Abstract

Background: Thyroidectomy is a surgical procedure that requires meticulous dissection, safe anatomical exposure and effective haemostasis. Redo thyroid surgery is an operation associated with higher complication rate than that seen with primary thyroid surgery.

Objective: To study the incidence of complications of redo in thyroid surgery through retrospective analysis of the data obtained from the patients to whom reoperative thyroid surgery was done.

Patients and Methods: This study was done in Department of General Surgery Mansoura University Hospital during the period from October 2007 to August 2010 in which we retrospectively analyzed data obtained from 37 patients to whom redo thyroid surgery was done.

Results: There were 37 patients (31 males and 6 females). Their ages ranged from (20 - 64 years) with mean age of(40±4.3 years). The indications for redo were: completion thyroidectomy for carcinwma (14 patients). recurrent thyrotoxicosis (5 patients), recurrent nod;tlng goiter (LS patients: 7 single nodule, 11 multiple nodules).

The postoperative complications were: Transient hypoparathyroidism in two patients (5.496), permanent hypoparathyroidism one patient(2.7), transient recurrent laryngeal nerve (RLN) palsy two patient (5.496), permanent RLN palsy one patient (2.7%), wound haematoma that required local drainage without anaesthesia one patient (2.7%), reactionary haemorrhage one patient(2.796) that necessitate reexposure of the wound after 24 hours at the operating theatre under general anaesthesia with adequate haemostasis, wound infection was not reported in any case, and there is no perioperative mortality.
**Conclusion:** Redo thyroid surgery can be done safely by experienced surgeons with low rate of morbidity and better lifestyle of the patients.

**Keywords:** Thyroidectomy, Redo surgery, completion surgery

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**Introduction**

Thyroid surgery initially started in the 12th century with the se- tons, hot irons, and caustic pow- ers (often with fatal results). A major advance was the introduction of ether anaesthesia, antisepsis, and artery forceps to practice (Al- lan et al., 2002).

Theodor Kocher and Theodor Billroth (The pioneers of thy- roid surgery) introduced accepta- ble technique of standardized thyroid surgery between the years 1873 and 1883. Since the technique has become standard- ized, safe, and efficient, there has not been a major changes in our technique of thyroidectomy (Becker 1977).

Thyroidectomy essentially en- tails three steps: the identification and ligation of the feeding vessels, identification and preservation of the laryngeal nerve, and identification and preservation (or trans- plantation) of the parathyroid glands (Larry 2002).

The reported incidence of comp- lications associated with thyroi- dectomy varies widely in the liter- ature, with the incidence of permanent recurrent laryngeal nerve injury ranging from 0 to 14% and that of permanent hypoparathyroidism ranging from 0.5 to 11% (Julia and Orlo, 2004).

Redo thyroid surgery is an op- eration associated with higher complication rate than that seen with primary thyroid surgery (Seiler et al., 2006).

Goitrectomy less than total sur- gery for either benign or malignant thyroid diseases carries the risk of recurrent or residual disease in the remaining thyroid tissue (De Jong et al., 2002). The main indications for redo thyroid surgery are: removal of the thyroid remnant for the presence of thy-roid cancer in the initially re- moved thyroid tissue which is called completion thyroidectomy, recurrent thyroid cancer, New oc- currence of cancer in the thyroid