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Endocrine Surgery Experience in Co-Located General Surgery Programs

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Introduction

Endocrine surgeries treat disorders that affect glands in your endocrine system. The surgeries mostly focus on diseases that affect your thyroid, parathyroid and adrenal glands. Glands are organs that release hormones into your bloodstream. These hormones send messages to tissues that tell them what to do to keep your body healthy. You may need endocrine surgery if a gland stops working correctly. The gland may send out too much hormone or not enough. Doctors with a focus on hormones are called endocrinologists. They identify hormonal problems and administer medication to treat them. Your endocrinologist may recommend an endocrine surgeon to you if you require surgery for an endocrine condition. The surgical management of endocrine problems is a specialty that these general surgeons have undertaken further training in. A relatively recent branch of general surgery is endocrine surgery. Endocrine surgeons with experience are not available in every hospital. In some medical facilities, general surgeons additionally undertake endocrine surgery.

Description

Endocrine surgery is defined as surgery that concentrates on one or more endocrine organs. The endocrine organs are glands that are distributed throughout the body and produce hormones into the bloodstream that are essential for preserving homeostasis and metabolism. The pituitary and hypothalamus serve as the endocrine system's command and control centres. Together, these glands make up the endocrine system. The endocrine pancreas, pineal, adrenal, thyroid and parathyroid glands are further endocrine glands. Endocrine surgeons are specialists who operate on these glands. A complete preoperative examination and physical assessment should be performed on every patient undergoing endocrine surgery. Vital signs should be examined and blood work should be evaluated for electrolyte abnormalities. Chest X-ray and specialty consultation reports can also be required, depending on the patient's medical history. Patients' neck flexibility in flexion and extension as well as their overall cervical range of motion should be evaluated during a physical examination. This is crucial for the patient's positioning during the perioperative period. Positioning for the required surgical exposure can be difficult if the patient is unable to extend their neck. After the induction of anaesthesia, it can be dangerous for the patient to try to extend their neck, so it should be done carefully [1-4].

It is important to take note of the thiopental distance as well as the size and presence of goitre. Identifying the Mallampati score and any potential oropharyngeal oedema would be part of the airway assessment. Tracheal deviation can be identified by evaluating and palpating the patient's neck, analysing any chest X-ray findings and looking at neck and chest CT scans. For the assessment and potential for a difficult airway for intubation, open discussion with the surgeon is beneficial. If goitre is present, it should also be determined if the patient can easily take the supine position and if the airway is being displaced or squeezed. The anaesthetic strategy for induction and advanced airway management will be determined by the size of the goitre or the condition of the airway [5].

Conclusion

Hamartomas are non-neoplastic tumours that develop in the hypothalamus and despite their rarity, they can have severe effects like seizures, cognitive decline, behavioural problems, emotional problems, hormonal imbalances and early puberty. The tumour must be surgically removed and to do so, surgeons take use of the physiological space that exists between the brain's hemispheres. Stereotactic radiosurgery, which employs light rays to kill the tumour and other injured tissue, is another less intrusive treatment option. It is a more focused type of conventional external beam radiation that more precisely targets the tumour.

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Conflict of Interest

There are no conflicts of interest by author.

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