

THYROID SURGERY OPERATIVE CHECKLIST

(THYROID SYNOPTIC OPERATIVE REPORT TEMPLATE)

Electronic version available on the BC SON website: <http://www.bccancer.bc.ca/HPI/SON/>

<p>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).</p>	<p>c. Benign- Goiter or Cyst d. Benign- Graves Disease or Hyperthyroidism e. Inadequate FNA Biopsy(s) f. Other (please specify)</p> <p>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)</p> <p>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</p>	<p>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)</p> <p>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)</p>	<p>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)</p> <p>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</p> <p>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)</p>	<p>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</p>
<p>A. PREOPERATIVE DETAILS</p> <p>1. Clinical Preamble - Dictate as appropriate. May include details such as patient marking, antibiotics, DVT, prophylaxis, etc.</p> <p>2. Preoperative Fine Needle Aspiration (FNA) Biopsy? a. Yes, image guided b. Yes, not image guided c. No (go to question 5)</p> <p>3. Was the Bethesda System For Reporting Thyroid Cytopathology Employed? a. Yes b. No</p> <p>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)</p> <p>5. Primary Surgical Indication a. FNA biopsy indeterminate or suspicious for cancer b. Malignancy- Papilla Carcinoma or other</p>	<p>B. OPERATIVE DETAILS</p> <p>8. Opening Narrative - May include details such as incision type, flap creation, etc.</p> <p>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</p>	<p>If no thyroid/central neck dissection carried out, please complete Lateral Neck Dissection Checklist (BACK OF CARD)</p> <p>12. Gross Extrathyroidal Cancer Extension Appreciated During Operation a. Yes or probable b. No (go to question 15) c. Not applicable</p> <p>13. Gross Residual Cancer Present After Operation a. Yes or probable b. No</p>	<p>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</p>	<p>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</p> <p>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</p> <p>If lateral neck dissection carried out, please complete Lateral Neck Dissection Checklist - SEE QUESTION 1 (BACK OF CARD)</p> <p>22. Frozen Sections Carried Out During the Operation? a. No b. Yes c. What was frozen section diagnosis? List all diagnoses</p> <p>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.</p>

LATERAL NECK DISSECTION OPERATIVE CHECKLIST

(LATERAL NECK DISSECTION SYNOPTIC OPERATIVE REPORT TEMPLATE)

1. Reoperative Lateral Neck Dissection

- a. Yes
- b. No

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

(Select all that apply)

- a. Right lateral neck dissection
- b. Left lateral neck dissection
- c. Bilateral lateral neck dissections

3. Lateral Neck Lymph Node Levels Dissected

(Select all that apply)

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

- a. Sternocleidomastoid muscle
- b. Internal jugular vein
- c. Carotid artery
- d. Submandibular gland
- e. Spinal accessory nerve
- f. Vagus nerve
- g. Hypoglossal nerve
- h. Ansa cervicalis
- i. Phrenic nerve
- j. Thoracic duct
- k. Other (specify)
- l. 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

- 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

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

(select all that apply)

- a. No preoperative localization testing
- b. Right inferior
- c. Right superior
- d. Left inferior
- e. Left superior
- f. Not visualized
- g. 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. Thymectomy
- g. Partial or total thyroidectomy (complete Thyroid Surgery Checklist on back of card if this was carried out)
- h. 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
- b. Abnormal
- c. Explored/not identified
- 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

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

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

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

21. 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. Radioguidance (intraoperative gamma probe assistance)
- f. Intraoperative ultrasound
- g. Recurrent laryngeal nerve monitoring
- h. Loupes (magnifying glasses)
- i. Intraoperative PTH measurement
- j. Parathyroid cryopreservation
- k. Robotics
- l. Video assisted procedure
- m. Other (please specify)

22. Recurrent Laryngeal Nerve Management

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