

A Novel Method for Managing Postthyroidectomy or Parathyroidectomy Hematoma: Single-Institution Experience With More Than 4000 Central Neck Operations

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To the Editor

We read the article by Dixon et al. [1] with interest and congratulate the authors for their novel method of treating hematomas following thyroid and parathyroid surgery under local anesthesia and also for sharing their challenges in managing these hematomas. Hematomas following thyroid and parathyroid surgeries are at times ephemeral instead of obvious, with no definitive bleeding identified. The surgeon then needs all of his or her experience to tackle this dreaded complication, which has resulted in many surgeons not opting for day surgeries. However, there are certain observations in the article by Dixon et al. that need further clarification and comments that can be of use for future researchers.

For instance, did the inexperience of the surgeon result in an increased incidence of hematomas [2]? Did patient characteristics such as muscularity of the individual or hypertension play a role [3]? Did the authors analyze factors such as the size of the goiter and/or retrosternal extension to determine if they increased the incidence of hematoma.

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As the duration of this study was over a period of 16 years, did the introduction of newer techniques (e.g., sutureless thyroidectomy) and the learning curves result in increased hematomas [4]? Were surgical factors analyzed, such as the type of suture material used for ligation and whether routine use of hemostatic agents (e.g., oxidized cellulose polymer) played a role? We agree with the authors about not using drains routinely [5], but did the authors use a drain after reexploration?

Finally, were the patients educated preoperatively about these possible complications? Did a member of the operating team assess the patients before they were discharged?

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