

# How guidelines change practice and outcomes - an evaluation of thyroid and parathyroid surgery in two UK centres

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## Background

- Guidelines form a core part of clinical governance and aim to improve the quality of care for patients.
- The AAOHNS 'Improving Voice Outcomes after Thyroid Surgery' is one such quality indicator
- With a range of surgeons and Doctors involved in care – are we sticking to best practice?

## Aim

- To assess if pre-operative, intra-operative and post-operative care changed as a result of new guidelines

## Methods

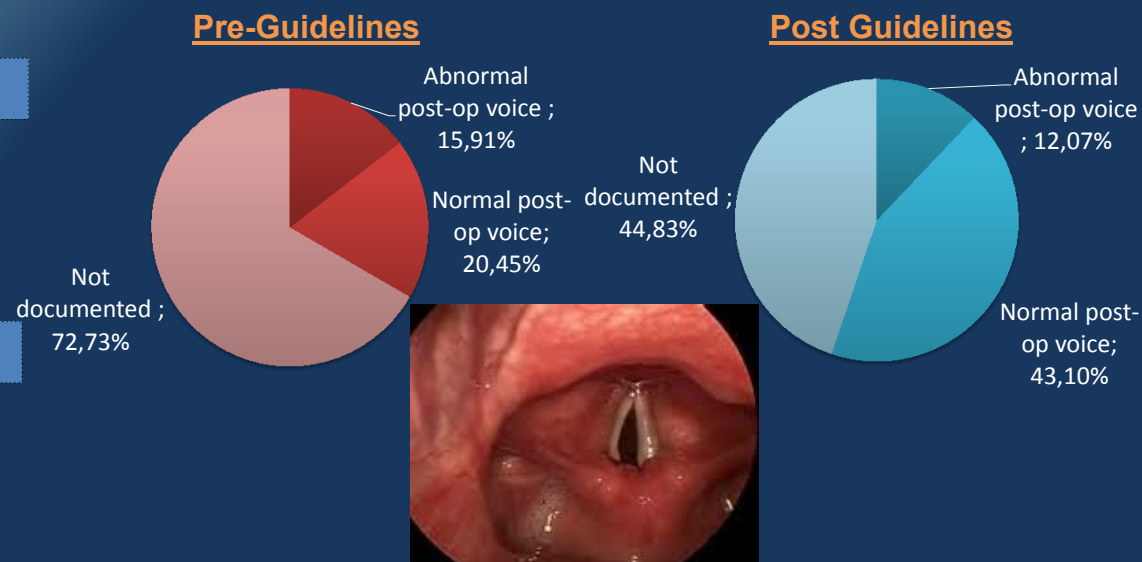
- Retrospective case-note review of patients pre and post guidelines
- One month period for each data set
- Both ENT and General Surgery teams reviewed
- Comparison of data from two Thyroid Surgery Units

## Results

- Guidelines did improve some areas of practice, **but not significantly**
- Non-ENT teams did not use Nasal Endoscopy to investigate **vocal cord function**
- Pre-operative investigation of vocal cord function was **infrequent** even after the new guidelines

Standard	Pre-Guidelines	Post-Guidelines	Non-ENT surgical team
Number	55	60	20
Pre-op Flexible Endoscopy	38%	31%	0%
Intra-operative RLN Identification	93%	96%	100%
Ward Voice Check	15%	24%	0%
Outpatient Endoscopy	20%	28%	0%
RLN Palsy	N=1	N=3	N=0

## Subjective Voice Quality



## Conclusions

- The slight improvement in investigation of the vocal cords did not correlate with reduced vocal cord injury / temporary palsy (1.8% vs 3%)
- There was no change in the rate of patient reported voice abnormality (15.9% vs 12.1%)
- Reported voice abnormality was not consistent with visualised vocal cord function – confirming the belief that improved documentation and investigation is required to defend against medicolegal claims