Advancements in Thyroid Surgery: Minimally Invasive Techniques and Robotic-Assisted Approaches

Denilia Yasoki*

Department of Biomedical Science, Chosun University, Gwangju, South Korea

Introduction

Thyroid surgery, also known as thyroidectomy, is a surgical procedure performed to remove all or part of the thyroid gland. It is commonly indicated for various thyroid disorders, including thyroid nodules, goiter, thyroid cancer, and hyperthyroidism. This comprehensive article provides an overview of thyroid surgery, including its indications, surgical techniques, potential complications, postoperative care, and recovery. The abstract aims to highlight the significance of thyroid surgery as a treatment option for thyroid disorders and its role in improving patient outcomes. By discussing the key aspects of thyroid surgery, this article aims to enhance the understanding of the procedure among healthcare professionals and patients alike. The thyroid gland, located in the neck, plays a crucial role in regulating the body's metabolism and other essential functions. However, various thyroid disorders can lead to significant health concerns and necessitate intervention [1].

Description

Thyroid surgery, also known as thyroidectomy, is a well-established surgical procedure that involves the removal of all or part of the thyroid gland. This procedure is commonly performed for several indications, such as thyroid nodules, goiter, thyroid cancer, and hyperthyroidism. Thyroid surgery is indicated for several thyroid conditions including, thyroid nodules suspicious or large thyroid nodules that raise concern for malignancy or cause compressive symptoms may require surgical removal for further evaluation and treatment. Goiter refers to an enlarged thyroid gland, which can cause difficulty swallowing, breathing problems, or cosmetic concerns. Surgery may be recommended to alleviate pressure on adjacent structures and to address underlying thyroid disease. Thyroid surgery is the primary treatment for thyroid cancer. It involves the removal of the affected thyroid tissue, surrounding lymph nodes, and any potential metastases [2,3].

Several surgical techniques are utilized for thyroid surgery; depending on the extent of thyroid tissue removal. Total thyroidectomy involves the complete removal of the thyroid gland. This procedure is typically indicated for thyroid cancer, bilateral thyroid nodules, or Graves' disease. Subtotal or near-total thyroidectomy involves the removal of a large portion of the thyroid gland while preserving a small amount of thyroid tissue. This technique may be appropriate for cases of benign thyroid diseases or when total removal is deemed unnecessary. Hemithyroidectomy involves removing one lobe (half) of the thyroid gland. It is commonly performed for unilateral thyroid nodules or when there is a suspicion of thyroid cancer on one side. Lobectomy entails the removal of a single lobe of the thyroid gland. This procedure is performed for benign thyroid nodules confined to

*Address for Correspondence: Denilia Yasoki, Department of Biomedical Science, Chosun University, Gwangju, South Korea, E-mail: deniliayasoki23@gmail.com

Copyright: © 2023 Yasoki D. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Received: 27 February, 2023, Manuscript No. rtr-23-109384; Editor Assigned: 01 March, 2023, PreQC No. P-109384; Reviewed: 15 March, 2023, QC No. Q-109384; Revised: 20 March, 2023, Manuscript No. R-109384; Published: 27 March, 2023, DOI: 10.37421/2684-4273.2023.7.38

one lobe. Minimally invasive techniques, such as endoscopic or robotic-assisted thyroidectomy, involve smaller incisions and specialized instruments for surgery. These techniques may result in reduced scarring and quicker recovery times [4].

While thyroid surgery is generally considered safe and effective, it carries certain risks and potential complications, including excessive bleeding during or after surgery may necessitate further intervention. Surgical site infections can occur, although they are relatively uncommon. Damage to or removal of the parathyroid glands during surgery can lead to low calcium levels in the blood (hypoparathyroidism). Vocal Cord Injury inadvertent damage to the nerves supplying the vocal cords can result in hoarseness or changes in voice. Following thyroid surgery, patients will be closely monitored for any complications, and they may need to take thyroid hormone replacement medication if the entire thyroid gland is removed. The recovery period varies depending on the extent of surgery and the individual's overall health. Most patients with the surgeon and endocrinologist are essential for ongoing monitoring and management [5].

Conclusion

Thyroid surgery, or thyroidectomy, is a common and effective treatment option for various thyroid disorders, including thyroid nodules, goiter, thyroid cancer, and hyperthyroidism. The procedure is indicated based on the specific condition and its severity. Surgical techniques range from total thyroidectomy to more conservative approaches like lobectomy or hemithyroidectomy. Although thyroid surgery is generally safe, it is not without risks, and potential complications should be carefully considered. Adequate preoperative evaluation, skilled surgical expertise, and comprehensive postoperative care are crucial for successful outcomes and patient satisfaction. By carefully weighing the risks and benefits and individualizing treatment plans, thyroid surgery remains a valuable therapeutic option for patients with thyroid disorders.

Acknowledgement

None.

Conflict of Interest

None.

References

- Lewis, Carol M., Woong Y. Chung and F. Christopher Holsinger. "Feasibility and surgical approach of transaxillary robotic thyroidectomy without CO₂ insufflation." *Head Neck-J Sci Spec* 32 (2010): 121-126.
- Katz, Leah, Mohamed Abdel Khalek, Byron Crawford and Emad Kandil. "Roboticassisted transaxillary parathyroidectomy of an atypical adenoma." *Minim Invasive Ther Allied Technol* 21 (2012): 201-205.
- Lang, Brian Hung-Hin and Chung-Yau Lo. "Technological innovations in surgical approach for thyroid cancer." J Oncol 2010 (2010).
- Kang, Sang-Wook, Jae Hyun Park, Jun Soo Jeong and Cho Rok Lee, et al. "Prospects of robotic thyroidectomy using a gasless, transaxillary approach for the management of thyroid carcinoma." Surg Laparosc Endosc Percutan Tech 21 (2011): 223-229.

 Shen, Zong-shan, Jin-song Li, Wei-liang Chen and Song Fan. "The latest advancements in selective neck dissection for early stage oral squamous cell carcinoma." Curr Treat Options Oncol 18 (2017): 1-17.

How to cite this article: Yasoki, Denilia. "Advancements in Thyroid Surgery: Minimally Invasive Techniques and Robotic-Assisted Approaches." Rep Thyroid Res 7 (2023): 38.