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, prophyllaxis, 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. Reciprocal 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. Ischium +/- pyramidal lobe i. No specific nodule or lesion

10. Adjunctive Surgical Techniques/Technology Utilized (Select all that apply) a. Monopolar electrocauter y b. Bipolar electrocautery c. Electrophysiological vessel sealing device (Harmonic Scalpel™ or equivalent) d. Ultrasonic vessel sealing device (Harmonic Scalpel™ or equivalent) e. Recurrent laryngeal nerve f. Lymphatic mapping 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.ITHSMuscle autotransplant 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/preserved b. Right identified/intentionally resected c. Right identified/injured d. Right not identified e. Right central Neck Dissection f. Right inferior parathyroid gland autotransplanted g. Right inferior parathyroid gland autotransplanted and removed h. Right inferior parathyroid gland not autotransplanted i. Other (please specify)

17. Right Inferior Parathyroid Gland Management (select from options below) a. Right identified/preserved b. Right identified/intentionally resected c. Right identified/injured d. Right not identified e. Bilateral Central Neck Dissection f. Bilateral Central Neck Dissection and removed g. Bilateral Central Neck Dissection not autotransplanted h. Right inferior parathyroid gland not autotransplanted i. Other (please specify)

18. Left Superior Parathyroid Gland Management (select from options below) a. Left identified/preserved b. Left identified/intentionally resected c. Left identified/injured d. Left not identified e. Left central Neck Dissection f. Left inferior parathyroid gland autotransplanted g. Left inferior parathyroid gland autotransplanted and removed h. Left inferior parathyroid gland not autotransplanted i. Other (please specify)

19. Left Inferior Parathyroid Gland Management (select from options below) a. Left identified/preserved b. Left identified/intentionally resected c. Left identified/injured d. Left not identified e. Bilateral Central Neck Dissection f. Bilateral Central Neck Dissection and removed g. Bilateral Central Neck Dissection not autotransplanted h. Left inferior parathyroid gland not autotransplanted i. 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) g. Location marked with clips h. Location marked with suture i. Location not marked


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, and instrument counts etc.
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

8. Structures Removed and/or Sacrificed During LEFT Lateral Neck Dissection
   (Select from options below)

9. OPERATIVE DETAILS

   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)

10. Reed Forearm

      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
         (Es. Sestamibi scan, SPECT-CT imaging, Ultrasound, CT scan, MRI, etc.)
         (select all that apply)
         a. No preoperative localization testing
         b. Right inferior
         c. Left inferior
         d. Right superior
         e. Left superior
         f. Not visualized
         g. Other (please specify)

      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 Operative Checklist on back of card)
         h. Other (please specify)

11. Operative Checklist

   8. Questions 8-11 Select from Options Below

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

12. Parathyroid Surgery Operative Checklist

      11. Left Inferior Parathyroid Evaluation
          a. Normal
          b. Abnormal
          c. Explored/not identified
          d. Not explored/not identified

13. Right Inferior Parathyroid Evaluation

      12. Right Superior Parathyroid Location

      14. Left Superior Parathyroid Location

      15. Left Inferior Parathyroid Location

      16. Right Inferior Parathyroid Location

      17. Right Superior Parathyroid Location

      18. 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 B: In the tracheoesophageal groove, the thyrothymic ligament or superior portion of the thymus. An intrathyroidal gland location.
      Type C: In the tracheoesophageal groove. A type C gland is more inferior than a type B gland and lies in the retroesophageal, retropharyngeal, high lateral pharyngeal, or other (please specify)
      Type D: Located above the hyoid bone, usually involves transcervical delivery of the thyrothymic ligament or superior portion of the thymus.
      Type E: Located in the external aspect of the parathyroid gland.
      Type F: "Fallen" into the thyrothymic ligament, below the inferior pole of the thyroid. A type F 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 G: An intrathyroidal gland location.

14. 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.

15. Right Inferior Parathyroid Evaluation

   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. Not applicable

16. Left Inferior Parathyroid Evaluation

   a. Visualized normal (indicate if biopsied/confirmed by frozen section)
   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 normal (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. 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. Intravenous access
   g. Recurrent laryngeal nerve monitoring
   h. Loupes (magnifying glasses)
   i. Intraoperative PTH measurement
   j. Parathyroid cryopreservation
   k. Robotics
   l. 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. Intravenous access
   g. Recurrent laryngeal nerve monitoring
   h. Loupes (magnifying glasses)
   i. Intraoperative PTH measurement
   j. Parathyroid cryopreservation
   k. Robotics
   l. 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. 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.

Please return to question 22 to complete the Thyroid Surgery Operative Checklist (back of card).