### THYROID SURGERY OPERATIVE CHECKLIST

#### THYROID SYNOPTIC OPERATIVE REPORT TEMPLATE

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, marked
- b. No, not marked

**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. Thyroid Malignancy
- 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 (i.e. below level of clavicle)
  - g. Both lobes +/- central neck
  - h. Thyroid +/ 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)

**12. Gross Extrathyroidal Cancer Extension Appreciated During Operation**
- a. Yes or probable
- b. No (go to question 15)

**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
- a. Right identified /injured
- b. Right identified/intentionally resected
- c. Right identified/preserved
- d. Right not identified
- e. Right identified/ injured
- f. Other (please specify)

**17. Right Inferior Parathyroid Gland Management**
- Select from options below
- a. Right identified /injured
- b. Right identified/intentionally resected
- c. Right identified/preserved
- d. Right not identified
- e. Right identified/ injured
- f. Other (please specify)

**18. Left Superior Parathyroid Gland Management**
- Select from options below
- a. Left identified /injured
- b. Left identified/intentionally resected
- c. Left identified/preserved
- d. Left not identified
- e. Left identified/ injured
- f. Other (please specify)

**19. Left Inferior Parathyroid Gland Management**
- Select from options below
- a. Left identified /injured
- b. Left identified/intentionally resected
- c. Left identified/preserved
- d. Left not identified
- e. Left identified/ injured
- f. Other (please specify)

**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)

**21. Management of Central Compartment Neck Lymph Nodes (Levied VI-VII)**
- Select from options below
- a. Right Central Neck Dissection
- b. Left Central Neck Dissection
- c. Bilateral Central Neck Dissection
- d. No Central Neck Dissection

**22. Frozen Sections Carried Out During the Operation?**
- a. No
- b. Yes
- c. What was frozen section diagnosis?

**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.

---

©BC SON 2015
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
   a. Primary Hyperparathyroidism - sporadic
   b. Primary Hyperparathyroidism - inherited/familial
   c. Primary Hyperparathyroidism - lithium related
   d. Secondary Hyperparathyroidism
   e. Tertiary Hyperparathyroidism
   f. Calciphylaxis
   g. Other (please specify)

3. Reoperative Parathyroid Surgery
   a. Yes, persistent disease (prior operation with failure of PTH and/or Ca to normalize postoperatively or remain normal for > 6 months)
   b. Yes, recurrent disease (rise in PTH and/or Ca after normalization for > 6 months)
   c. Yes, prior central neck operation (thyroid operation or other)
   d. No

4. Result of Preoperative Imaging and Testing for Abnormal Parathyroid Localization
   (E.g. Sonogram, SPECT-CT imaging, Ultrasound, CT scan, MRI, etc.)
   (select all that apply)
   a. No preoperative localization testing
   b. Right inferior
   c. Right superior
   d. Not visualized
   e. Other (please specify)

B. OPERATIVE DETAILS

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

6. Extent of Surgical Exploration
   a. Unilateral single parathyroid gland exploration
   b. Unilateral two parathyroid gland exploration
   c. Bilateral four parathyroid gland exploration
   d. Other (Please Specify)

7. Procedure Performed (select all that apply)
   a. Single abnormal parathyroid gland removed
   b. Two or three abnormal parathyroid glands removed
   c. Subtotal parathyroidectomy
   d. Total parathyroidectomy
   e. Parathyroid cryopreservation
   f. Thyromectomy
   g. Partial or subtotal thyroidectomy (complete Thyroid Surgery Checklist on back of card if this was carried out)
   h. Other (please specify)

6. Extent of Surgical Exploration
   a. Normal
   b. Abnormal
   c. Explored/not identified
   d. Not explored/not identified

7. Procedure Performed (select all that apply)
   a. Single abnormal parathyroid gland removed
   b. Two or three abnormal parathyroid glands removed
   c. Subtotal parathyroidectomy
   d. Total parathyroidectomy
   e. Parathyroid cryopreservation
   f. Thyromectomy
   g. Partial or subtotal thyroidectomy (complete Thyroid Surgery Checklist on back of card if this was carried out)
   h. Other (please specify)

8. Organization of Parathyroid Location
   (Parathyroid Syndromes Operative Report Template)
   a. Type A: Lateral to the upper pole of the thyroid but not intrathyroidal.
   b. Type B: Behind the thyroid parenchyma.
   c. Type C: Caudal to the thyroid parenchyma.
   d. Type D: Directly over the recurrent laryngeal nerve at the level of the inferior thyroid vessels.
   e. Type E: Located in the external aspect of the inferior pole of the trachea.
   f. Type F: Located in the external aspect of the inferior pole of the trachea.
   g. Type G: Located in the posterior aspect of the thyroid.
   h. Type H: Located in the posterior aspect of the thyroid.
   i. Type I: Located in the posterior aspect of the thyroid.
   j. Type J: Located in the posterior aspect of the thyroid.
   k. Type K: Located in the posterior aspect of the thyroid.
   l. Type L: Located in the posterior aspect of the thyroid.
   m. Type M: Located in the posterior aspect of the thyroid.
   n. Type N: Located in the posterior aspect of the thyroid.
   o. Type O: Located in the posterior aspect of the thyroid.
   p. Type Q: Located in the posterior aspect of the thyroid.
   q. Type R: Located in the posterior aspect of the thyroid.
   r. Type S: Located in the posterior aspect of the thyroid.
   s. Type T: Located in the posterior aspect of the thyroid.
   t. Type U: Located in the posterior aspect of the thyroid.
   u. Type V: Located in the posterior aspect of the thyroid.
   v. Type W: Located in the posterior aspect of the thyroid.
   w. Type X: Located in the posterior aspect of the thyroid.
   x. Type Y: Located in the posterior aspect of the thyroid.
   y. Type Z: Located in the posterior aspect of the thyroid.

9. Preoperative Clinical Findings
   a. Parathyroid adenoma
   b. Parathyroid carcinoma
   c. Parathyroid hyperplasia
   d. Parathyroid metastasis
   e. Parathyroid infection
   f. Parathyroid abscess
   g. Other (please specify)

10. Preoperative Imaging
    a. Ultrasound
    b. CT scan
    c. MRI
    d. PET scan
    e. Other (please specify)

11. Preoperative Blood Work
    a. Calcium
    b. Phosphorus
    c. Parathyroid hormone
    d. Other (please specify)

12. Intraoperative Monitoring
    a. Recurrent laryngeal nerve monitoring
    b. Neurophysiologic monitoring
    c. Other (please specify)

13. Intraoperative Pathology
    a. Frozen section
    b. Permanent section
    c. Other (please specify)

14. Intraoperative Management
    a. Hemostasis
    b. Fluid management
    c. Other (please specify)

15. Postoperative Care
    a. Bed rest
    b. Activity restrictions
    c. Pain management
    d. Other (please specify)

16. Postoperative Follow-up
    a. Postoperative evaluation
    b. Additional imaging
    c. Other (please specify)

17. Complications
    a. Hemorrhage
    b. Infection
    c. Other (please specify)

18. Outcomes
    a. Normal
    b. Abnormal
    c. Other (please specify)

19. Additional Operative Details and Closure
    a. Operative narrative
    b. Revision of incision
    c. Repair of fascia
    d. Repair of skin
    e. Other (please specify)

20. Destination and Marking of Parathyroid
    a. No
    b. Location marked with clips
    c. Location marked with suture
    d. Other (please specify)

21. Adjunctive Surgical Techniques/Technology
    a. Monopolar electrocautery
    b. Bipolar electrocautery
    c. Electrothermal vessel sealing device (Harmonic Scalpel® or equivalent)
    d. Ultrasonic vascular device
    e. Radiofrequency ablation
    f. Intraoperative PTH measurement
    g. Parathyroid cryopreservation
    h. Enucleation
    i. Other (please specify)

22. Recurrent Laryngeal Nerve Management
    a. Identities confirmed/preserved
    b. Identities confirmed/preserved
    c. Identities confirmed/preserved
    d. Identities confirmed/preserved
    e. Identities confirmed/preserved
    f. Identities confirmed/preserved
    g. Identities confirmed/preserved
    h. Identities confirmed/preserved
    i. Identities confirmed/preserved
    j. Other (please specify)

23. Additional Operative Details and Closure
    a. Operative narrative
    b. Revision of incision
    c. Repair of fascia
    d. Repair of skin
    e. Other (please specify)


PARATHYROID SURGERY OPERATIVE CHECKLIST
(PARATHYROID SYNOPTIC OPERATIVE REPORT TEMPLATE)