

# Thyroid surgery outcome done by ORL-HNS in Hospital Taiping from January 2016 - December 2020: A retrospective study

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## ABSTRACT

**Introduction:** Historically thyroidectomies are performed by General surgeons but recently more otorhinolaryngology surgeons have been offering thyroid surgery services. We present our single centre experience of thyroidectomies that was performed for the past few years. The objective of this study was to assess the postoperative complications of thyroidectomies done in Hospital Taiping from year 2016-2020 by ORL-HNS team. **Methods:** A retrospective analysis of data of patients who underwent hemithyroidectomy or total thyroidectomy from January 2016 to December 2020. Patients demographic and post-operative complication data was retrieved from clinic notes, operative notes and ward admission notes. **Results:** There were 52 surgeries performed by the ORL-HNS team which included 48 patients with 4 further completion of thyroidectomies. Equal number of patients underwent hemithyroidectomy (N=24) compared to total thyroidectomy (N=24). Female patients represent a majority of our cohort with 79.2% (N=38) while male patients only represent 20.8% (N=10) of our operated patients. In terms of pathology of the operated disease 2/3rd of the patients were reported as having benign disease 64.6% (N=31) while 1/3rd were having malignant disease 35.4% (N=17). 6 patients developed immediate unilateral vocal cord paresis postoperatively which recovered in 3-6months while 1 patient was complicated with unilateral vocal cord palsy. No other complication was documented in other patients post operatively. **Conclusions:** Thyroidectomies are safe and can be carried out with low complication rates as shown by our retrospective study.

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# Surgical versus conventional weight loss therapy for obstructive sleep apnea, a randomized controlled trial: Quantitative and qualitative outcome

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## ABSTRACT

**Introduction:** This study aims to compare conventional and surgical therapy in treating obesity and OSA, also to explore patients' willingness to participate in such randomized controlled trials. **Methods:** Single centre randomized controlled trial and qualitative study with individual interviews. **Results:** 36 patients were interviewed, out of which 28 were randomized into surgical and conventional groups. Surgical group achieved statistically significant greater reduction in BMI, from 47.9kg/m<sup>2</sup> to 36.7kg/m<sup>2</sup>. The median change in BMI was 7.7kg/m<sup>2</sup> (5.5, 10.9) and 0.9kg/m<sup>2</sup> (-2.2, 2.2) in surgical and conventional group respectively (p=0.001). Both surgical and conventional groups had equal and significant changes in REI. The median change in REI was 8.1 and 13.5 events per hour respectively in conventional and surgical groups (p=0.286). 42.9% of the surgical group and 30.8% of the conventional group achieved cure in OSA at the end of this study (p=0.695). Difficulties in recruitment were mainly due to patients' anxiety and strong preferences over one therapy than the other. **Conclusions:** Bariatric surgery was associated with greater weight loss, however it did not show greater improvement in REI and subjective evaluation of daytime somnolence in this study. A multicentre study or a patient preference trial may improve the recruitment in future trials.