Small Incision Thyroid And Parathyroid Surgery

Minimally invasive thyroid and parathyroid surgery offers smaller incisions and more rapid recovery to patients with thyroid and parathyroid growths requiring removal. Dr. Edmund Pribitkin and Dr. David Rosen at the Thomas Jefferson University Hospital introduced these procedures to the Delaware Valley over three years ago and have pioneered outpatient surgical treatment of selected thyroid and parathyroid disorders.

The thyroid is a butterfly shaped gland overlying the voice box and windpipe. The thyroid produces the thyroid hormone, which controls the body's metabolism. Growths (nodules) can arise within the thyroid gland and at least 5% of these nodules will harbor thyroid cancer. The incidence of thyroid nodules is greater in women and increases with age. Although most thyroid nodules are "silent," some can change in size or difficulty swallowing. Women can perform a thyroid neck check monthly

www.aace.com/neck_check.pdf

much as they would a self-breast exam. Advances in ultrasound and magnetic resonance imaging techniques have also increased the likelihood that these nodules will be discovered when they are small in size. Earlier detection of these nodules typically leads to earlier identification of nodules suspicious for cancer and earlier definitive treatment. At Jefferson's thyroid treatment center (215-955-1925), a multidisciplinary team headed by Dr. Jeffrey Miller evaluates patients with thyroid difficulties and reviews their diagnostic and treatment options.

In the past, patients undergoing thyroid surgery typically received 6-8 cm incisions in their neck, had drains placed, and stayed at least overnight in the hospital. In 1997, Dr. Micoli of Pisa, Italy developed minimally-invasive thyroid surgery using incisions of 3-3.5 cm without the use of drains. Building upon their extensive research experience in endoscopic head and neck surgery, Dr. Edmund Pribitkin and Dr. David Rosen of Thomas Jefferson's Department of Otolaryngology-Head and Neck Surgery (215-955-6760) introduced a modified, minimally invasive thyroid surgery technique to the Delaware Valley over three years ago. Over three hundred patients have benefited from this new procedure.

"Smaller incisions do not mean less visualization or increased risks," Dr. Pribitkin emphasizes. "We employ state of the art monitoring systems to protect the vocal nerves during surgery and advanced endoscopic and non-endoscopic surgical techniques. Our patients typically recover more quickly than similar patients undergoing traditional procedures and do so with less bruising and discomfort." Drs. Pribitkin and Rosen encourage patients undergoing removal of only a portion of the thyroid to go home the same day. Even large thyroid masses can often be managed through surprisingly small incisions in select cases.

The Thomas Jefferson University Department of Otolaryngology-Head & Neck Surgery's (925 Chestnut Street, Sixth Floor, Philadelphia, PA 19107, (215) 955-6760) commitment to advancing the treatment of thyroid and parathyroid diseases is reflected in its research mission. In association with researchers at the Kimmel Cancer Center and their colleagues at the University, Dr. Pribitkin, Dr. Keane, Dr. Rosen and Dr. Cognetti have co-authored papers on the genetic origins of thyroid cancer, the treatment of advanced thyroid cancer and the potential application of ultrasound-guided contrast agents to trace the routes of spread of thyroid cancer.

Jefferson hosted its second annual Thyroid Cancer Symposium in October, 2009 which was attended by over 120 physicians. Soon, Jefferson will offer ROBOTIC THYROIDECTOMY to its patients, who will benefit from new technology hiding incisions in the axilla and chest rather than in the neck (www.roboticthyroidectomy.com). As demonstrated by its introduction of minimally invasive thyroid and parathyroid surgery to Philadelphia, Jefferson's ongoing tripartite mission of outstanding clinical care, innovative research and progressive medical education continues to bring the practical benefits of its academic accomplishments to patients throughout the region.

Actual healing thyroid incision one month following surgery.

Dr. Rosen demonstrating successful removal of a parathyroid adenoma through a one inch incision.

Traditional Thyroid Surgery
• 6-8 cm incision
• drains in neck
• overnight stay
• prolonged soreness, bruising
• nerve monitoring

Minimally Invasive Thyroid Surgery
• 3-3.5 cm incision
• no drains in neck
• same day discharge in most cases
• rapid recovery
• nerve monitoring

MAKE AN APPOINTMENT
Call 1-800-JEFF-NOW • (1-800-533-3669)
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20 Medical Professionals