

## Changing Trends in Thyroid and Parathyroid Surgery Over the Decade: Is Same Day Discharge Feasible in the United Kingdom?: Reply

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Sir,

We appreciate the interest shown in our paper [1] by Miller and colleagues and the points raised. The first question posed was the patient's personal and home circumstances and suitability for below day case surgery and for this we followed the short stay guidelines [2] summarized as:

- a clear understanding of the nature of the procedure planned and postoperative needs
- should have a responsible adult to escort and support for the first 24 h
- domestic circumstances to be appropriate
- geographical vicinity to the hospital (not more than a few miles from the hospital)

In relation to selection of patients from the less suitable group for day case surgery, we generally avoid undertaking day case surgery in patients from the less suitable or contra-indicated group. Miller and colleagues are right in terms of the controversy relating to as to how one defines a large goitre and identify those that are suitable for day surgery. In our practice as a rough guide, we follow the WHO classification guide [3] and exclude grade II goitres for day surgery. However, it is important to realize that size is not the only criteria of selection for day case surgery.

On the issue of not comparing outcomes based on pathology of the glands excised, we agree that this is a limitation of the study. Despite this the complication rates shown in our cohort are very low and comparable to other large centres in the world. Whilst rapid PTH measurements are a predictor of hypocalcaemia and cost effective, there are units where this may not be available. A survey of US and European practice patterns only about 30–40 % of surgeons used the assay after thyroid surgery [4]. In our experience, we have had no adverse effects from calcium supplementation to date.

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On behalf of the authors

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