

SURGICAL TECHNIQUE OF TOTAL THYROIDECTOMY

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ABSTRACT

Total thyroidectomy with or without dissection of neck lymph nodes provides the best results in treatment of the majority of patients with papillary thyroid carcinoma (PTC). Total thyroidectomy (TT) removes intrathyroid metastases or multicentric tumors, provides decrease of local relapses and distant metastases as well as the risk of anaplastic transformation of a residual cancer. After the TT the discovery of eventual local relapses and distant metastases is easier because thyroglobulin can be used as a marker of recurrence and I¹³¹ is useful in the diagnosis and treatment. Therapeutic dissection of regional lymph nodes of the neck decrease the frequency of relapses and provides the precise definition of the disease stage. The fundament for success of these operations is prevention of complications, in the first place injury of laryngeal recurrent nerve and hypoparathyroidism. This video-tape presents the technique of the total thyroidectomy with dissection of central and modified radical dissection of lateral lymph nodes of the neck (MRND) in patients with PTC. The special emphasis has been paid on the dissection and ligation of the superior and inferior thyroid vessels, discovering and preserving of the laryngeal recurrent nerve until the entrance into the larynx. After dissection of central lymph nodes of the neck we have a good parathyroid glands vascularisation. MRND preserves all significant anatomic structures: sternocleidomastoid muscle, omohyoid muscle, internal jugular vein, accessory, hypoglossal and phrenic nerves, superficial transversal cervical artery and vein.