI-VII)**

- a. Right Central Neck Dissection
- b. Left Central Neck Dissection
- c. Bilateral Central Neck Dissection
- d. No Central Neck Dissection

If lateral neck dissection carried out, please complete Lateral Neck Dissection Checklist - SEE QUESTION 1 (BACK OF CARD)

**22. Frozen Sections Carried Out During the Operation?**

- a. No
- b. Yes
- c. What was frozen section diagnosis? List all diagnoses

**23. Additional Operative Details and Closure Narrative**

May include details such as management of superior laryngeal nerve, sternotomy for goitre, drain utilization, operative blood loss, sponge and instrument counts etc.

# LATERAL NECK DISSECTION OPERATIVE CHECKLIST

(LATERAL NECK DISSECTION SYNOPTIC OPERATIVE REPORT TEMPLATE)

## 1. Reoperative Lateral Neck Dissection

- Yes
- No

## 2. Management of Lateral Neck Lymph Nodes (Levels I-V)

(Select all that apply)

- Right lateral neck dissection
- Left lateral neck dissection
- Bilateral lateral neck dissections

## 3. Lateral Neck Lymph Node Levels Dissected

(Select all that apply)

- |              |             |
|--------------|-------------|
| a. I right   | f. I left   |
| b. II right  | g. II left  |
| c. III right | h. III left |
| d. IV right  | i. IV left  |
| e. V right   | j. V left   |

## 4. Structures Identified/Visualized During RIGHT Lateral Neck Dissection

(Select from options below)

## 5. Structures Removed and/or Sacrificed During RIGHT Lateral Neck Dissection

(Select from options below)

## 6. Structures Identified/Visualized During LEFT Lateral Neck Dissection

(Select from options below)

## 7. Structures Removed and/or Sacrificed During LEFT Lateral Neck Dissection

(Select from options below)

- Sternocleidomastoid muscle
- Internal jugular vein
- Carotid artery
- Submandibular gland
- Spinal accessory nerve
- Vagus nerve
- Hypoglossal nerve
- Ansa cervicalis
- Phrenic nerve
- Thoracic duct
- Other (specify)
- Not applicable

Please return to question 22 to complete the thyroid checklist (back of card).

# PARATHYROID SURGERY OPERATIVE CHECKLIST

(PARATHYROID SYNOPTIC OPERATIVE REPORT TEMPLATE)

For a case that requires concurrent parathyroid and thyroid surgery, please answer questions 1–23 (below) and then complete the Thyroid Surgery Operative Checklist (back of card).

## A. PREOPERATIVE DETAILS

**1. Clinical Preamble** - Dictate as appropriate. May include details such as marking, antibiotics, DVT prophylaxis, etc.

## 2. Surgical Indication/Preoperative Diagnosis

- Primary Hyperparathyroidism - sporadic
- Primary Hyperparathyroidism - inherited/familial
- Primary Hyperparathyroidism - lithium related
- Secondary Hyperparathyroidism
- Tertiary Hyperparathyroidism
- Calciophytaxis
- Other (please specify)

## 3. Reoperative Parathyroid Surgery

- Yes, persistent disease (prior operation with failure of PTH and/or Ca to normalize postoperatively or remain normal for > 6 months)
- Yes, recurrent disease (rise in PTH and/or Ca after normalization for >6 months)
- Yes, prior central neck operation (thyroid operation or other)
- No

## 4. Result of Preoperative Imaging and Testing for Abnormal Parathyroid Localization

(Eg. Sestamibi scan, SPECT-CT imaging, Ultrasound, CT scan, MRI, etc.)

(select all that apply)

- |   |                           |
|---|---------------------------|
| a. No preoperative localization testing | e. Left superior          |
| b. Right inferior                       | f. Not visualized         |
| c. Right superior                       | g. Other (please specify) |
| d. Left inferior                        |                           |

## B. OPERATIVE DETAILS

**5. Opening Narrative** - May include details such as incision type, flap creation, etc.

## 6. Extent of Surgical Exploration

- Unilateral single parathyroid gland exploration
- Unilateral two parathyroid gland exploration
- Bilateral four parathyroid gland exploration
- Other (Please specify)

## 7. Procedure Performed (select all that apply)

- Single abnormal parathyroid gland removed
- Two or three abnormal parathyroid glands removed
- Subtotal parathyroidectomy

- Total parathyroidectomy
- Parathyroid cryopreservation
- Thymectomy
- Partial or total thyroidectomy (complete Thyroid Surgery Checklist on back of card if this was carried out)
- Other (please specify)

QUESTIONS 8-11 SELECT FROM OPTIONS BELOW

## 8. RIGHT SUPERIOR Parathyroid Evaluation

## 9. RIGHT INFERIOR Parathyroid Evaluation

## 10. LEFT SUPERIOR Parathyroid Evaluation

## 11. LEFT INFERIOR Parathyroid Evaluation

- |             |                                |
|-------------|--------------------------------|
| a. Normal   | c. Explored/not identified     |
| b. Abnormal | d. Not explored/not identified |

QUESTIONS 12-15 SELECT FROM TYPE A-G\* BELOW

## 12. RIGHT SUPERIOR Parathyroid Location

## 13. RIGHT INFERIOR Parathyroid Location

## 14. LEFT SUPERIOR Parathyroid Location

## 15. LEFT INFERIOR Parathyroid Location

**Type A:** Adherent to the posterior thyroid parenchyma (i.e. posterior to the upper pole of the thyroid but not intrathyroidal). Type A glands are in the accepted, expected location of a normal parathyroid gland.

**Type B:** Behind the thyroid parenchyma. Type B glands are exophytic to the thyroid parenchyma and lie in the tracheoesophageal groove. This category includes adenomas in retroesophageal, retropharyngeal, high lateral pharyngeal, and carotid sheath locations. A "B+" subcategory can be used to document the location of adenomas above the level of the hyoid bone. The "+" is meant to reflect cranial elevation.

**Type C:** Caudal to the thyroid parenchyma, in the tracheoesophageal groove. A type C gland is more inferior than a type B gland on lateral images and located inferior to the inferior pole of the thyroid (closer to the clavicle).

**Type D:** Directly over the recurrent laryngeal nerve at the level of the inferior thyroid vessels. The dissection may be difficult because a type D gland is dangerously close to the recurrent laryngeal nerve.

**Type E:** Located in the external aspect of the inferior pole of the thyroid. A type E gland is in a location that is more superficial in an anterior-posterior plane than the recurrent laryngeal nerve. It is the easiest to resect.

**Type F:** "Fallen" into the thyrothymic ligament, below the inferior pole of the thyroid in a pretracheal plane. A type F gland is frequently referred to as an ectopic gland, and its resection usually involves transcervical delivery of the thyrothymic ligament or superior portion of the thymus.

**Type G:** An intrathyroidal gland location.

QUESTIONS 16-19 SELECT FROM OPTIONS BELOW

## 16. RIGHT SUPERIOR Parathyroid Management

## 17. RIGHT INFERIOR Parathyroid Management

## 18. LEFT SUPERIOR Parathyroid Management

## 19. LEFT INFERIOR Parathyroid Management

- Visualized normal (indicate if biopsied/confirmed by frozen section) and left in situ
- Visualized abnormal (indicate if biopsied/confirmed by frozen section) and partially removed
- Visualized abnormal (indicate if biopsied/confirmed by frozen section) and completely removed
- Visualised abnormal (indicate if biopsied/confirmed by frozen section) and left in situ
- Not identified

## 20. Destination and Marking of Parathyroid Autotransplantation (select all that apply)

- |                                     |                                |
|-------------------------------------|--------------------------------|
| a. Not applicable                   | g. Location marked with clips  |
| b. Right forearm                    | h. Location marked with suture |
| c. Left forearm                     | i. Other (please specify)      |
| d. Left sternocleidomastoid muscle  |                                |
| e. Right sternocleidomastoid muscle |                                |
| f. Other (please specify)           |                                |

## 21. Adjunctive Surgical Techniques/Technology Utilized (select all that apply)

- Monopolar electrocautery
- Bipolar electrocautery
- Electrothermal vessel sealing device (Ligasure™ or equivalent)
- Ultrasonic vessel sealing device (Harmonic Scalpel™ or equivalent)
- Radioguidance (intraoperative gamma probe assistance)
- Intraoperative ultrasound
- Recurrent laryngeal nerve monitoring
- Loupes (magnifying glasses)
- Intraoperative PTH measurement
- Parathyroid cryopreservation
- Robotics
- Video assisted procedure
- Other (please specify)

## 22. Recurrent Laryngeal Nerve Management

- Right identified/preserved
- Right identified /injured
- Right identified /intentionally resected
- Right not identified
- Left identified/preserved
- Left identified /injured
- Left identified /intentionally resected
- Left not identified
- Not applicable

## 23. Additional Operative Details and Closure Narrative:

Dictate as appropriate. May include details such as sternotomy for mediastinal disease, intraoperative PTH levels, closure method, blood loss, sponge and instrument counts.