Exploring Variations in Thyroid Surgery: A Survey of Hospital Practices

SICE Research Group on Endocrine and Metabolic Surgery

^ [[]]	aicates required question			
1.	Email *			
	oduction			
on b und	Dear Colleague, on behalf of the Italian Society for Endoscopic Surgery (SICE) we are conducting a survey to understand how different hospitals manage thyroid surgery. The resulting data will inform a future multicenter study aimed at improving patient care and recovery outcomes.			
the	participating in this survey (estimated time: 5-7 minutes), you will share your expertise on different approaches used for thyroid surgery, including the setting (ambulatory, one-day, or addrd care) and performance outcomes.			
All r	esponses will be kept confidential. Your participation is greatly appreciated!			
	Research Group on Endocrine and Metabolic Surgery of the Italian Society of Endoscopic gery (SICE)			
<u>http</u>	https://siceitalia.com/comitati-di-ricerca/			
D	emographics ————————————————————————————————————			
2.	What is your gender? *			
	Mark only one oval.			
	Male			
	Female			
	Non binary			
	Prefer not to say			

3.	What is your age? *
	Mark only one oval.
	25 - 34
	35 – 44
	45 - 54
	>54
4.	Have you completed your formal surgical training? *
	Mark only one oval.
	Yes
	No

n which country are you primarily practicing surgery? *	Dropdown
Mark only one oval.	
Afghanistan	
Akrotiri	
Albania	
Algeria	
American Samoa	
Andorra	
Angola	
Anguilla	
Antarctica	
Antigua and Barbuda	
Argentina	
Armenia	
Aruba	
Ashmore and Cartier Islands	
Australia	
Austria	
Azerbaijan	
Bahamas, The	
Bahrain	
Bangladesh	
Barbados	
Bassas da India	
Belarus	
Belgium	
Belize	
Benin	
Bermuda	
Bhutan	
Bolivia	
Bosnia and Herzegovina	

Botswana
Bouvet Island
Brazil
British Indian Ocean Territory
British Virgin Islands
Brunei
Bulgaria
Burkina Faso
Burma
Burundi
Cambodia
Cameroon
Canada
Cape Verde
Cayman Islands
Central African Republic
Chad
Chile
China
Christmas Island
Clipperton Island
Cocos (Keeling) Islands
Colombia
Comoros
Congo, Democratic Republic of the
Congo, Republic of the
Cook Islands
Coral Sea Islands
Costa Rica
Cote d'Ivoire
Croatia
Cuba
Cyprus

Czech Republic
Denmark
Dhekelia
Djibouti
Dominica
Dominican Republic
Ecuador
Egypt
El Salvador
Equatorial Guinea
Eritrea
Estonia
Ethiopia
Europa Island
Falkland Islands (Islas Malvinas)
Faroe Islands
Fiji
Finland
France
French Guiana
French Polynesia
French Southern and Antarctic Lands
Gabon
Gambia, The
Gaza Strip
Georgia
Germany
Ghana
Gibraltar
Glorioso Islands
Greece
Greenland
Grenada

Guadeloupe
Guam
Guatemala
Guernsey
Guinea
Guinea-Bissau
Guyana
Haiti
Heard Island and McDonald Islands
Holy See (Vatican City)
Honduras
Hong Kong
Hungary
Celand
India
Indonesia
Iran
Iraq
Ireland
Isle of Man
Israel
Italy
Jamaica
Jan Mayen
Japan
Jersey
Jordan
Juan de Nova Island
Kazakhstan
Kenya
Kiribati
Korea, North
Korea, South

Kuwait
Kyrgyzstan
Laos
Latvia
Lebanon
Lesotho
Liberia
Libya
Liechtenstein
Lithuania
Luxembourg
Macau
Macedonia
Madagascar
Malawi
Malaysia
Maldives
Mali
Malta
Marshall Islands
Martinique
Mauritania
Mauritius
Mayotte
Mexico
Micronesia, Federated States of
Moldova
Monaco
Mongolia
Montenegro
Montserrat
Morocco
Mozambique

Namibia
Nauru
Navassa Island
Nepal
Netherlands
Netherlands Antilles
New Caledonia
New Zealand
Nicaragua
Niger
Nigeria
Niue
Norfolk Island
Northern Mariana Islands
Norway
Oman
Pakistan
Palau
Panama
Papua New Guinea
Paracel Islands
Paraguay
Peru
Philippines
Pitcairn Islands
Poland
Portugal
Puerto Rico
Qatar
Reunion
Romania
Russia
Rwanda

Saint Helena
Saint Kitts and Nevis
Saint Lucia
Saint Pierre and Miquelon
Saint Vincent and the Grenadines
Samoa
San Marino
Sao Tome and Principe
Saudi Arabia
Senegal
Serbia
Seychelles
Sierra Leone
Singapore
Slovakia
Slovenia
Solomon Islands
Somalia
South Africa
South Georgia and the South Sandwich Islands
Spain
Spratly Islands
Sri Lanka
Sudan
Suriname
Svalbard
Swaziland
Sweden
Switzerland
Syria
Taiwan
Tajikistan
Tanzania

Thailand
Timor-Leste
Togo
Tokelau
Tonga
Trinidad and Tobago
Tromelin Island
Tunisia
Turkey
Turkmenistan
Turks and Caicos Islands
Tuvalu
Uganda
Ukraine
United Arab Emirates
United Kingdom
United States
Uruguay
Uzbekistan
Vanuatu
Venezuela
Vietnam
Virgin Islands
Wake Island
Wallis and Futuna
West Bank
Western Sahara
Yemen
Zambia
Zimbabwe

6.	Which of the following defines your working place? (multiple choices allowed) *
	Mark only one oval.
	University/Academic hospital
	Endocrine surgery referral center
	District hospital
	Community hospital
	Private practice
7.	How many thyroid surgeries do you annually perform? *
	Mark only one oval.
	Less than 25
	Between 26 and 50
	Between 51 and 100
	More than 100
8.	Do you routinely perform only thyroid or endocrine surgery? *
	Mark only one oval.
	Yes
	○ No
9.	Which of the following types of thyroid surgery do you typically offer in your * practice?
	Check all that apply.
	Day surgery (patient discharged within 24 hours)
	Overnight stay (patient admitted and discharged within 1-2 days)
	Traditional inpatient stay (patient admitted and discharged after several days)

10.	Is ultrasound routinely used in your hospital to assess patients before thyroid surgery?	*
	Mark only one oval.	
	Yes, I personally perform ultrasounds on my patients before surgery	
	Yes, they are usually performed by a trained Radiologist/Ultrasound technician	
	No, only in selected cases	
11.	Do you always perform a preoperative assessment of vocal cord function in your thyroid surgery patients?	*
	Mark only one oval.	
	Yes, mirror laringoscopy	
	Yes, Flexible Fiberoptic Laryngoscopy	
	Yes, Rigid Transoral Laryngoscopy	
	Yes, Stroboscopy	
	No, only in selected cases	
Int	raoperative management	
12.	Do you routinely perform intraoperative nerve monitoring (IONM) during thyroid surgery?	*
	Mark only one oval.	
	Yes Skip to question 13	
	No Skip to question 14	

Intraoperative management (with IONM)

Intermitted intraoperative neural monitoring (I-IONM) Continuous intraoperative neuromonitoring (C-IONM) with Automatic Periodic Stimulation (APS) electrode Other:	13.	3. Which method(s) do you typically use for nerve monitoring during thyroid surgery? (Select all that apply):				
Continuous intraoperative neuromonitoring (C-IONM) with Automatic Periodic Stimulation (APS) electrode Other: Intraoperative management (without IONM) 14. What factors influence your decision not to routinely use intraoperative nerve monitoring (IONM) during thyroid surgery? (Select all that apply): Check all that apply. Concerns about increased operative time: IONM can add time to the surgery. Cost considerations: IONM equipment and consumables may contribute to higher surgical costs. Uncertainties about its effectiveness: The evidence supporting IONM's impact on safety in all thyroid surgery cases remains inconclusive. Limited access to equipment: My institution or practice lacks the necessary equipment for IONM. Institutional or personal preference: My colleagues or I have reservations about its routine use in all cases.		Check all that apply.				
Intraoperative management (without IONM) 14. What factors influence your decision not to routinely use intraoperative nerve monitoring (IONM) during thyroid surgery? (Select all that apply): Check all that apply. Concerns about increased operative time: IONM can add time to the surgery. Cost considerations: IONM equipment and consumables may contribute to higher surgical costs. Uncertainties about its effectiveness: The evidence supporting IONM's impact on safety in all thyroid surgery cases remains inconclusive. Limited access to equipment: My institution or practice lacks the necessary equipment for IONM. Institutional or personal preference: My colleagues or I have reservations about its routine use in all cases.		Continuous intraoperative neuromonitoring (C-IONM) with Automatic Periodic				
14. What factors influence your decision not to routinely use intraoperative nerve monitoring (IONM) during thyroid surgery? (Select all that apply): Check all that apply. Concerns about increased operative time: IONM can add time to the surgery. Cost considerations: IONM equipment and consumables may contribute to higher surgical costs. Uncertainties about its effectiveness: The evidence supporting IONM's impact on safety in all thyroid surgery cases remains inconclusive. Limited access to equipment: My institution or practice lacks the necessary equipment for IONM. Institutional or personal preference: My colleagues or I have reservations about its routine use in all cases.		Other:				
14. What factors influence your decision not to routinely use intraoperative nerve monitoring (IONM) during thyroid surgery? (Select all that apply): Check all that apply. Concerns about increased operative time: IONM can add time to the surgery. Cost considerations: IONM equipment and consumables may contribute to higher surgical costs. Uncertainties about its effectiveness: The evidence supporting IONM's impact on safety in all thyroid surgery cases remains inconclusive. Limited access to equipment: My institution or practice lacks the necessary equipment for IONM. Institutional or personal preference: My colleagues or I have reservations about its routine use in all cases.						
monitoring (IONM) during thyroid surgery? (Select all that apply): Check all that apply. Concerns about increased operative time: IONM can add time to the surgery. Cost considerations: IONM equipment and consumables may contribute to higher surgical costs. Uncertainties about its effectiveness: The evidence supporting IONM's impact on safety in all thyroid surgery cases remains inconclusive. Limited access to equipment: My institution or practice lacks the necessary equipment for IONM. Institutional or personal preference: My colleagues or I have reservations about its routine use in all cases.	Intr	raoperative management (without IONM)				
	monitoring (IONM) during thyroid surgery? (Select all that apply): Check all that apply. Concerns about increased operative time: IONM can add time to the surge Cost considerations: IONM equipment and consumables may contribute to surgical costs. Uncertainties about its effectiveness: The evidence supporting IONM's imposafety in all thyroid surgery cases remains inconclusive. Limited access to equipment: My institution or practice lacks the necessar equipment for IONM. Institutional or personal preference: My colleagues or I have reservations a routine use in all cases.		*			

Surgery

15.	What is your preferred hemostasis method for the thyroid blood vessels? * Mark only one oval. Suture-ligations				
	Hemostatic Clips				
	Electrocautery (monopolar or bipolar)				
	Focus Harmonic Scalpel				
	Ligasure Small Jaw				
	Ligasure Exact				
	Thunderbeat				
16.	In your practice, which of the following methods do you typically use for additional hemostasis or prior to closing the surgical site in thyroid surgery? (Select all that apply)				
	Check all that apply.				
	Hemostatic absorbable gauze (e.g., Surgicel, Spongostan, Fibrillar) Hydroxylated polyvinyl acetal tampons (e.g., Merocel) Fibrin glue				
	Absorbable collagen				
	Collagen and thrombin gelatine granules				
	None of the above: I do not use any additional methods beyond standard surgical techniques for hemostasis in most cases.				
	Other:				
17.	Which minimally invasive approaches do you utilize for thyroid surgery? (Select * all that apply):				
	Check all that apply.				
	 Minimally invasive video-assisted thyroidectomy (MIVAT) Distant access techniques (e.g., axillary approach, periareolar, sublcavicular) Robotic thyroid surgery Transoral endoscopic thyroidectomy vestibular approach (TOETVA) 				
	None of the above				

18.	Do you routinely place a drain when performing a thyroid lobectomy? *				
	Mark only one oval.				
	Yes				
	No				
	Occasionally				
19.	Do you place a drain when performing a total thyroidectomy *				
	Mark only one oval.				
	Yes				
	○ No				
	Occasionally				
Le	ngth of Hospital Stay after Thyroid Surgery				
20.	Please select the typical length of hospital stay for your patients after Hemi- thyroidectomy	*			
	Mark only one oval.				
	Day surgery				
	One-day surgery (Overnight stay)				
	More than one day				
21.	Please select the typical length of hospital stay for your patients after total thyroidectomy	*			
	Mark only one oval.				
	Oay surgery				
	One-day surgery (Overnight stay)				
	2 days				

22.	If you selected more than one day for either procedure, please select all reasons why you might keep a patient overnight:					
	Check all that apply.					
	Monitor for hematoma formation Monitor for bleeding risks Observe for signs of hypocalcemia Lack of social support at home Concerned about potential risks that might outweigh the benefits of early discharge Appreciate the desire for shorter hospital stays, but prioritize patient safety and recovery above all else Value the opinion of others who believe in early discharge, but currently have different perspectives based on my experience and understanding.					
23.	As part of your standard post-operative care for thyroid surgery patients, do *you perform a flexible laryngoscopy?					
	Mark only one oval.					
	Yes, routinely before discharge					
	Yes, routinely at the first postoperative clinic visit					
	Yes but only after total thyroidectomy					
	Yes but only occasionally					
	No, I do not perform routine flexible laryngoscopy after thyroid surgery					
Am	nbulatory & One-day surgery (overnight stay)					
24.	What proportion of thyroid surgeries are performed as day surgery in your practice each year?					
	Mark only one oval.					
	We do not offer day-surgery for thyroid operations					
	Less than 10%					
	10-20%					
	21-60%					
	More than 70%					

25.	What proportion of thyroid surgeries are performed as one-day surgery in your * practice each year?			
	Mark only one oval.			
	We do not offer one-day surgery for thyroid operations			
	Less than 10%			
	10-20%			
	21-60%			
	More than 70%			
26.	Do you offer same-day discharge or overnight stay (One-day surgery) for any specific types of thyroid surgery for benign indications? (Check all that apply)	*		
	Check all that apply.			
	Thyroid lobectomy			
	Total thyroidectomy			
	Parathyroidectomy			
	No, I do not offer same-day discharge or overnight stay (One-day surgery)			
27	Do you offer some day discharge or evernight stay (One day surgery) for any	*		
27.	Do you offer same-day discharge or overnight stay (One-day surgery) for any specific types of thyroid surgery for oncologic indications? (Check all that apply)			
	Check all that apply.			
	Thyroid lobectomy			
	Total thyroidectomy			
	Parathyroidectomy			
	No, I do not offer same-day discharge or overnight stay (One-day surgery)			

28.	In case of same-day discharge or overnight stay cases, do you routinely use drains?	*		
	Mark only one oval.			
	Yes			
	No			
	Only in selected cases			
Th	ank you for participating in our survey!			
WC	We appreciate you taking the time to share your insights. If you have any questions or would like to learn more about our research, please visit our website at https://siceitalia.com/			
SICE Research Group on Endocrine and Metabolic Surgery				

This content is neither created nor endorsed by Google.

Google Forms