

EUROCRINE

Clinic Benchmark Report

Surgery of the Thyroid Gland
2023

EUROCRINE Clinic Benchmark Report on Thyroid Resections performed in 2023



Investigated Clinic

- Markera alla
- Bröst och Endokrinkirurgiska kliniken, KS Huddinge
- Carlanderska Endokrinkirurgi
- Dubbel - Kirurgiska kliniken, Lund
- Gastro Center Skåne
- Kirurgicentrum Skåne
- Kirurgiska kliniken, Borås
- Kirurgiska kliniken, Danderyd
- Kirurgiska kliniken, Eksjö
- Kirurgiska kliniken, Falun
- Kirurgiska kliniken, Gävle
- Kirurgiska kliniken, Göteborg
- Kirurgiska kliniken, Halmstad
- Kirurgiska kliniken, Helsingborg
- Kirurgiska kliniken, Jönköping
- Kirurgiska kliniken, Kalmar
- Kirurgiska kliniken, Karlskrona
- Kirurgiska kliniken, Karlstad
- Kirurgiska kliniken, Kristianstad
- Kirurgiska kliniken, KS Solna
- Kirurgiska kliniken, Kungälv
- Kirurgiska kliniken, Linköping
- Kirurgiska kliniken, Ljungby
- Kirurgiska kliniken, Luleå
- Kirurgiska kliniken, Lund
- Kirurgiska kliniken, Norrköping
- Kirurgiska kliniken, Nyköping
- Kirurgiska kliniken, Örebro
- Kirurgiska kliniken, Östersund
- Kirurgiska kliniken, Skövde
- Kirurgiska kliniken, Södersjukhuset

Benchmark Clinics

- Markera alla
- Bröst och Endokrinkirurgiska kliniken, KS Huddinge
- Carlanderska Endokrinkirurgi
- Dubbel - Kirurgiska kliniken, Lund
- Gastro Center Skåne
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- Kirurgiska kliniken, Södersjukhuset

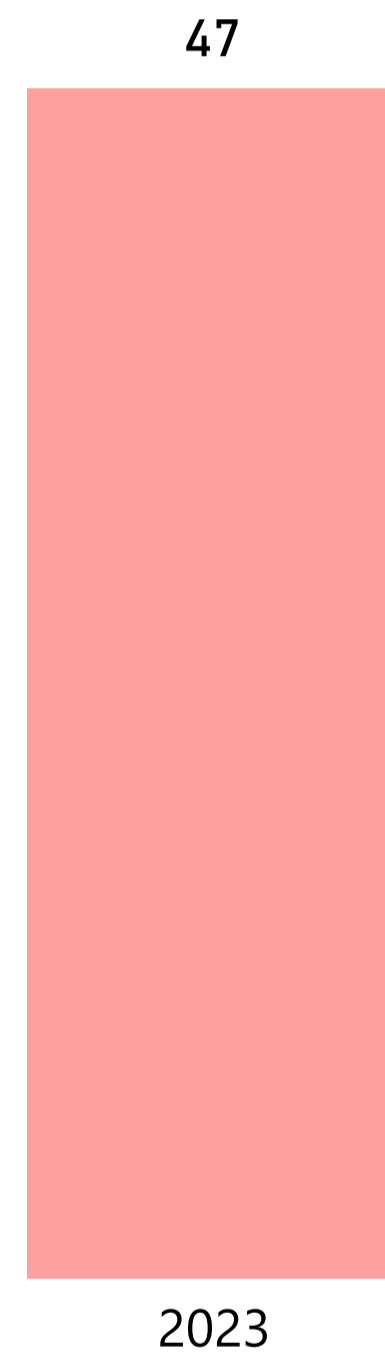
Investigated Year

- Markera alla
- 2013
- 2014
- 2015
- 2016
- 2017
- 2018
- 2019
- 2020
- 2021
- 2022
- 2023
- 2024

EUROCRINE Clinic Benchmark Report on Thyroid Resections performed in 2023



Registered Thyroid Resections in Investigated Clinic



Registered Thyroid Resections in the Other EUROCRINE Clinics of Your Country



Color Coding in this Report:

Investigated Clinic

Other EUROCRINE Clinics in Your Country

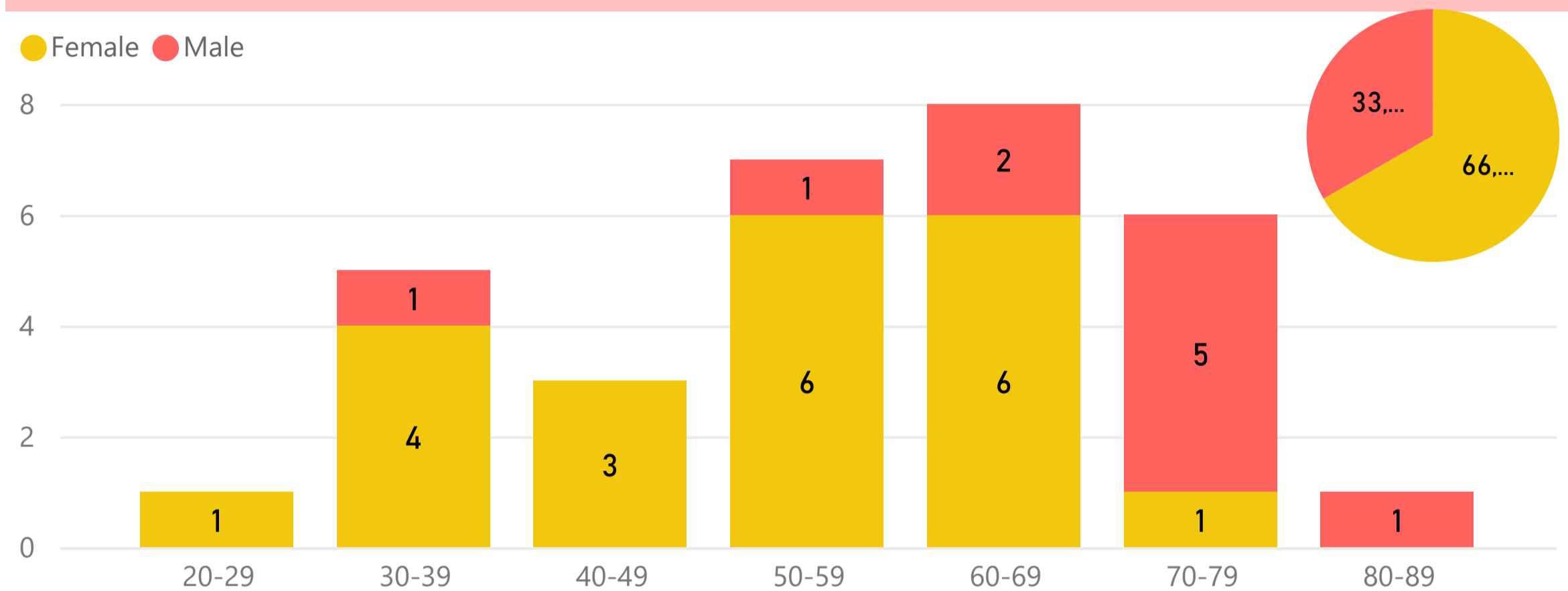
Thyroid

Gender and Age Distribution



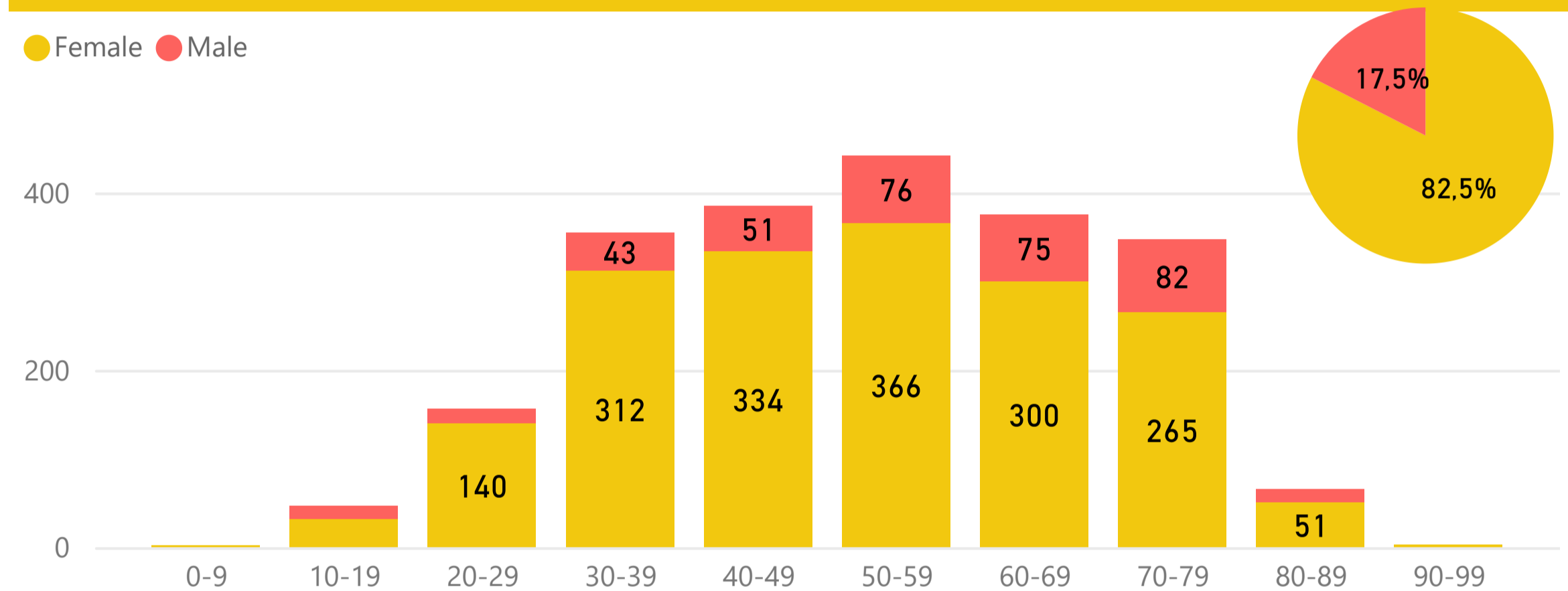
Investigated Clinic

Age Distribution and Gender - Benign Disease at Histology

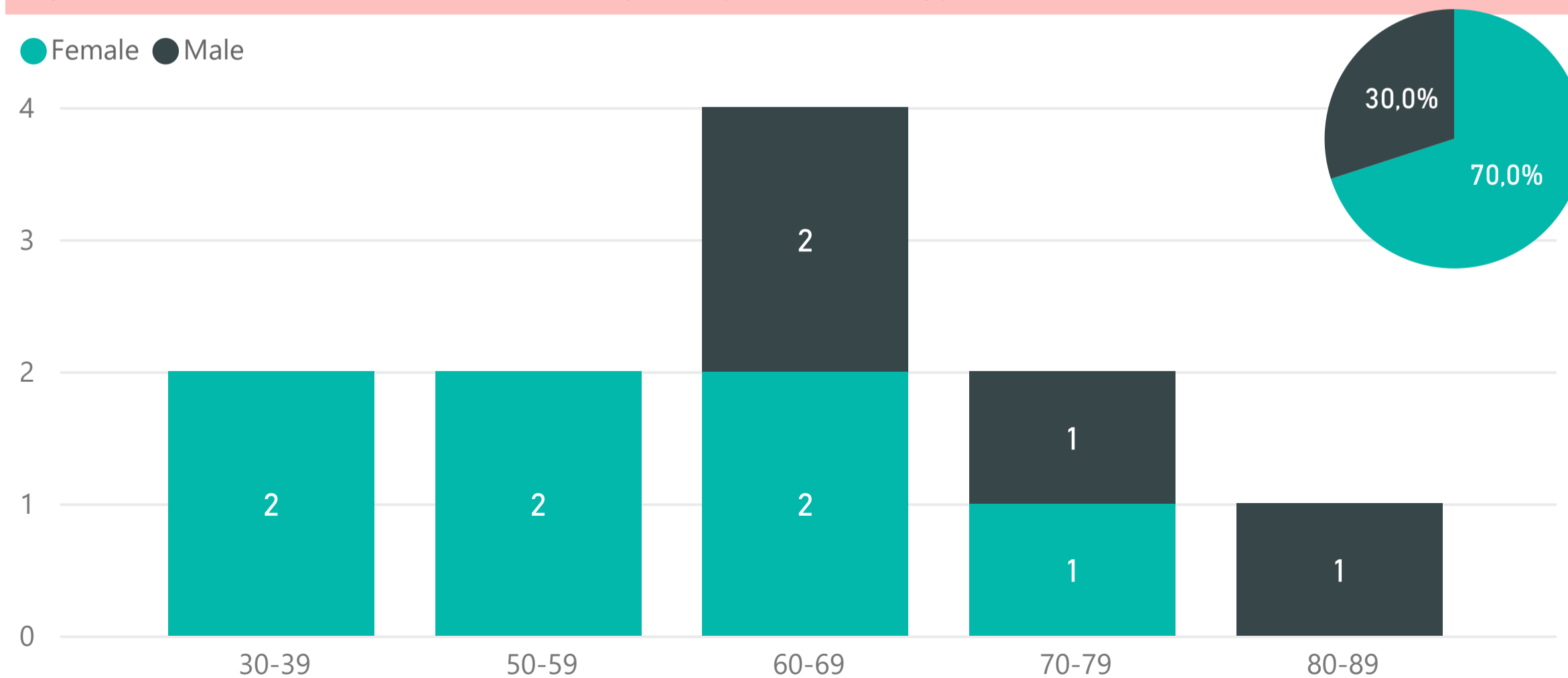


EUROCRINE Clinics

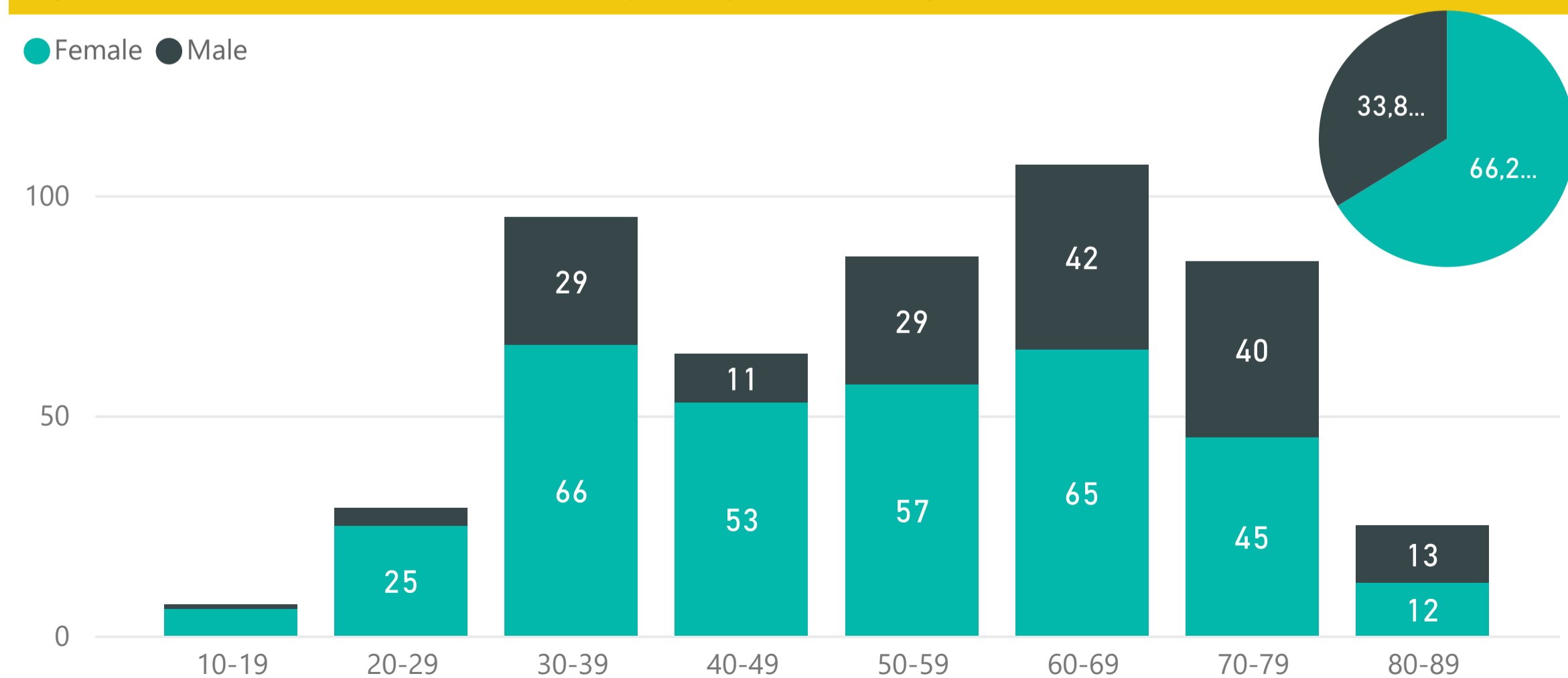
Age Distribution and Gender - Benign Disease at Histology



Age Distribution and Gender - Malignancy at Histology



Age Distribution and Gender - Malignancy at Histology



Thyroid

Preoperative Workup: Ultrasound



Investigated Clinic

Preoperative Ultrasound of the Thyroid Gland

● Yes 100,00%

Preoperative Ultrasound of Regional Lymph Nodes for Main Indication 'Excluding Malignancy' or 'Malignancy'

● No 50,00%
● Yes 50,00%

FNA: Performed Under Guidance of Ultrasonography

● No 40,00%
● Yes 60,00%

EUROCRINE Clinics

Preoperative Ultrasound of the Thyroid Gland

● (Tom) 85,01%
● No 14,85%
● Yes

Preoperative Ultrasound of Regional Lymph Nodes for Main Indication 'Excluding Malignancy' or 'Malignancy'

● No 60,62%
● Yes 39,38%

FNA: Performed Under Guidance of Ultrasonography

● No 6,4...
● Yes 93,59%

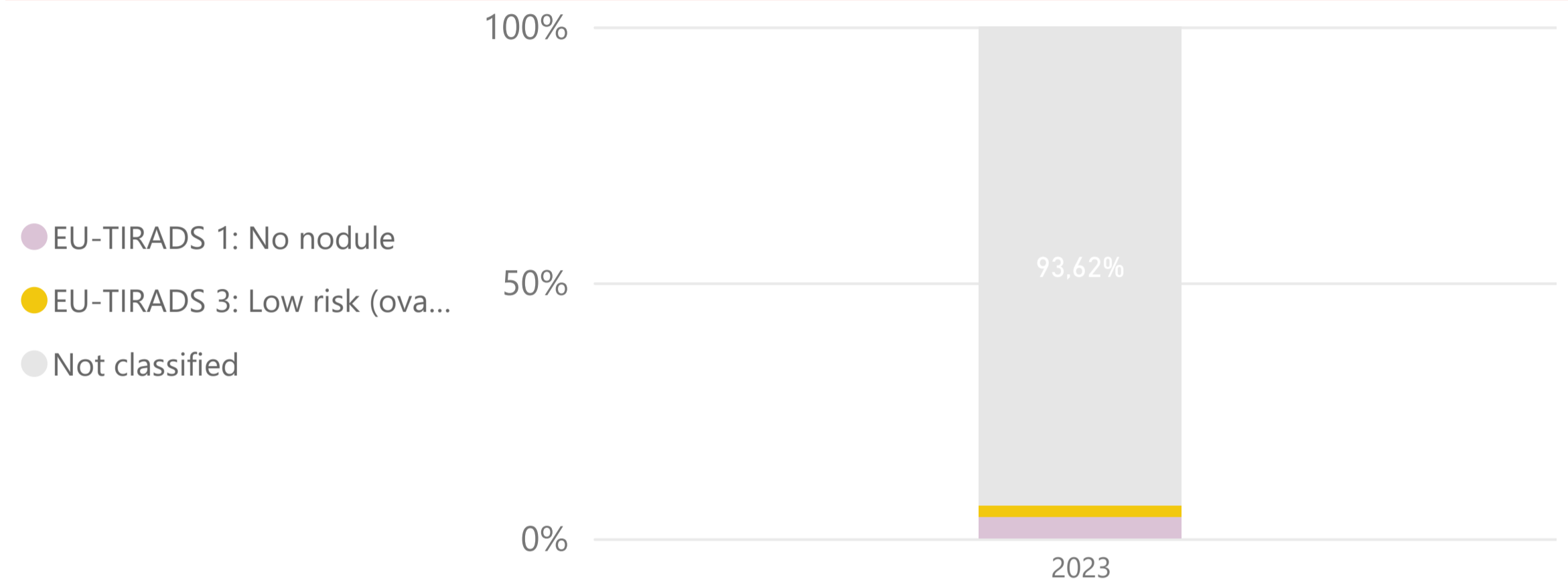
Thyroid

Preoperative Workup: Ultrasound and EU-TIRADS Classification (variable introduced in 2020)

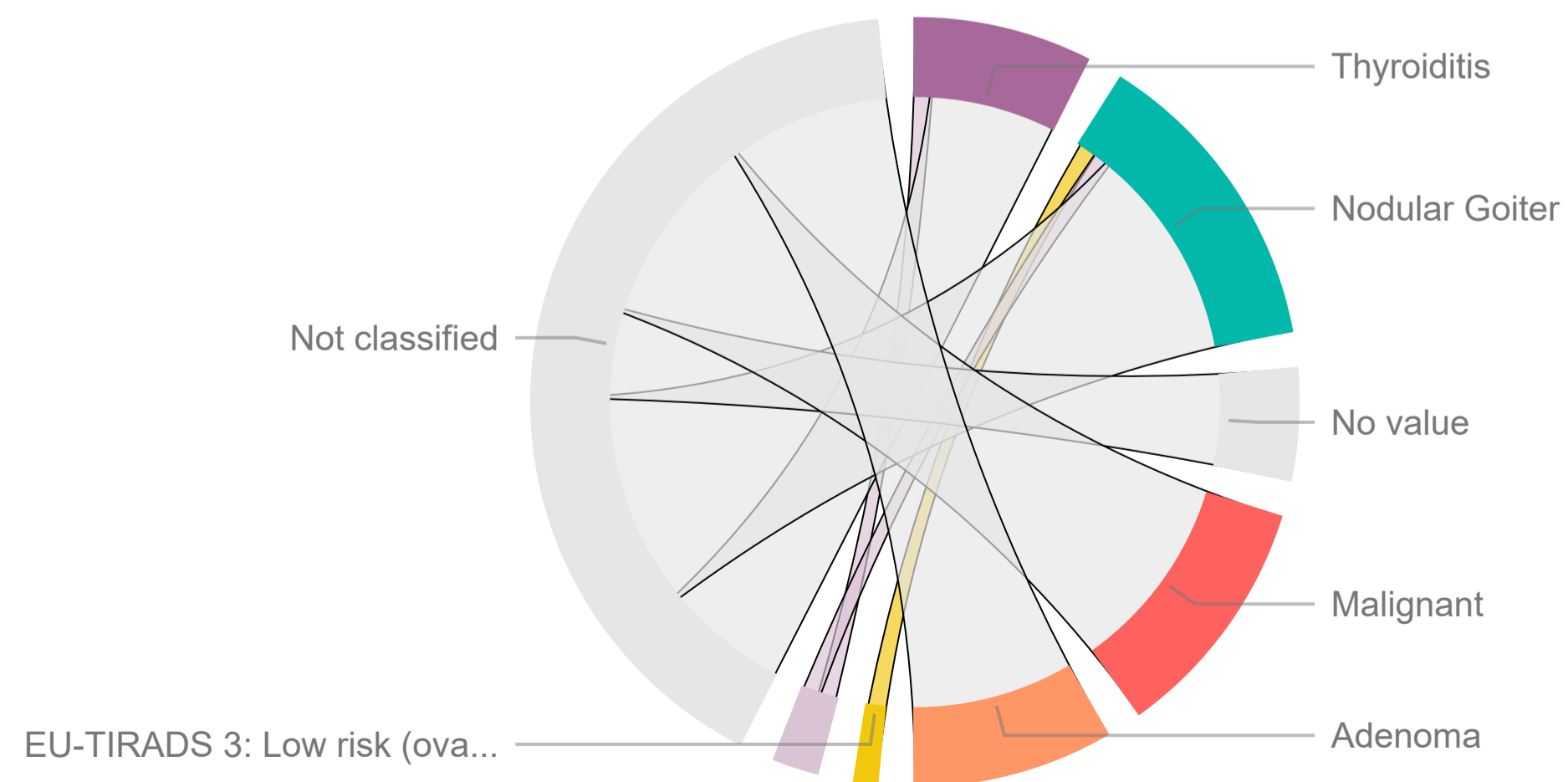


Investigated Clinic

EU-TIRADS Classification Distribution

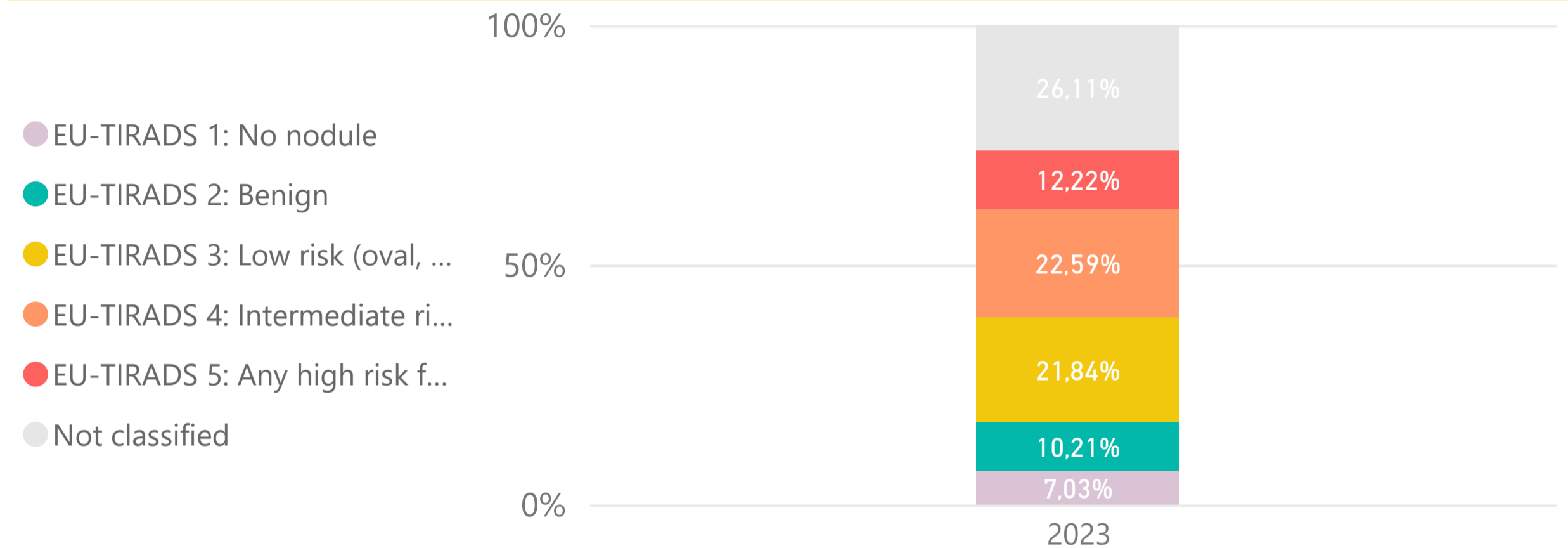


EU-TIRADS Classification and Final Diagnosis Groups on Histopathology

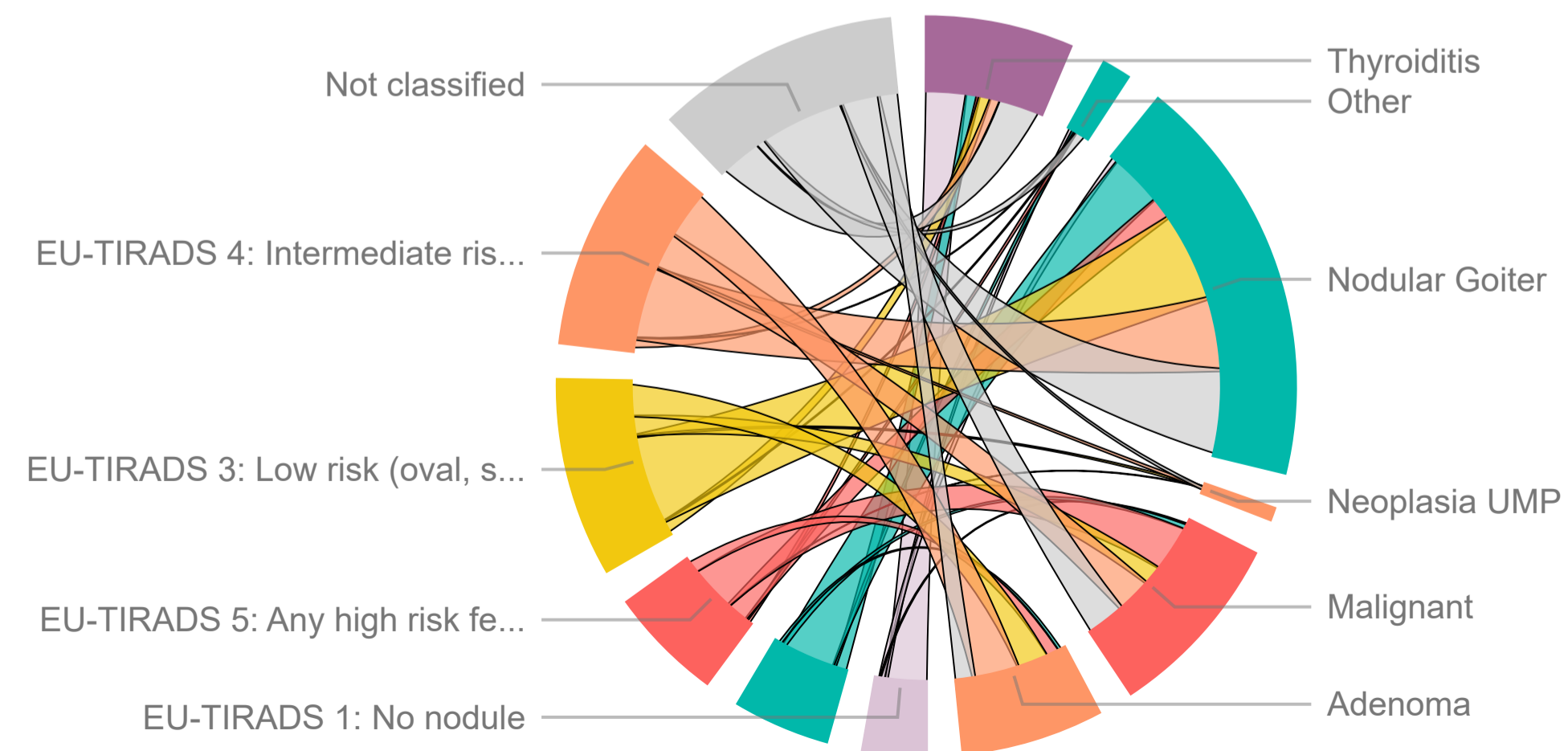


EUROCRINE Clinics

EU-TIRADS Classification Distribution



EU-TIRADS Classification and Final Diagnosis Groups on Histopathology

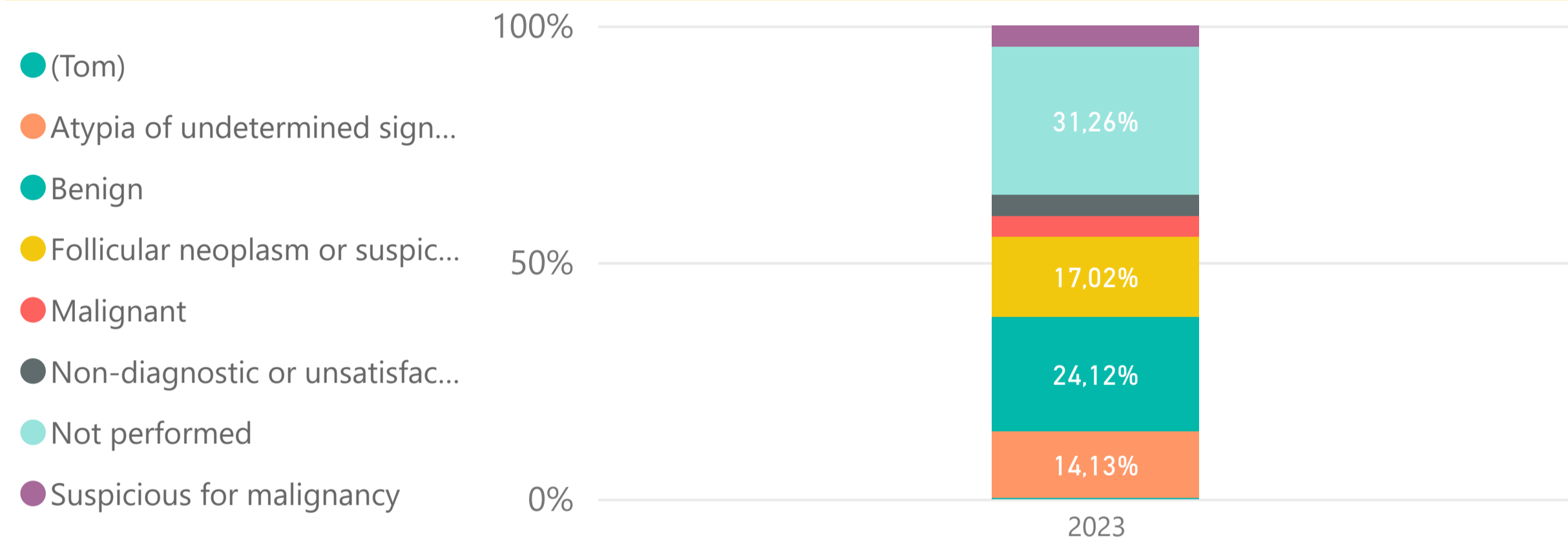
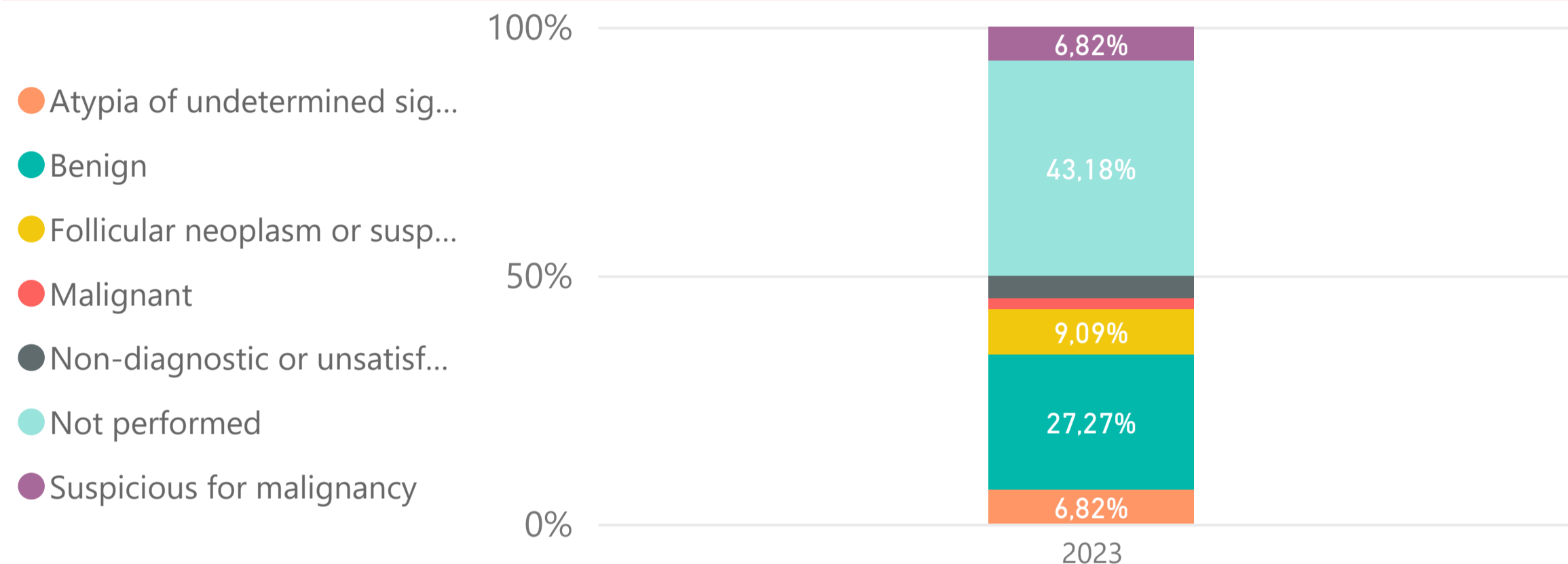


Investigated Clinic

EUROCRINE Clinics

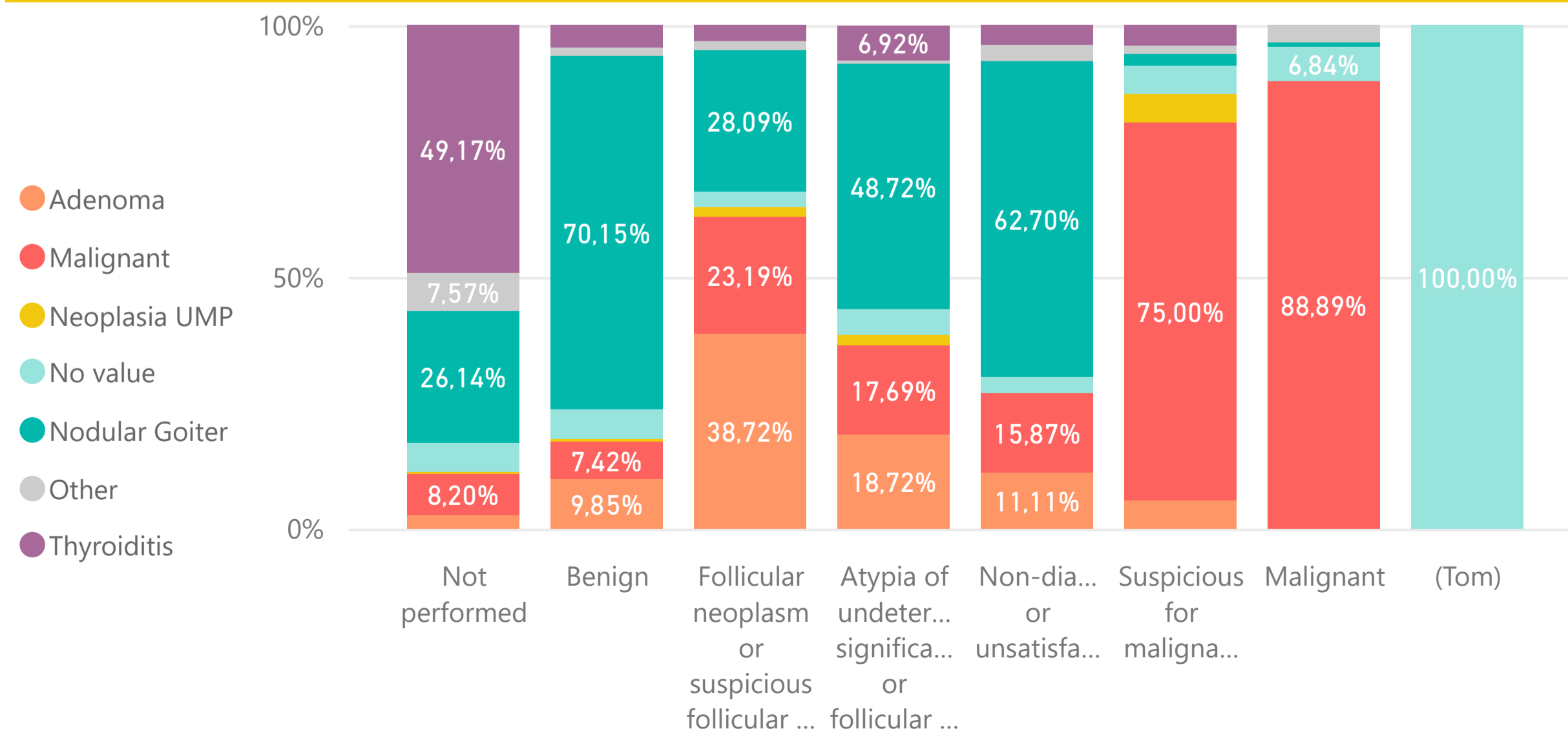
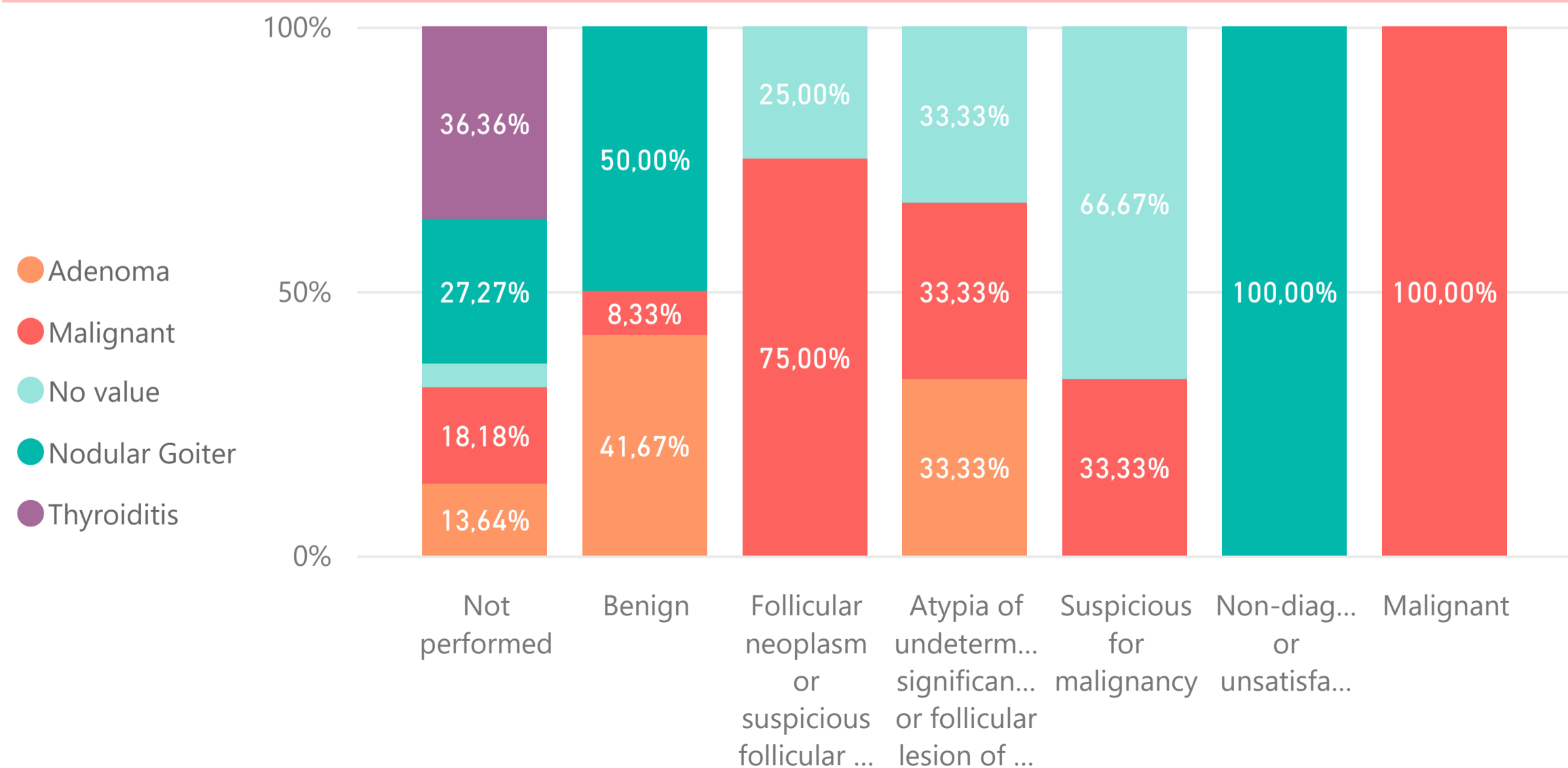
Bethesda Classification Distribution

Bethesda Classification Distribution



Cytology Result and Main Histopathological Diagnosis Group

Cytology Result and Main Histopathological Diagnosis Group



Thyroid

Main Indication for Surgery

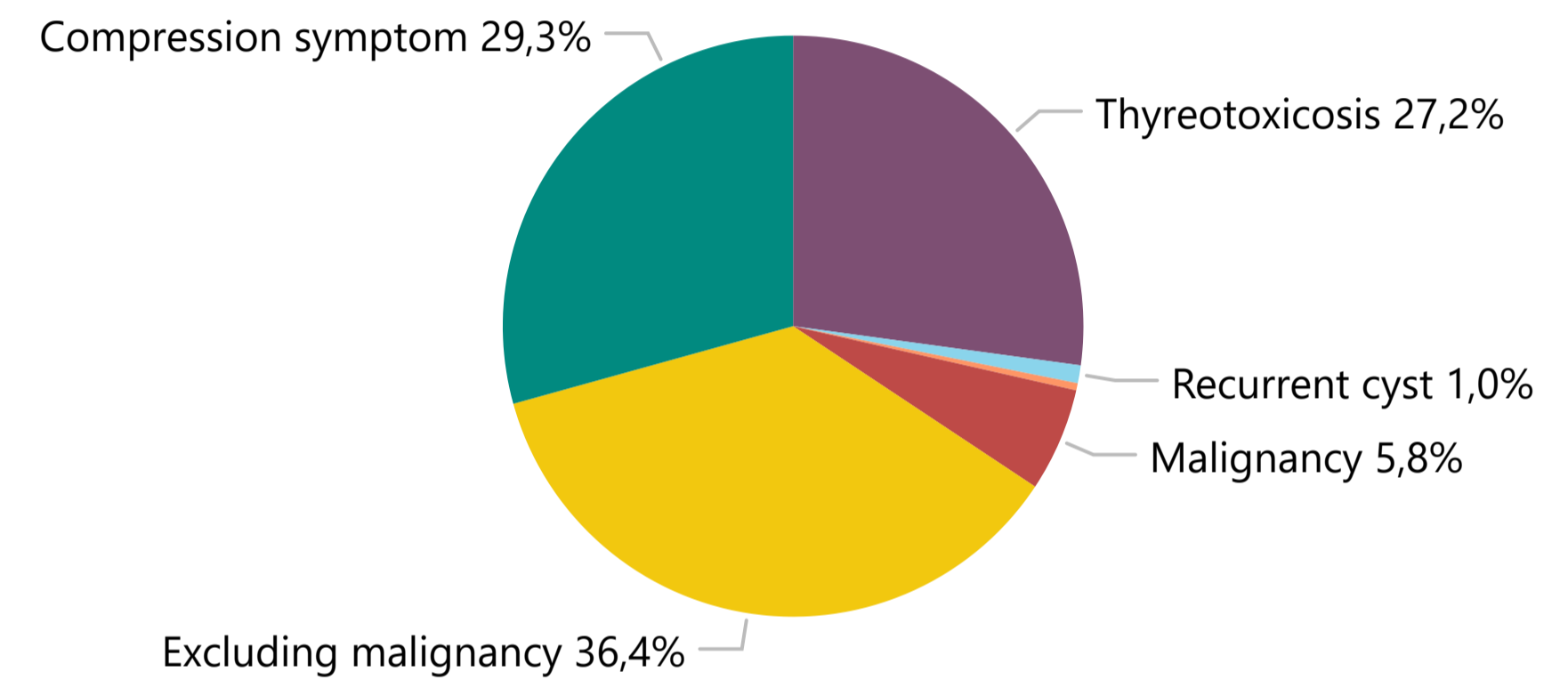
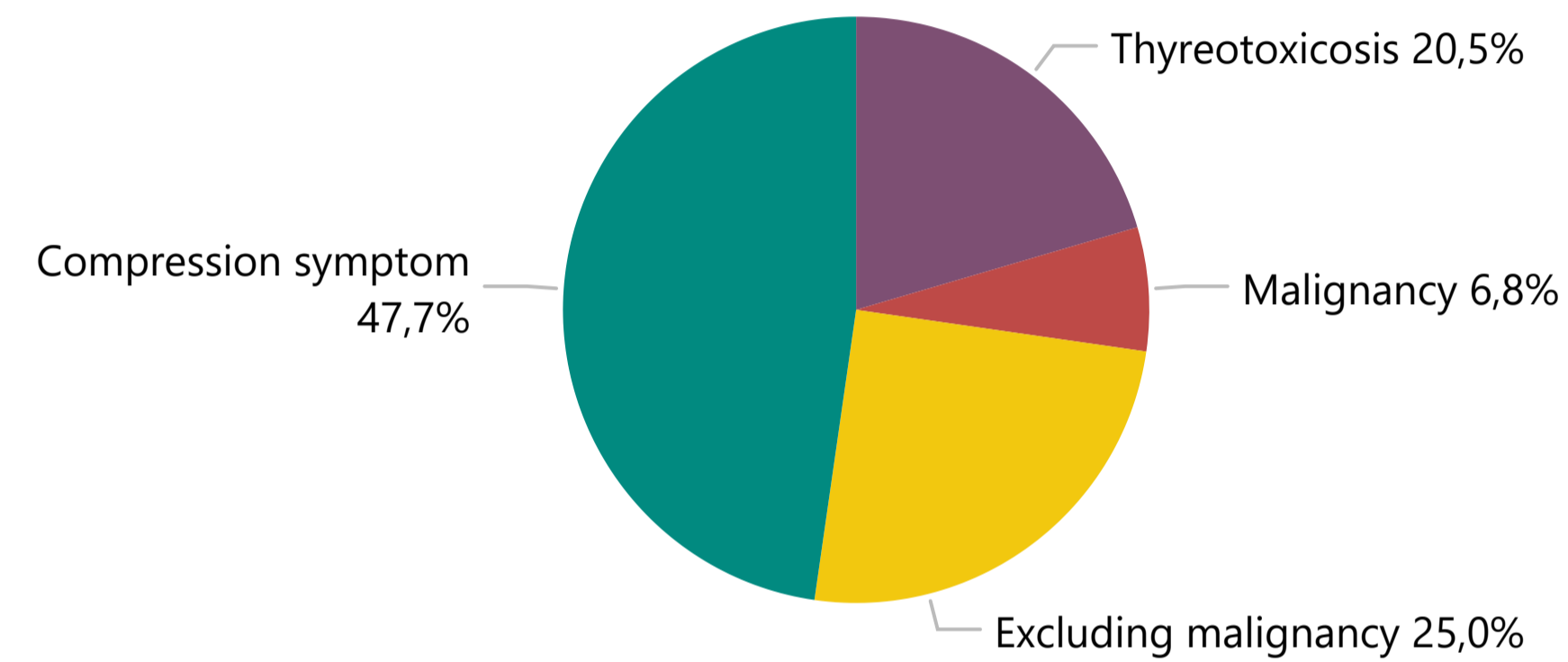


Investigated Clinic

EUROCRINE Clinics

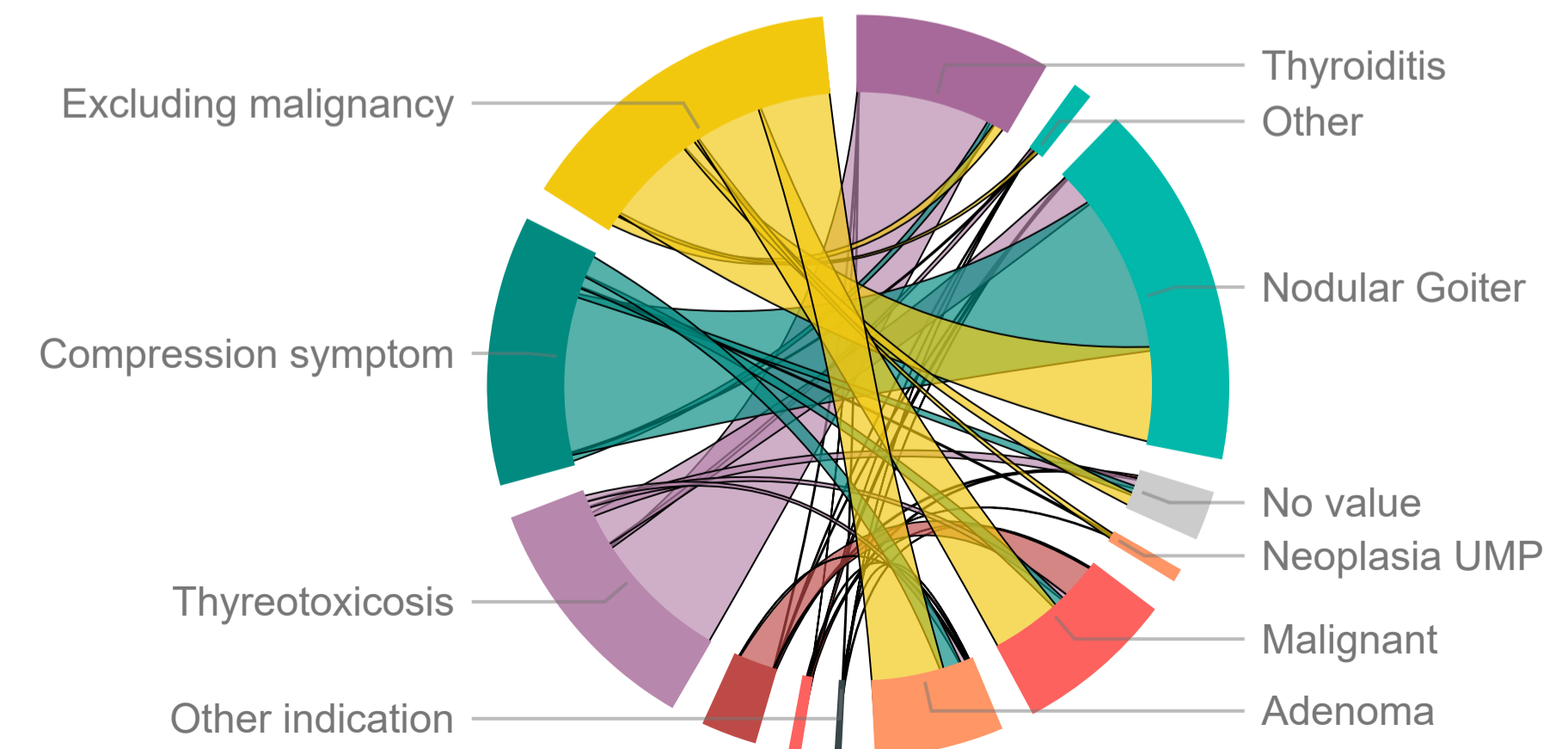
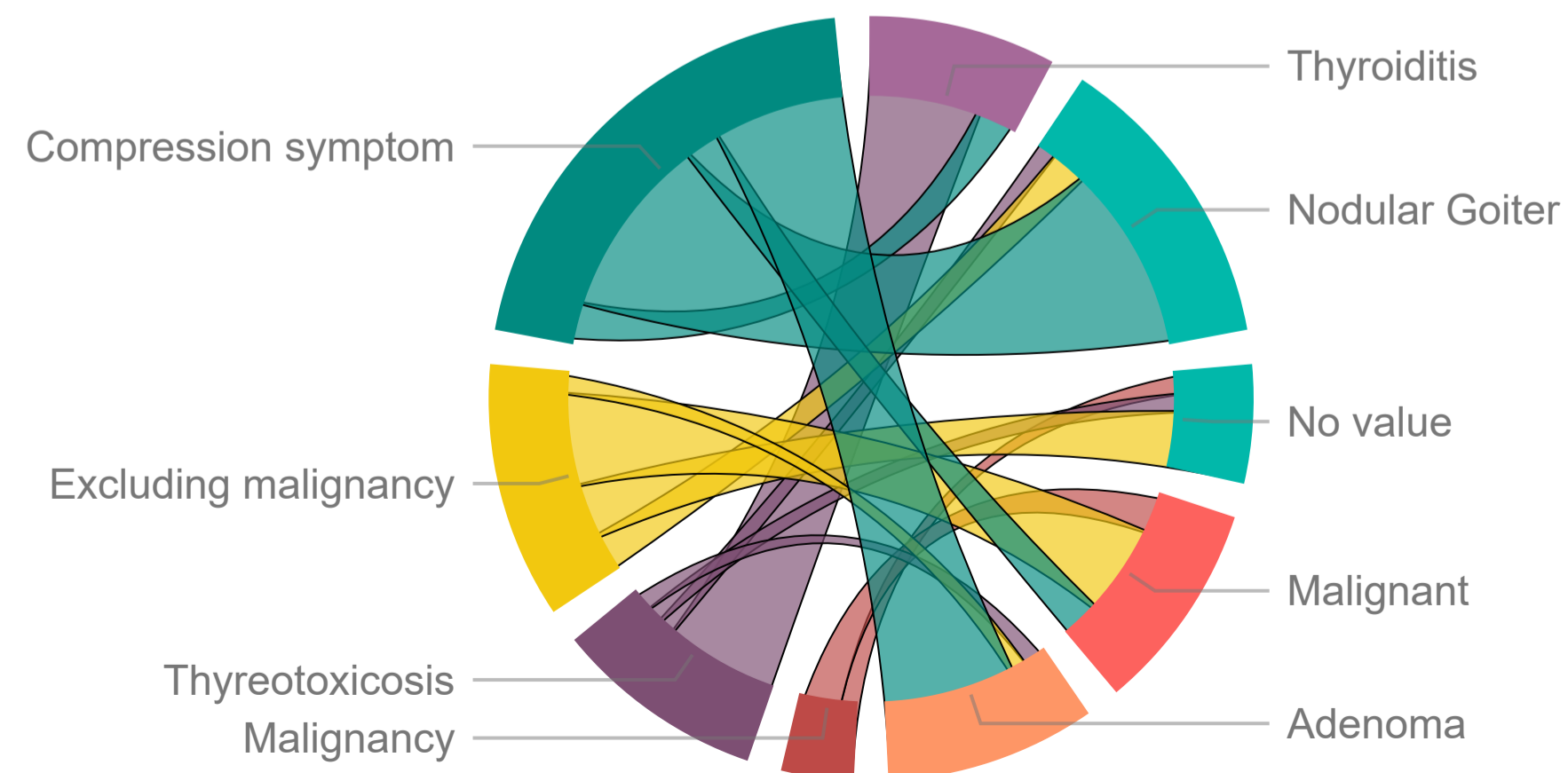
Main Indication for Surgery (Primary Operations)

Main Indication for Surgery (Primary Operations)



Main Indication and Diagnosis at Histology

Main Indication and Diagnosis at Histology



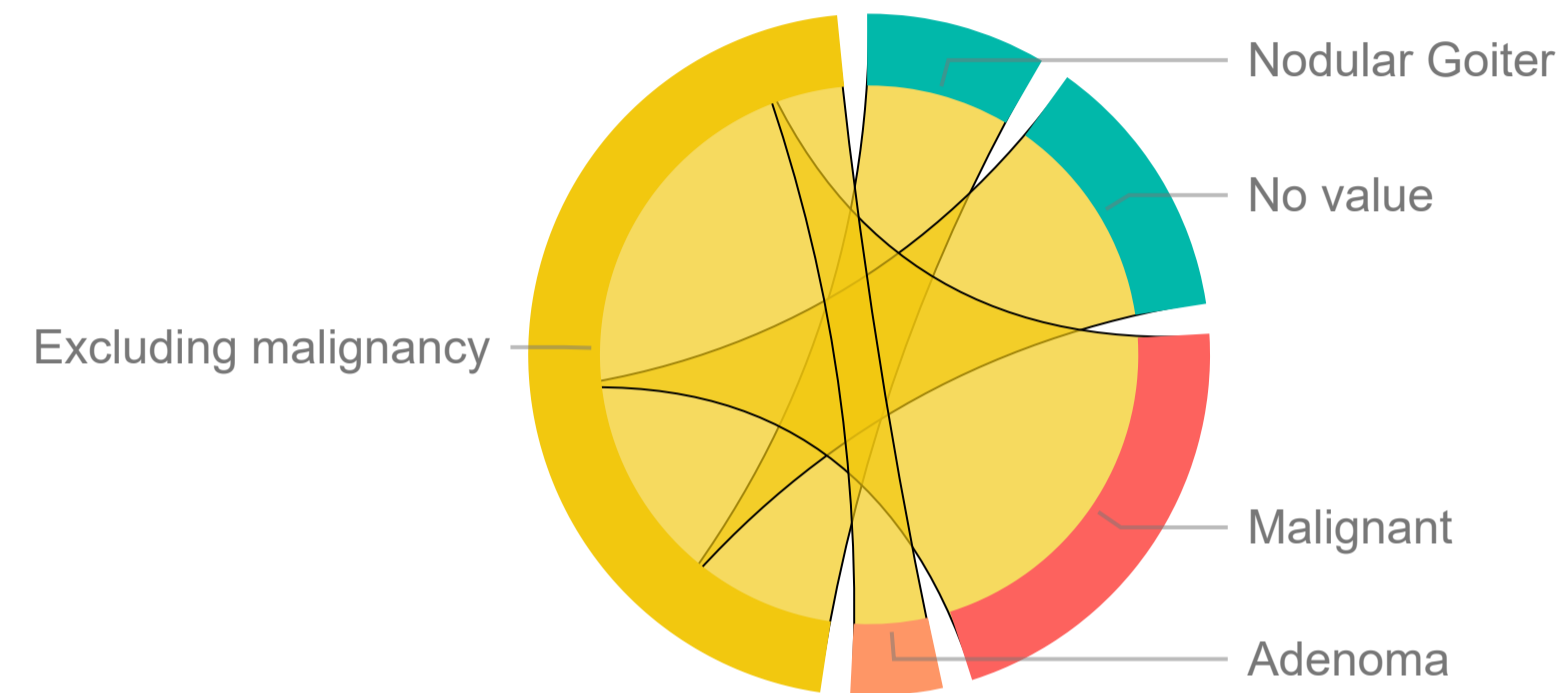
Thyroid

Main Indication for Surgery: Excluding Malignancy

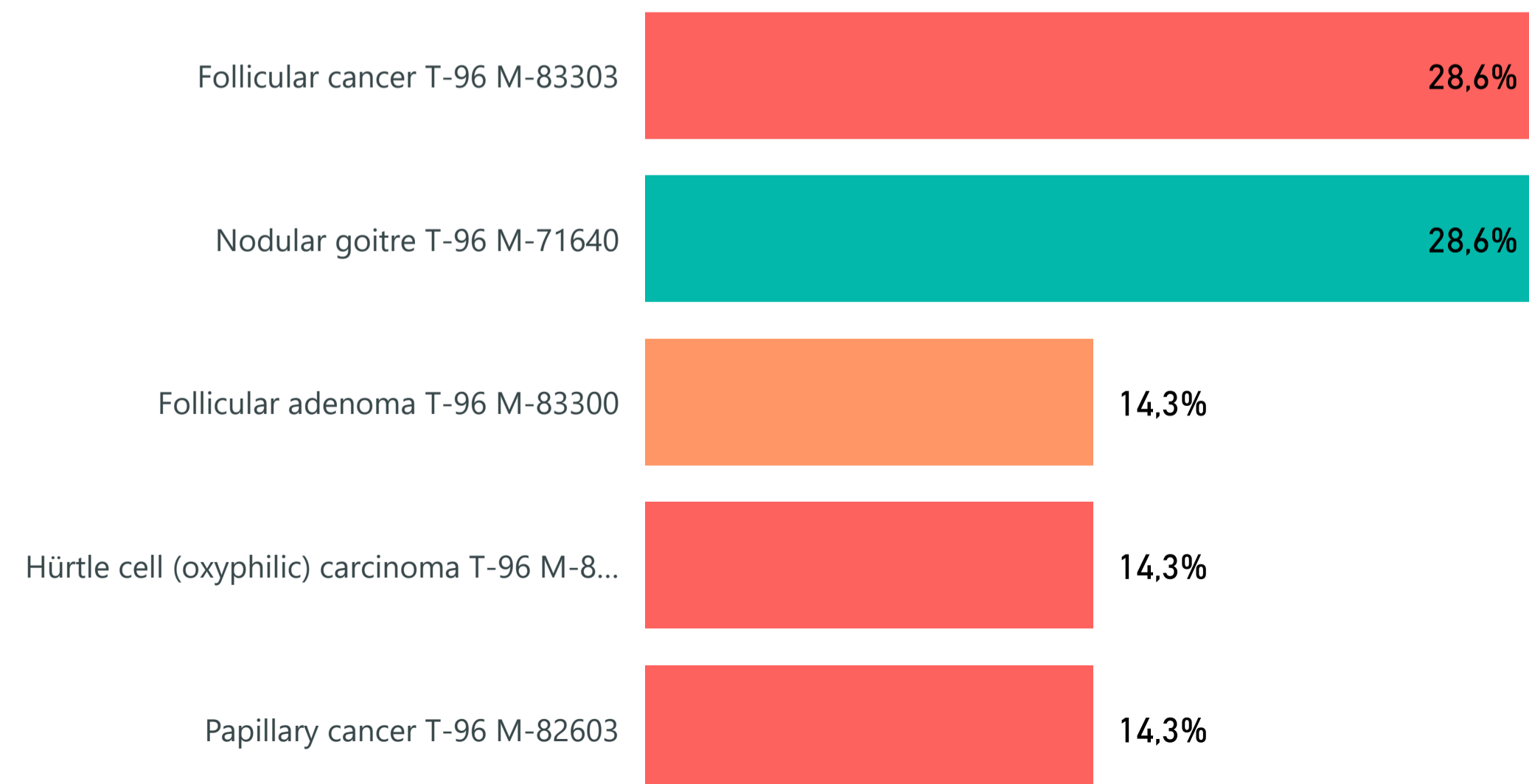


Investigated Clinic

Main Indication (Excluding Malignancy) and Final Diagnosis Groups

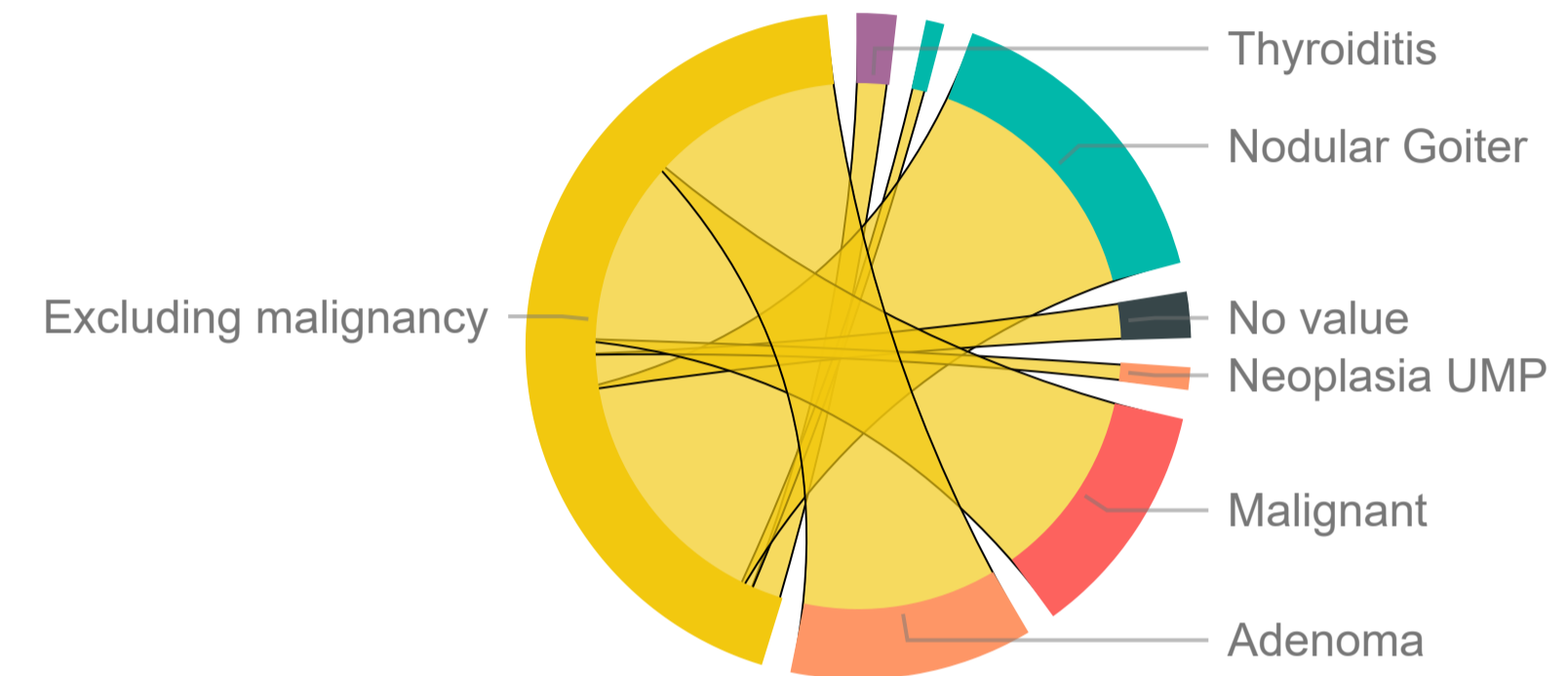


Main Indication (Excluding Malignancy) and Final Histopathological Diagnosis

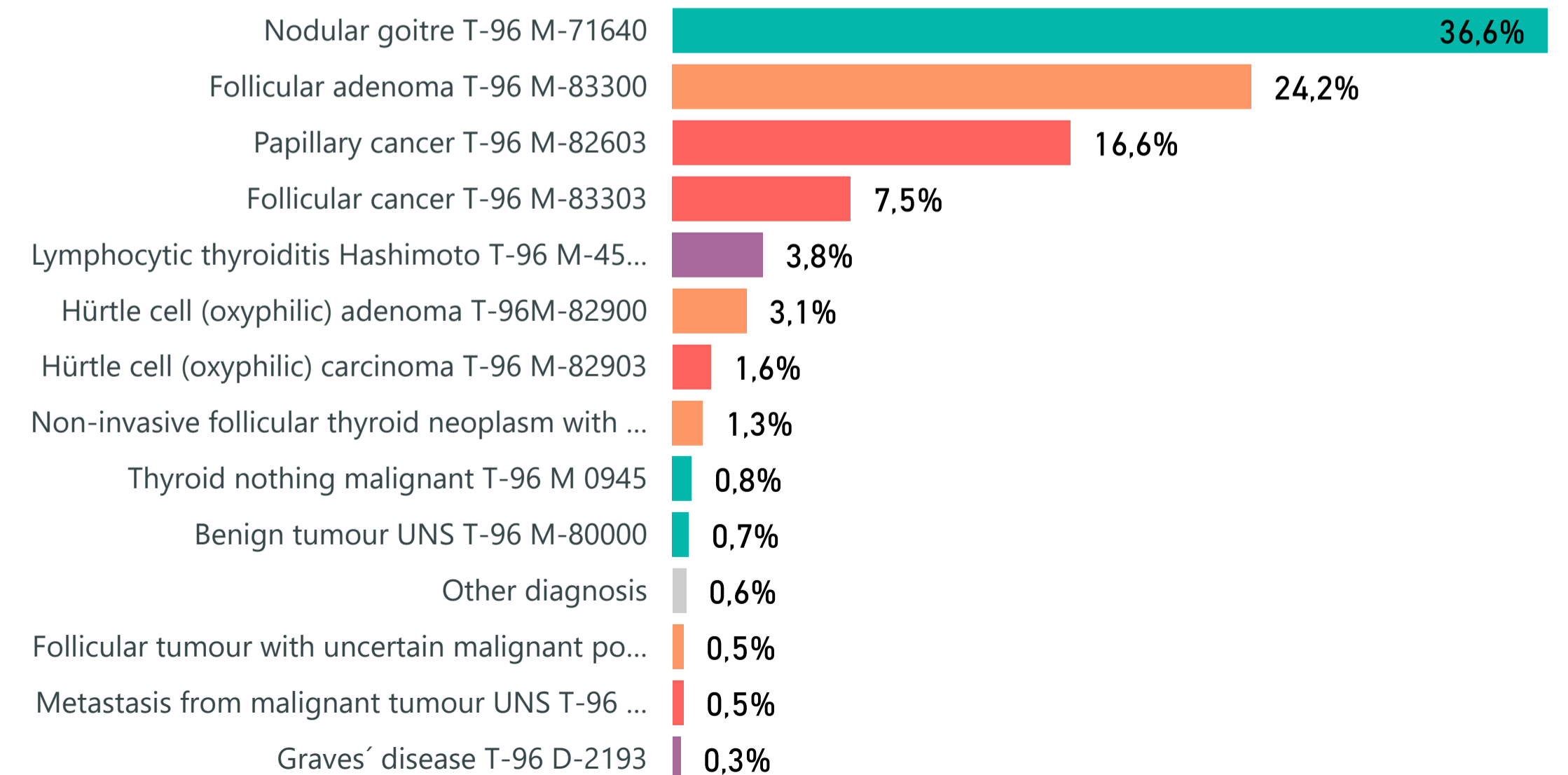


EUROCRINE Clinics

Main Indication (Excluding Malignancy) and Final Diagnosis Groups



Main Indication (Excluding Malignancy) and Final Histopathological Diagnosis



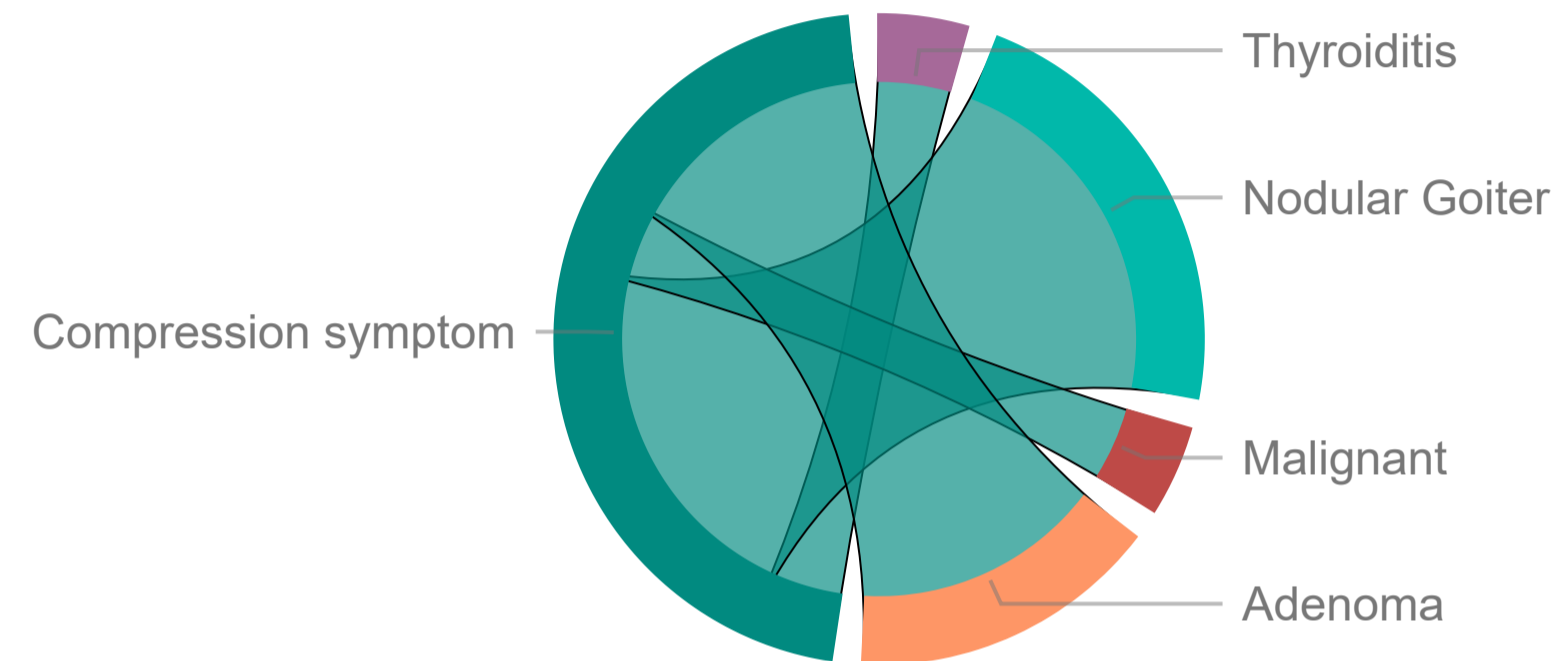
Thyroid

Main Indication for Surgery: Volume and Compression Symptoms

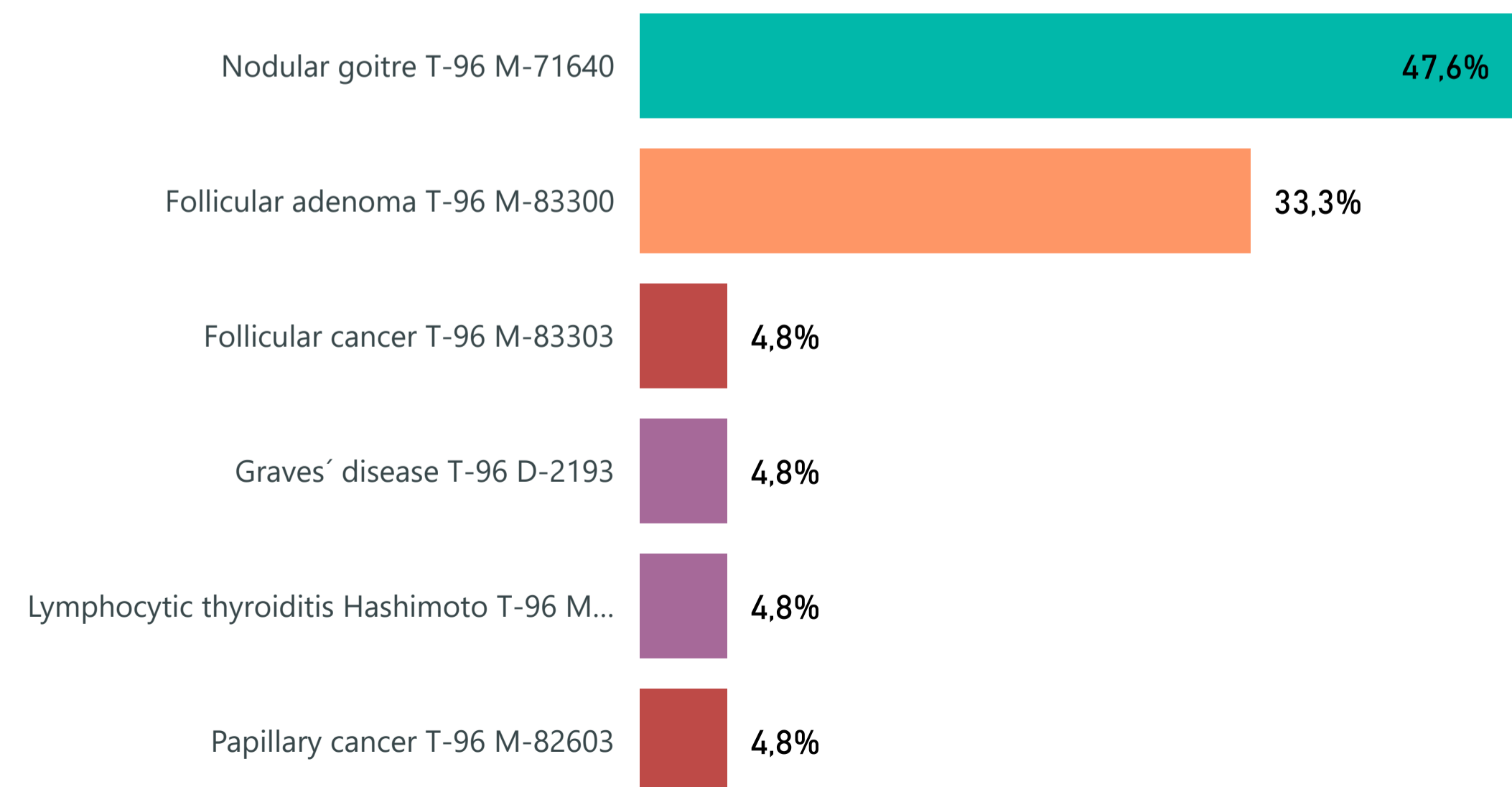


Investigated Clinic

Main Indication (Volume and Compression Symptoms) and Final Diagnosis Groups

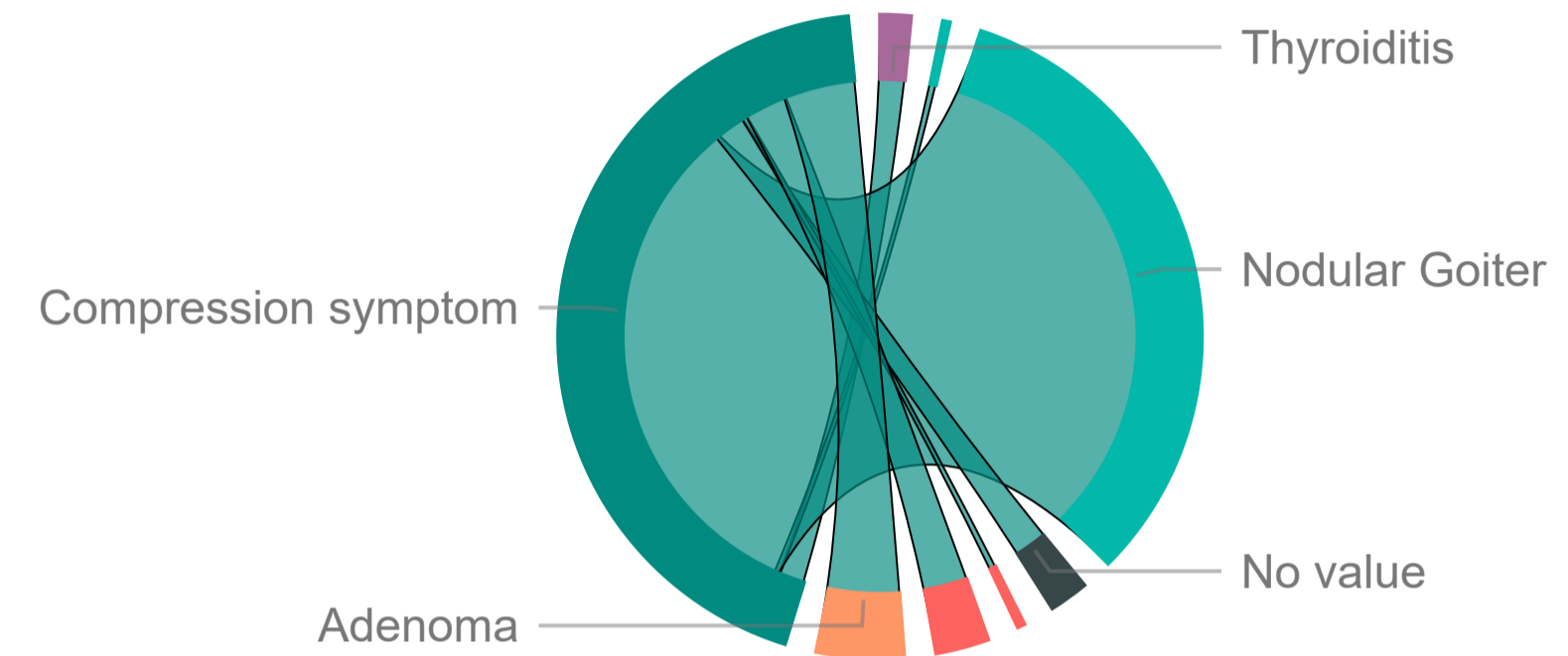


Main Indication (Compression Symptoms) and Final Histopathological Diagnosis

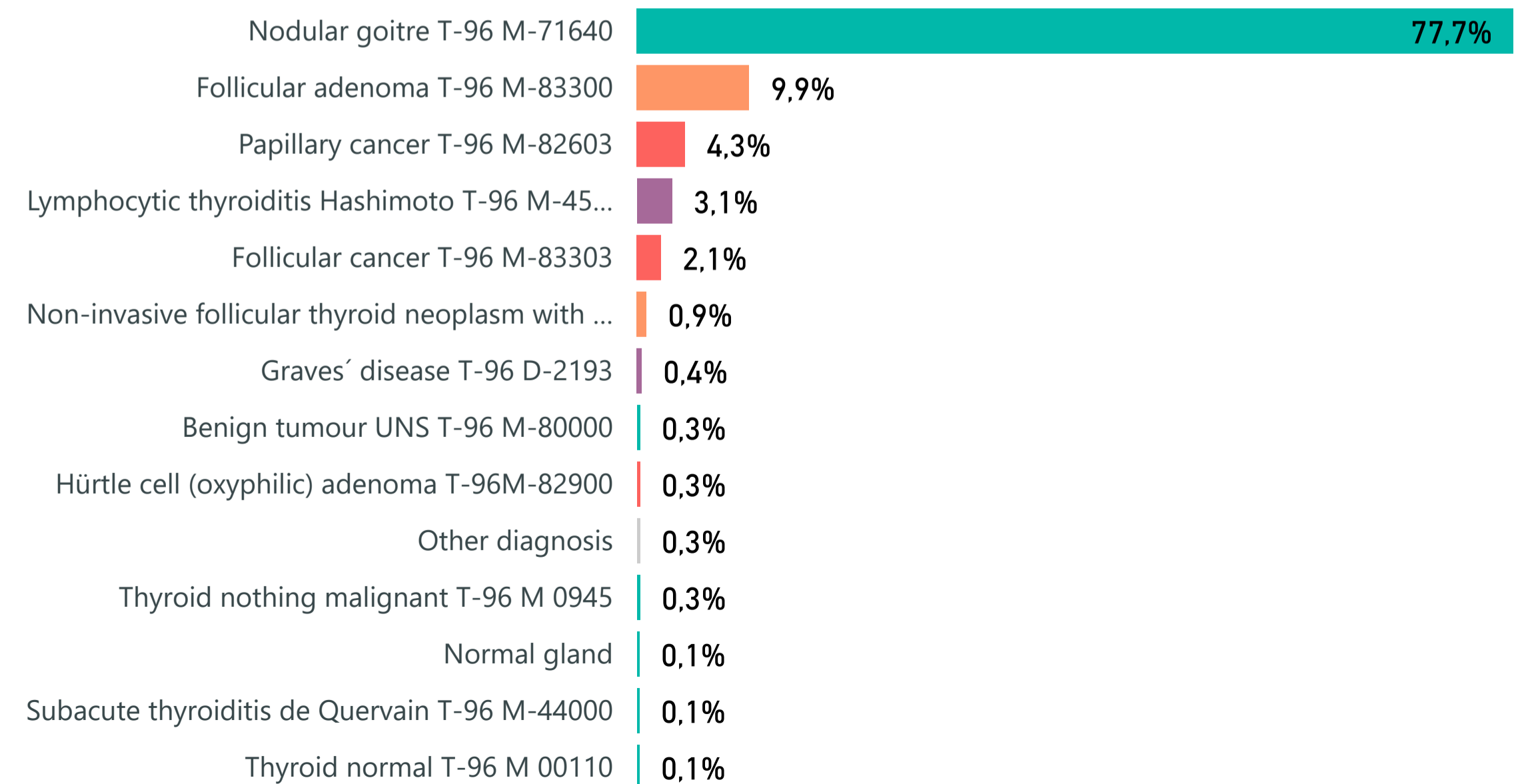


EUROCRINE Clinics

Main Indication (Volume and Compression Symptoms) and Final Diagnosis Groups



Main Indication (Compression Symptoms) and Final Histopathological Diagnosis



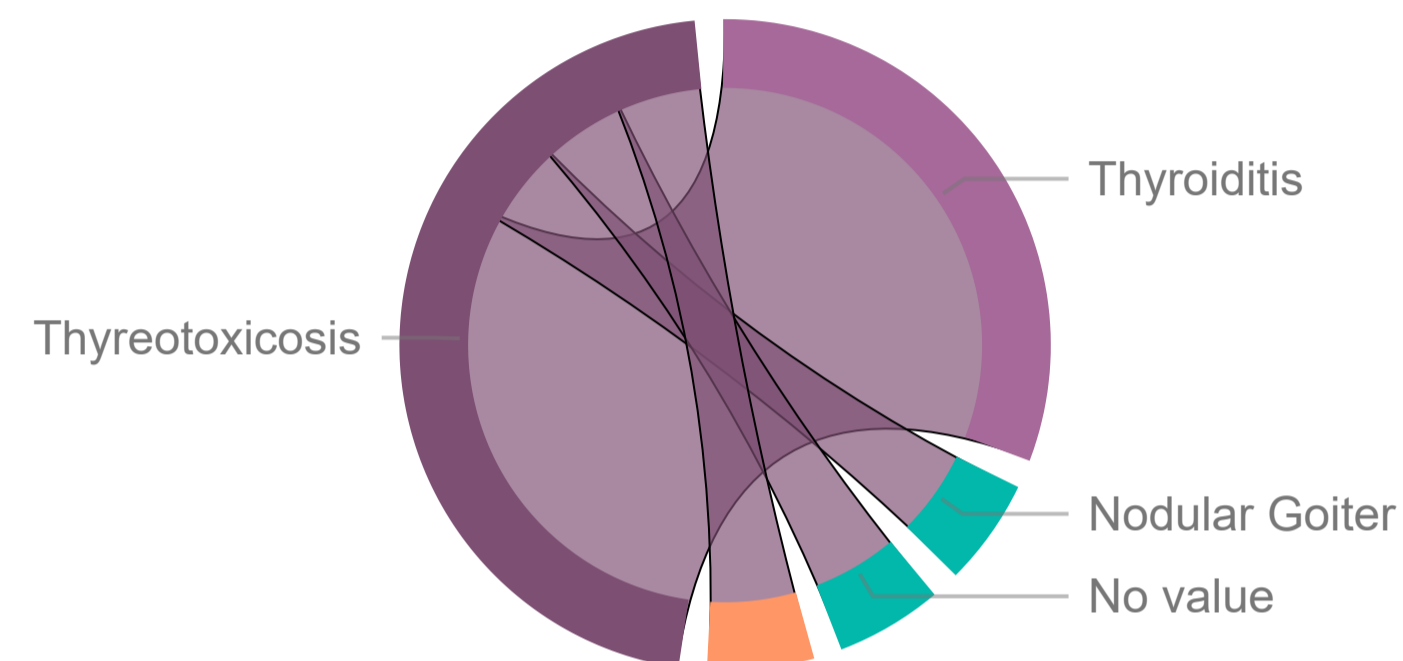
Thyroid

Main Indication for Surgery: Thyrotoxicosis

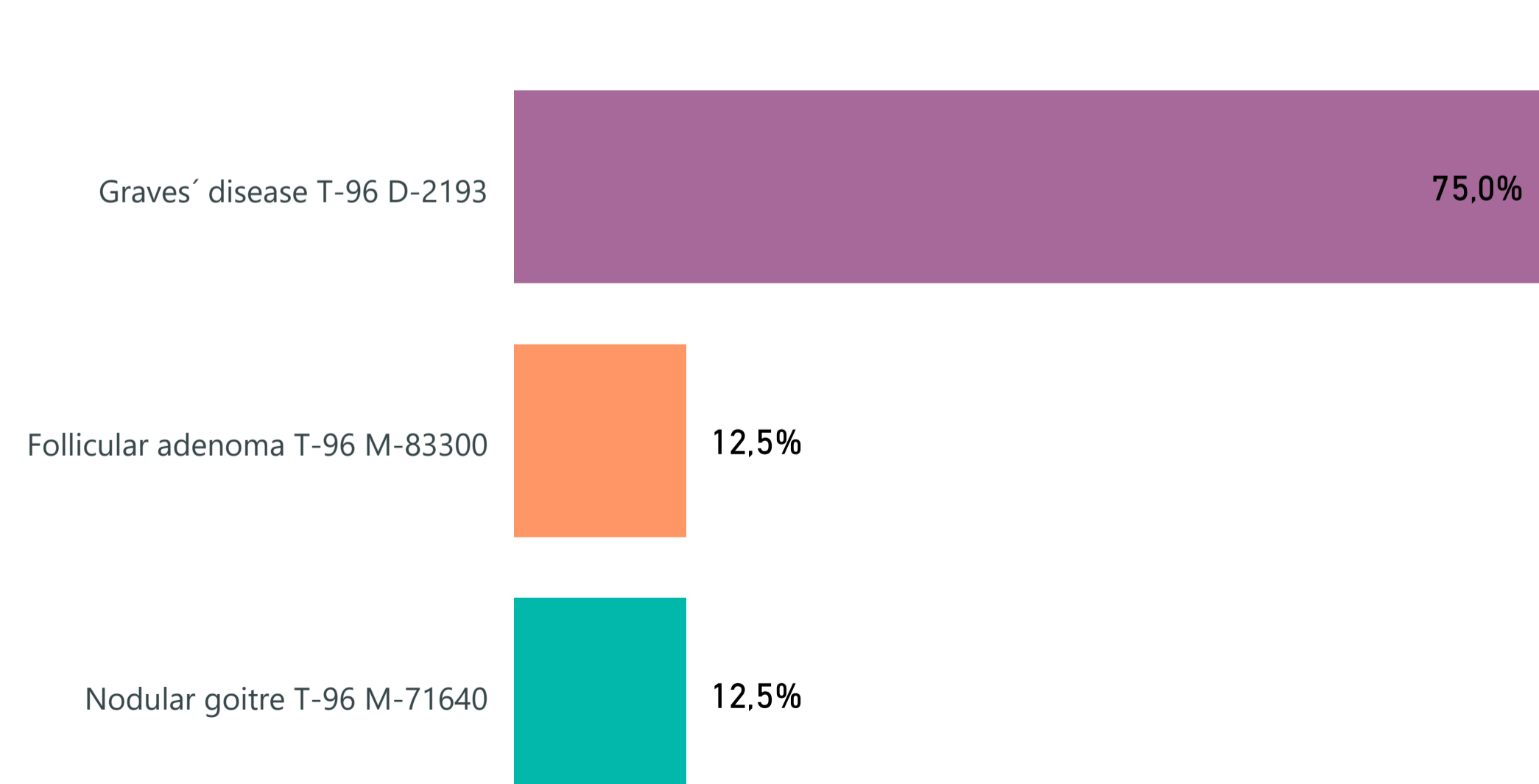


Investigated Clinic

Main Indication (Volume and Compression Symptoms) and Final Diagnosis Groups

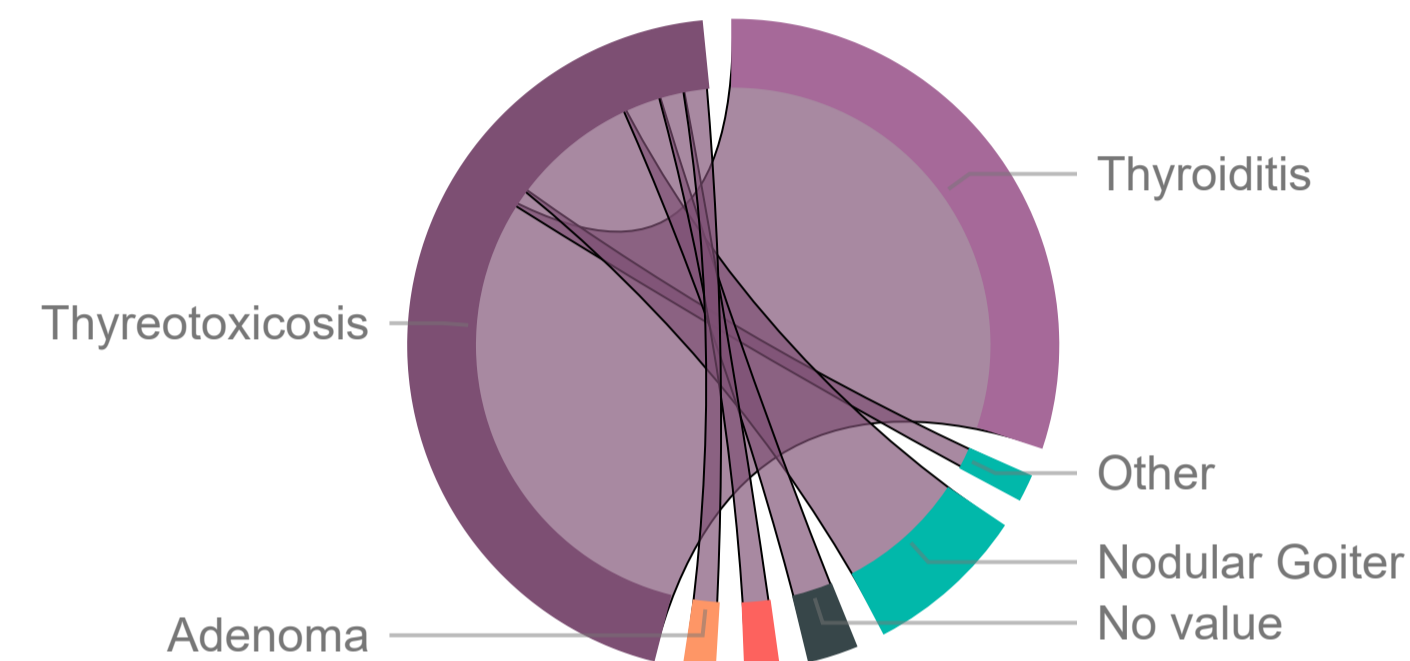


Main Indication (Compression Symptoms) and Final Histopathological Diagnosis

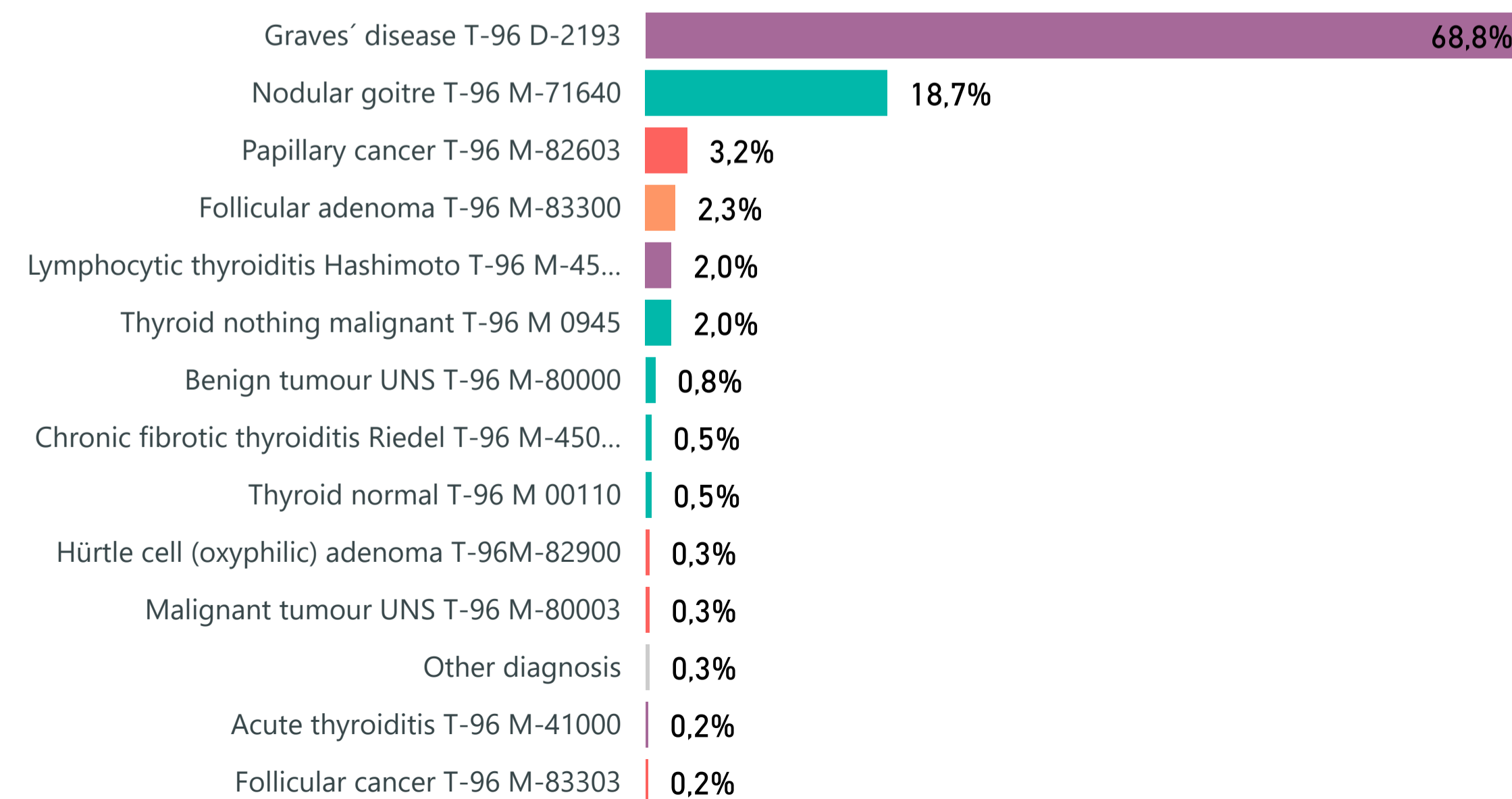


EUROCRINE Clinics

Main Indication (Volume and Compression Symptoms) and Final Diagnosis Groups



Main Indication (Compression Symptoms) and Final Histopathological Diagnosis

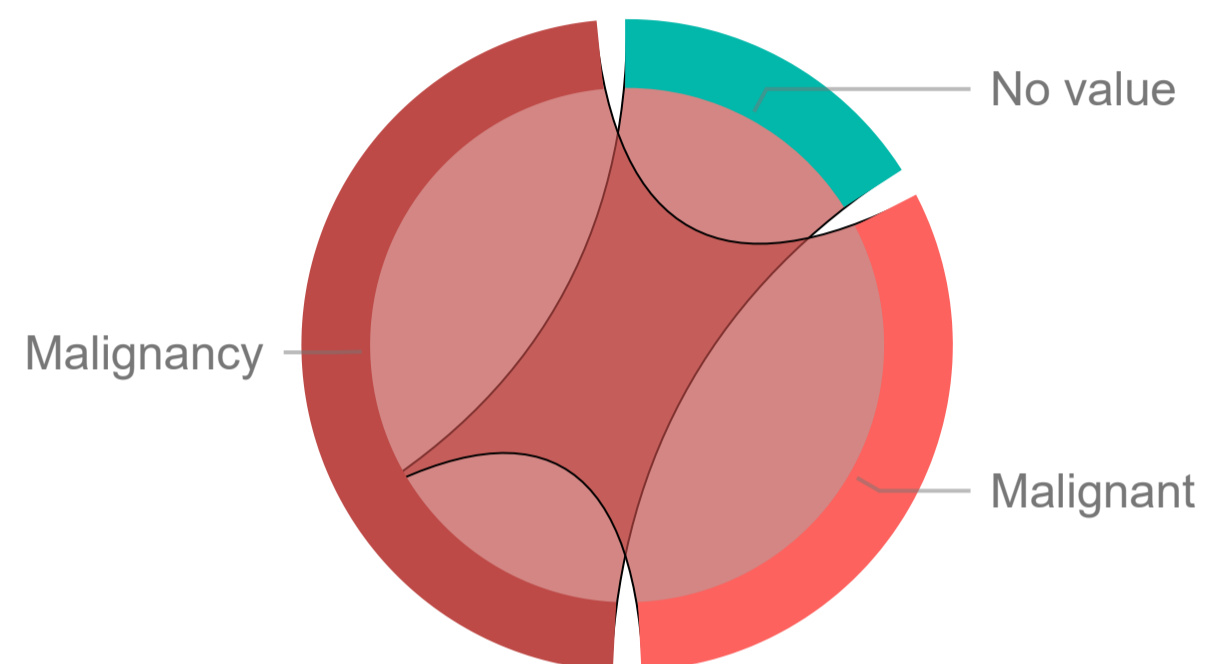


Thyroid

Main Indication for Surgery: Thyrotoxicosis

Investigated Clinic

Main Indication (Malignancy) and Final Diagnosis Groups



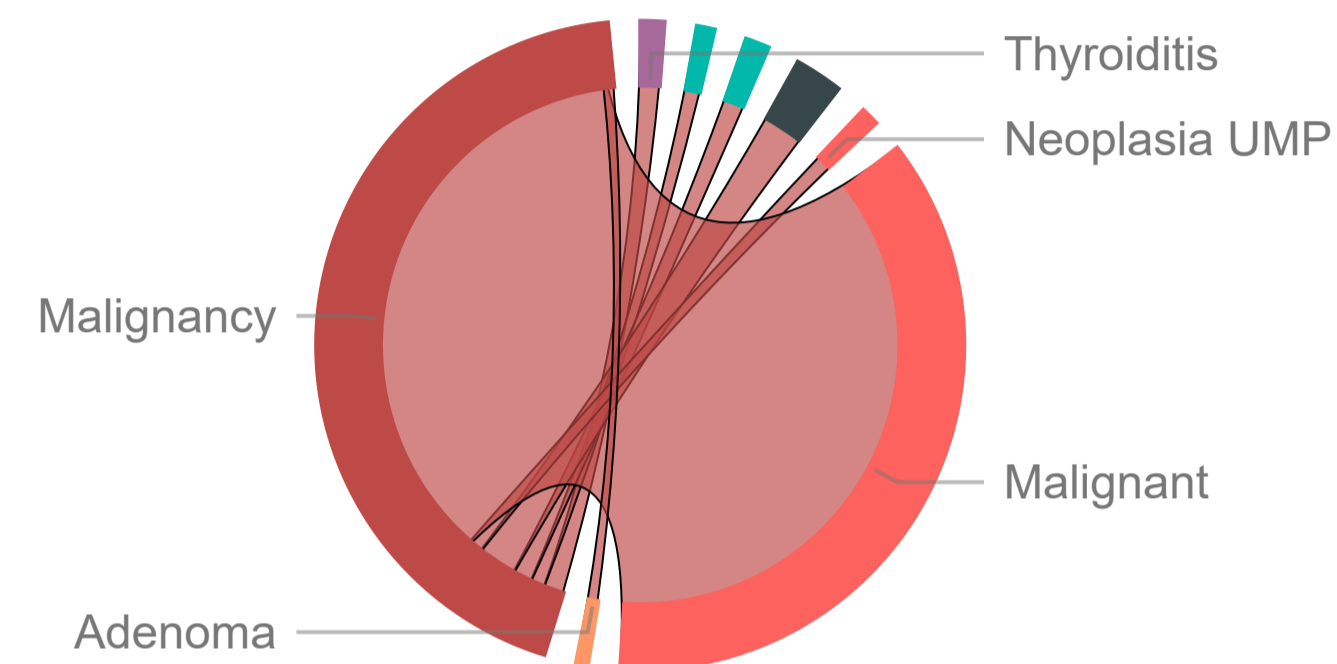
Main Indication (Malignancy) and Final Histopathological Diagnosis

Papillary cancer T-96 M-82603

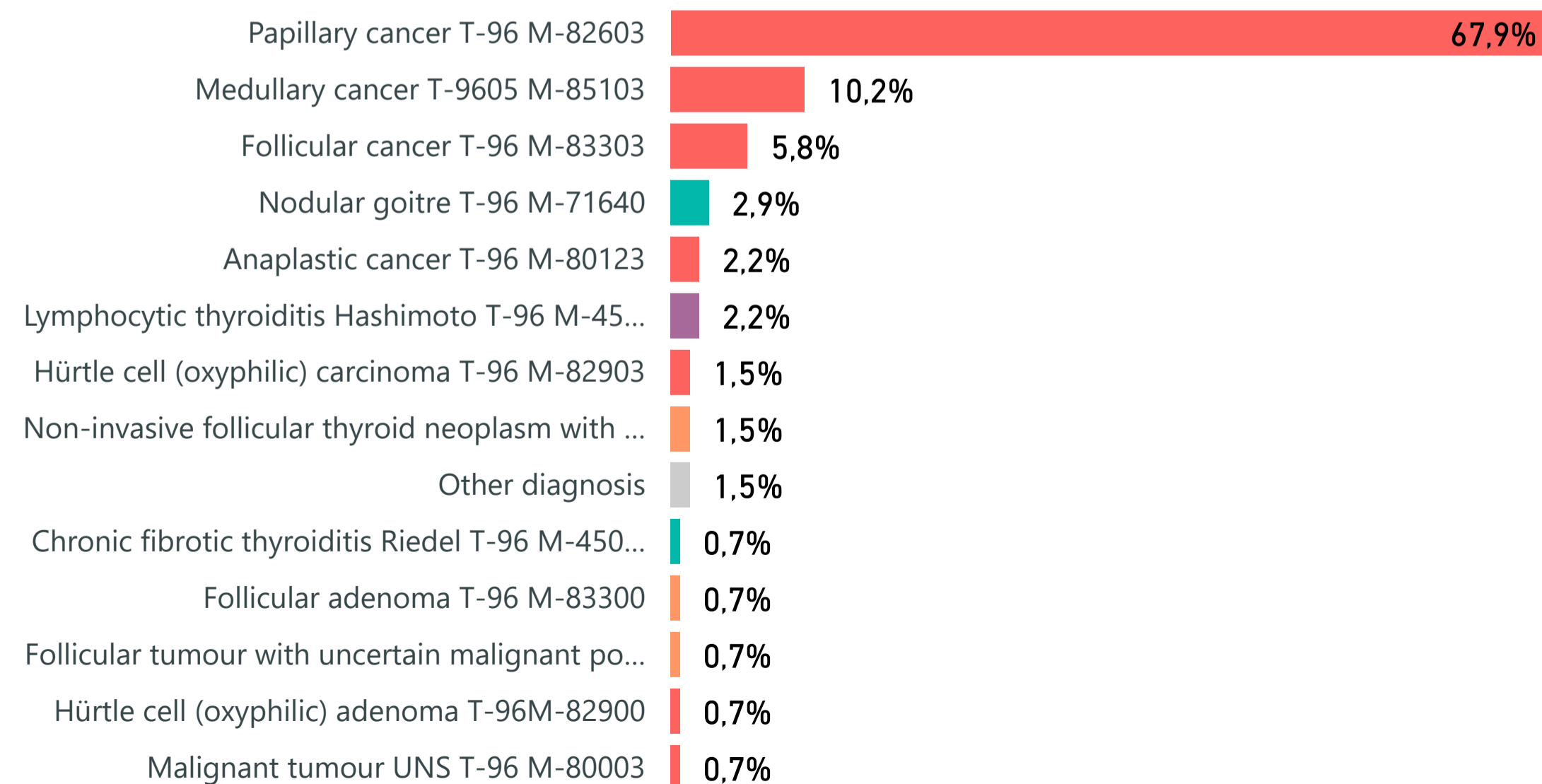


EUROCRINE Clinics

Main Indication (Malignancy) and Final Diagnosis Groups



Main Indication (Malignancy) and Final Histopathological Diagnosis



Thyroid
Surgical Approach



Investigated Clinic

EUROCRINE Clinics

Surgical Approach

Surgical Approach

Neck incision

100,0%

Neck incision

99,9%

Extra cervical incision

0,1%

Neck Incision - Subspecification

Neck Incision - Subspecification

Neck incision	Number
Conventional neck incision (regardless of length)	47

Neck incision	Number
Conventional neck incision (regardless of length)	2731
Lateral approach	4

Extracervical Approach - Subspecification

Extracervical Approach - Subspecification

Extra cervical approach	Number
-------------------------	--------

Extra cervical approach	Number
Other	4

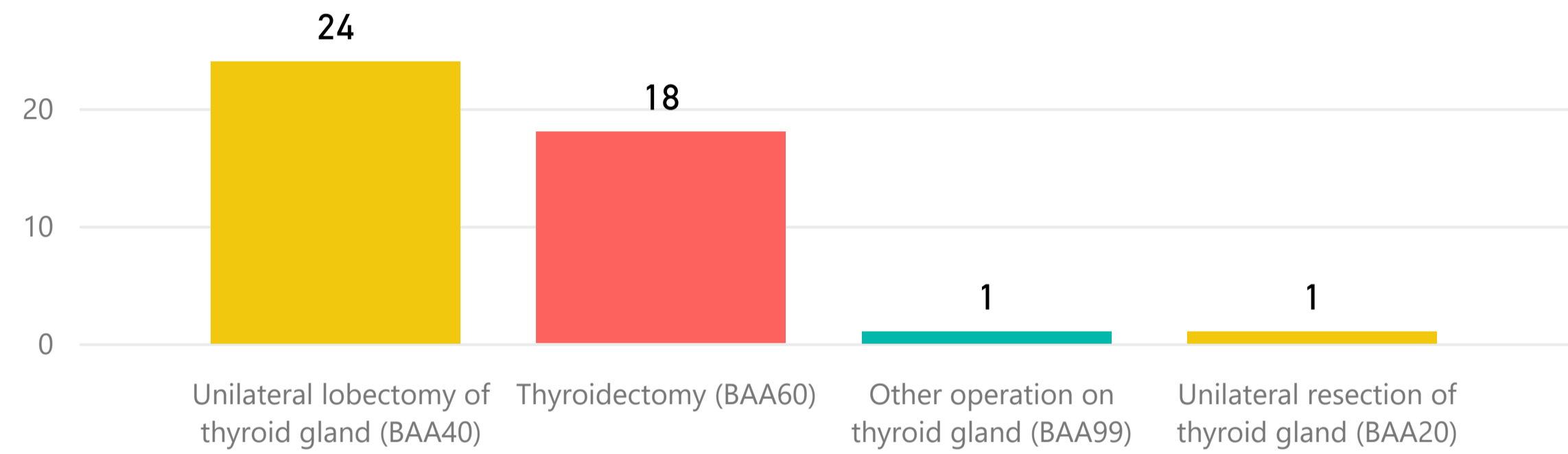
Thyroid

Resection Type and Intrathoracic Goiter Extension

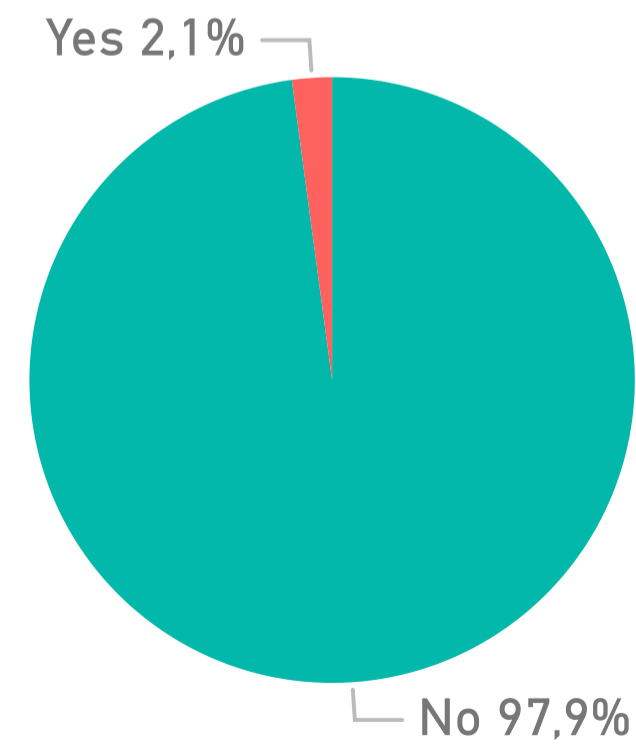


Investigated Clinic

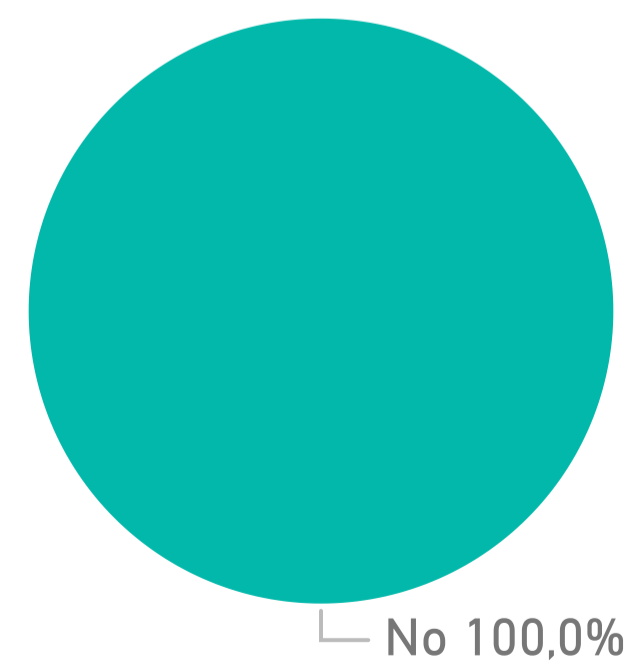
Resection Type



Intrathoracic Goiter Extension

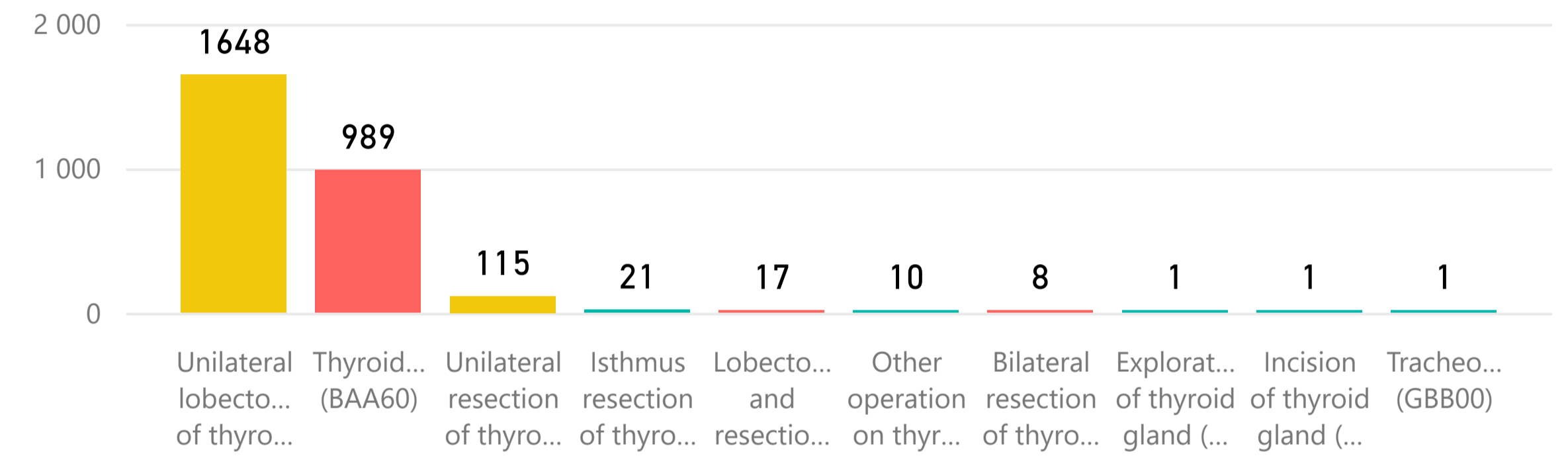


Need for Sterno-/Thoracotomy

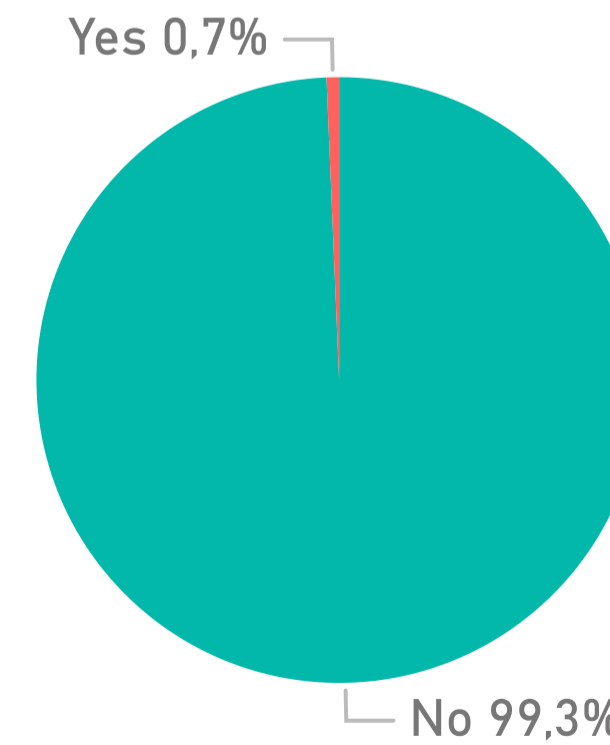


EUROCRINE Clinics

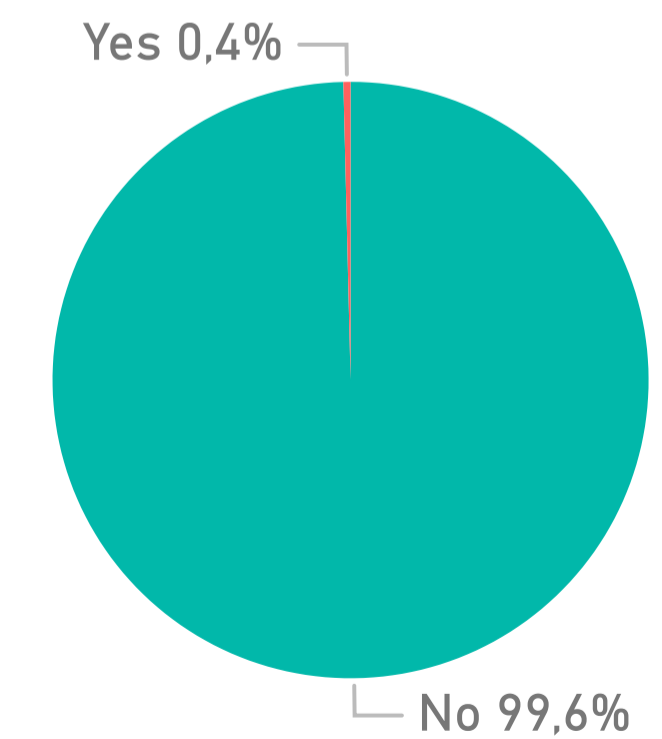
Resection Type



Intrathoracic Goiter Extension



Need for Sterno-/Thoracotomy



Investigated Clinic

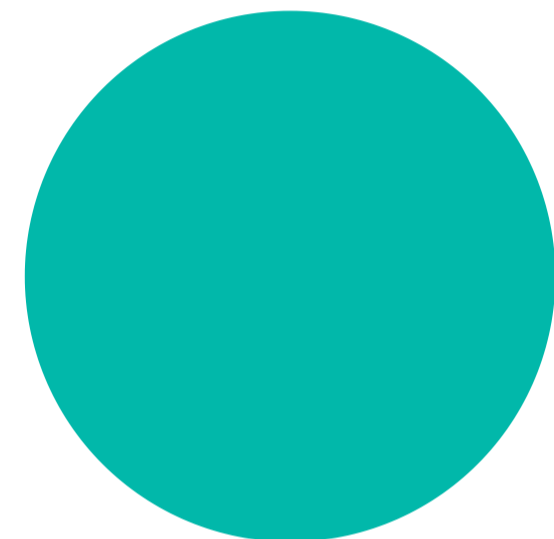
EUROCRINE Clinics

Intraoperative Use of IONM

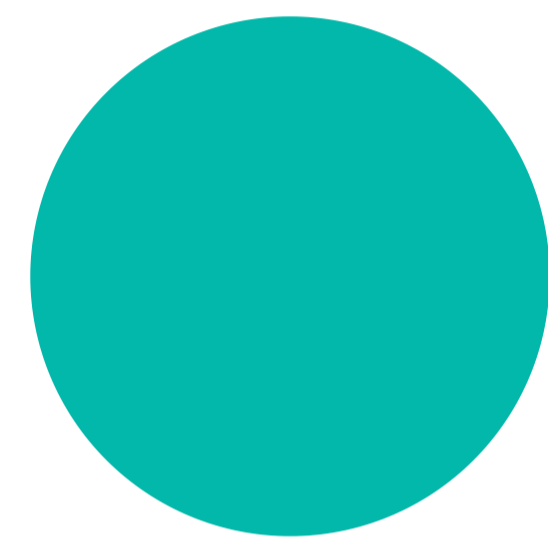
IONM Induced Change of Strategy

Intraoperative Use of IONM

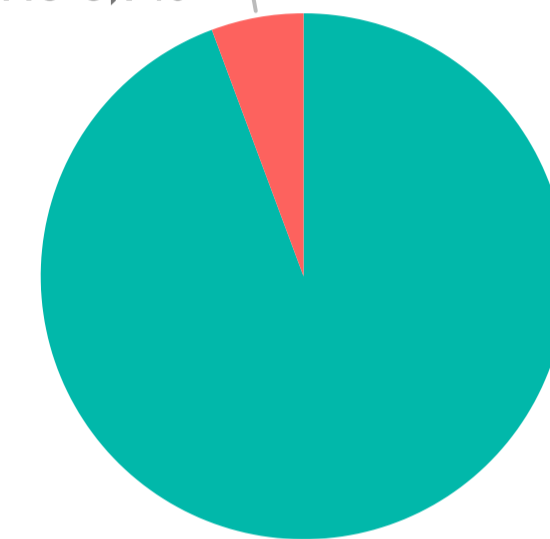
IONM Induced Change of Strategy



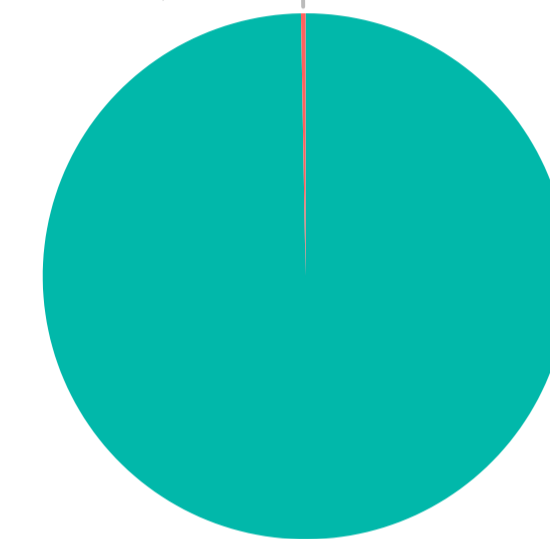
Yes 100,0%



No 100,0%



Yes 94,3%



No 99,7%

Type of Intraoperative Nerve Monitoring (Variable introduced 2019)

Type of Intraoperative Nerve Monitoring (Variable introduced 2019)



● Intermittent nerve monitoring

100,00%



● Continuous nerve monitoring

● Intermittent nerve monitoring

99,93%

Thyroid

Operation Time (skin to skin)

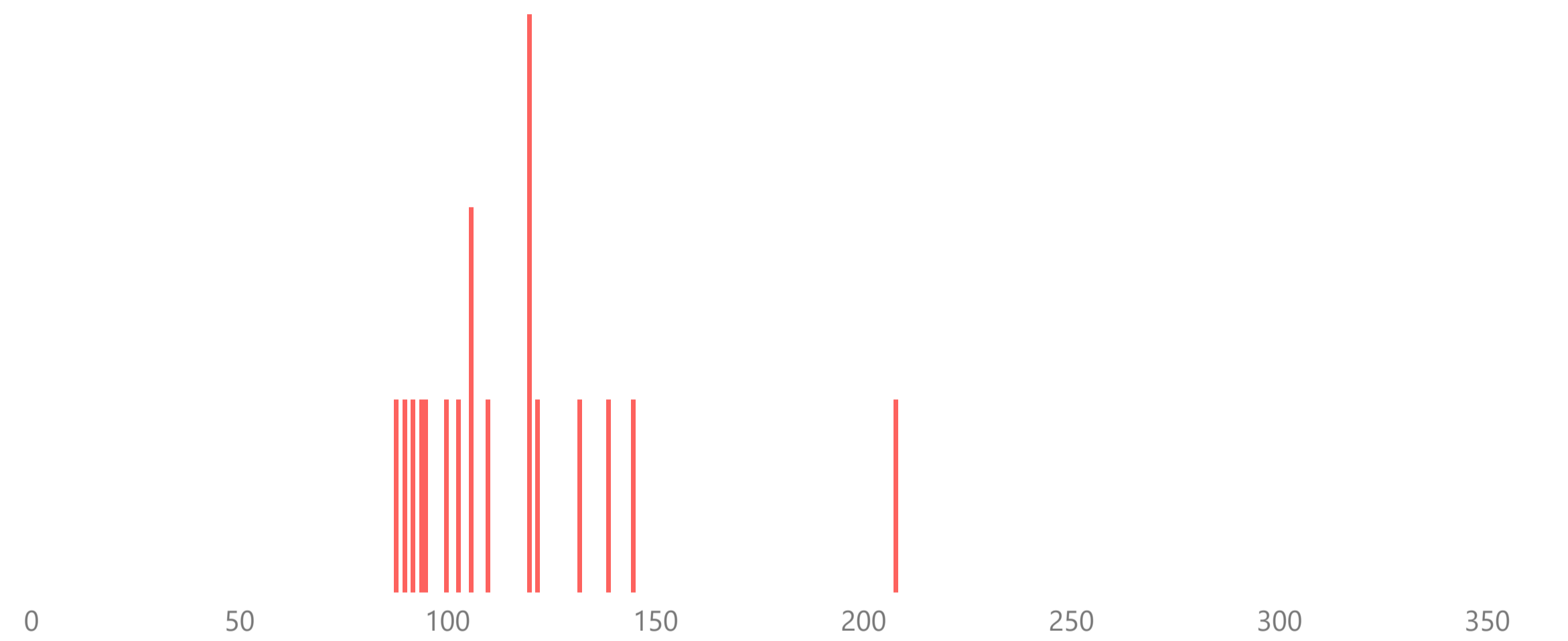
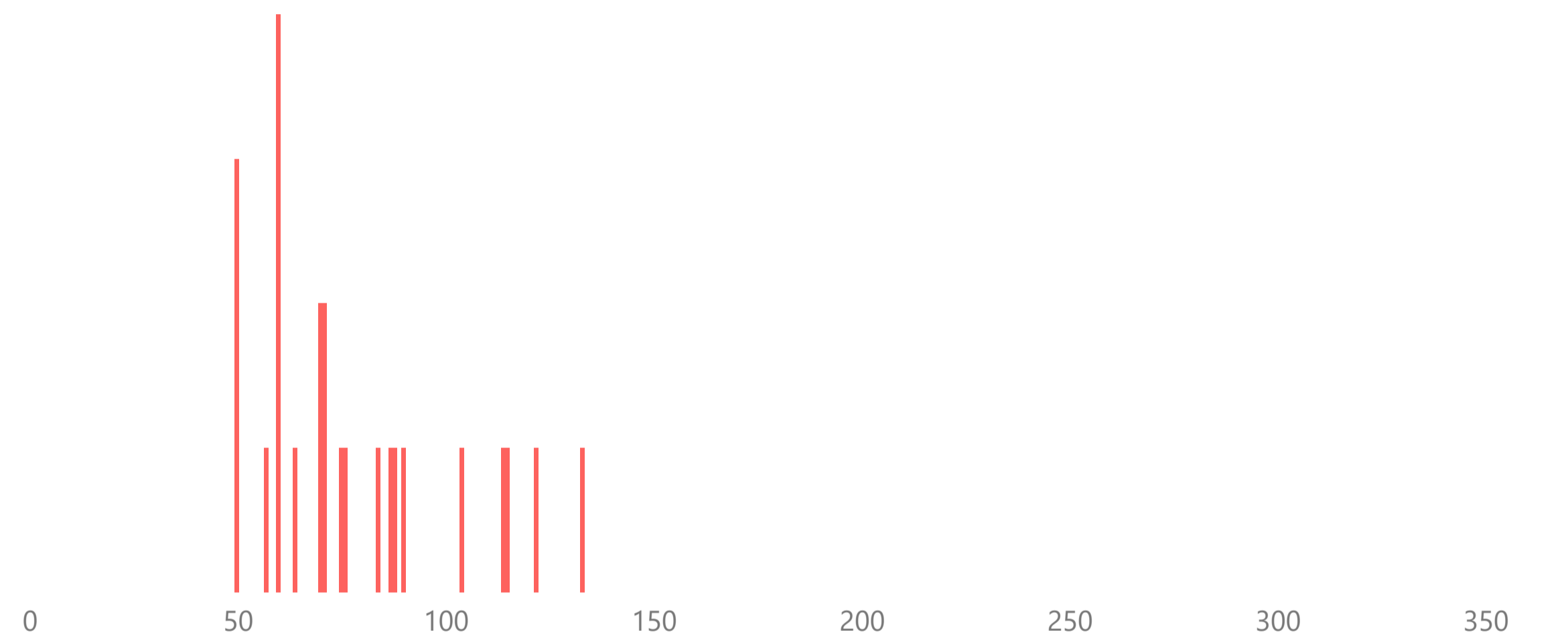


Hemithyroidectomy

Thyroidectomy

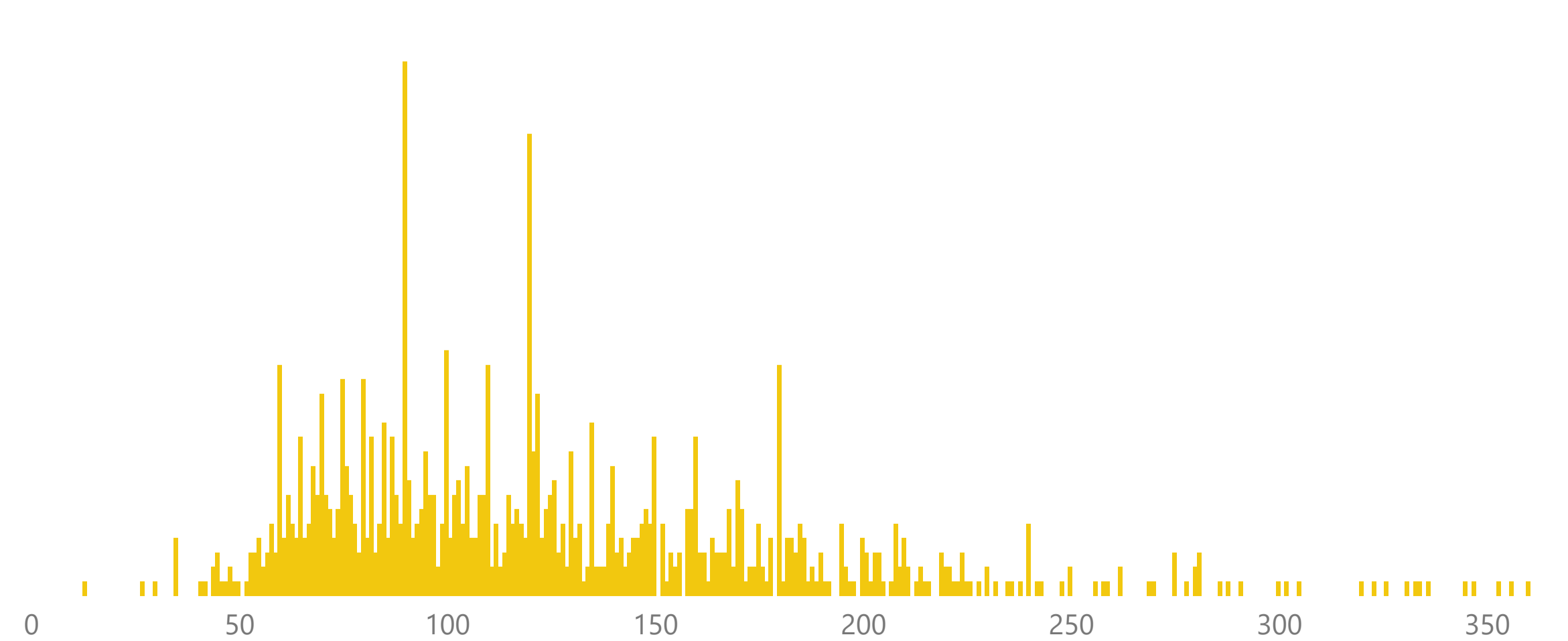
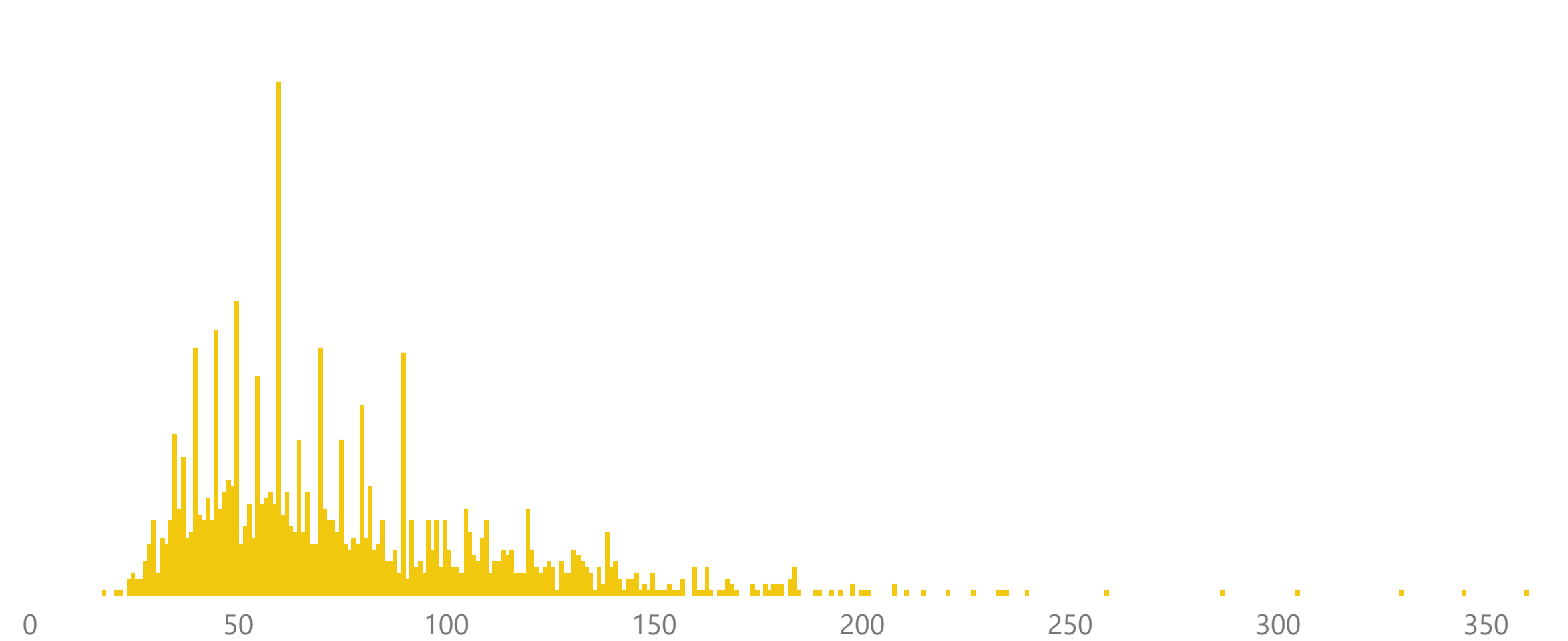
Hemithyroidectomy, investigated clinic (graph limited to 6 hours)

Thyroidectomy, investigated clinic (graph limited to 6 hours)



Hemithyroidectomy, EUROCRINE clinics (graph limited to 6 hours)

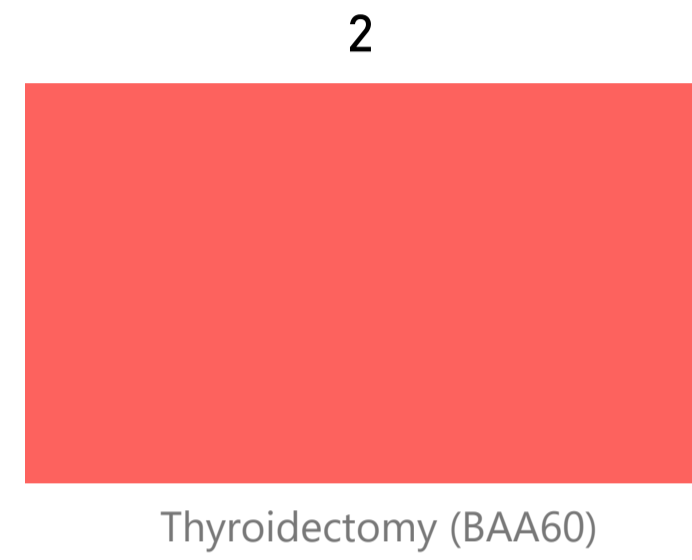
Thyroidectomy, EUROCRINE clinics (graph limited to 6 hours)



Thyroid
Papillary Thyroid Cancer PTC, Initial Resection Type and Extent of Lymphadenectomy (excluding Tumorstage pT1a)



Resection Type in PTC - Investigated Clinic



Thyroidectomy and Extent of Lymphadenectomy



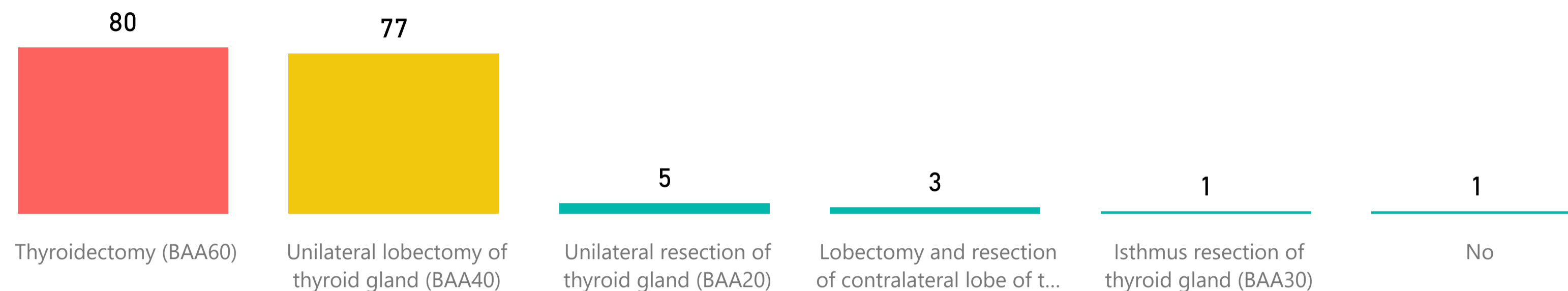
Unilateral Lobectomy of the Thyroid Gland and Extent of Lymphadenectomy

Thyroid

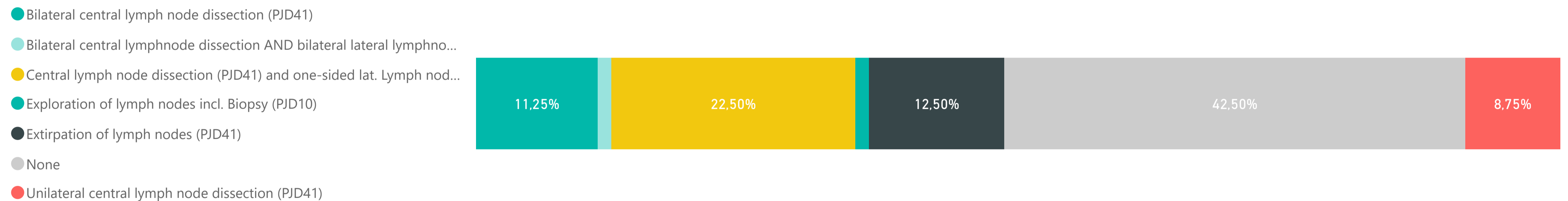
Papillary Thyroid Cancer PTC, Initial Resection Type and Extent of Lymphadenectomy (excluding Tumorstage pT1a)



Resection Type in PTC - EUROCRINE Clinics



Thyroidectomy and Extent of Lymphadenectomy



Unilateral Lobectomy of the Thyroid Gland and Extent of Lymphadenectomy



Thyroid

Complications: Postoperative Recurrent Laryngeal Nerve Palsy (preoperatively known paresis and resected nerves excluded)



Investigated Clinic

All Operations

Patients	Number of Postop Paresis	%	% (NAR)	Paresis at Follow-up(F2)	%	% (NAR)
47	2	4,26	2,35			

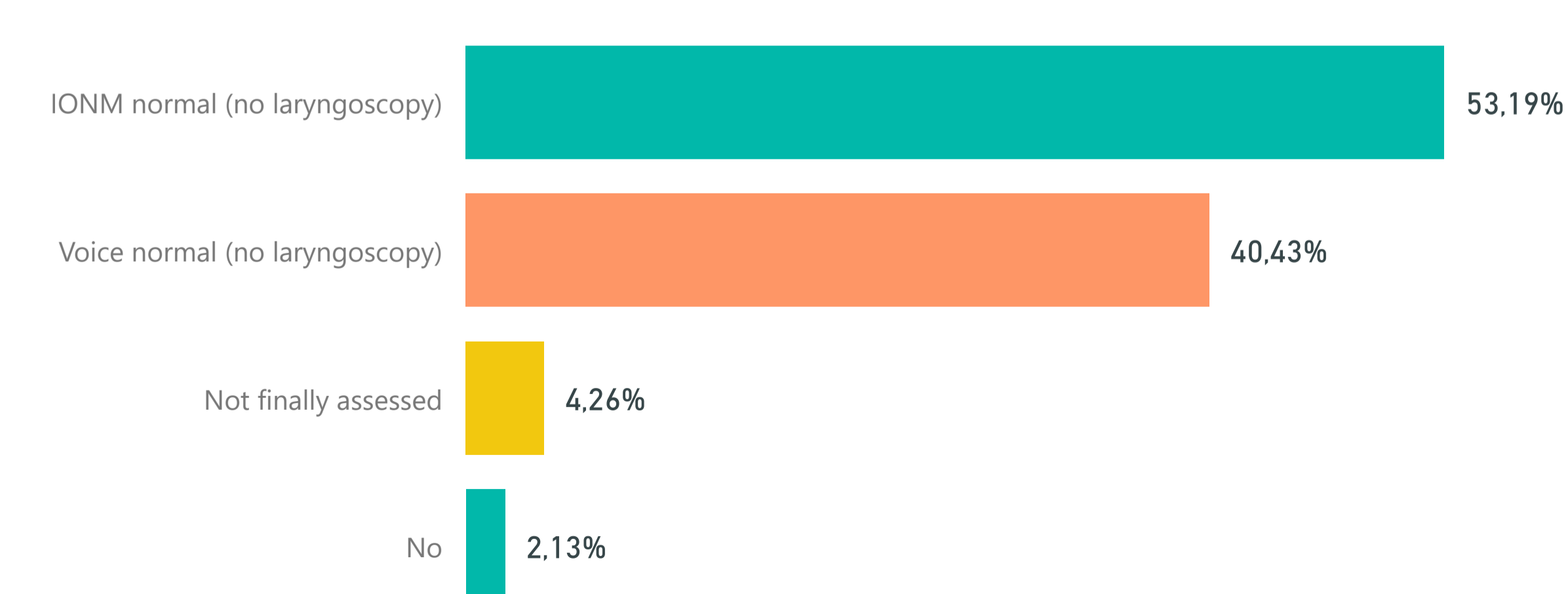
Primary Operations

Patients	Number of Postop Paresis	%	% (NAR)	Paresis at Follow-up(F2)	%	% (NAR)
44	2	4,55	2,50			

Reoperations

Patients	Number of Postop Paresis	%	% (NAR)	Paresis at Follow-up(F2)	%	% (NAR)
3						

Complications Summary - Recurrent Nerve Palsy - All Operations - Latest Available Follow-up



EUROCRINE Clinics

All Operations

Patients	Number of Postop Paresis	%	% (NAR)	Paresis at Follow-up(F2)	%	% (NAR)
2833	64	2,26	1,20	11	0,25	0,206

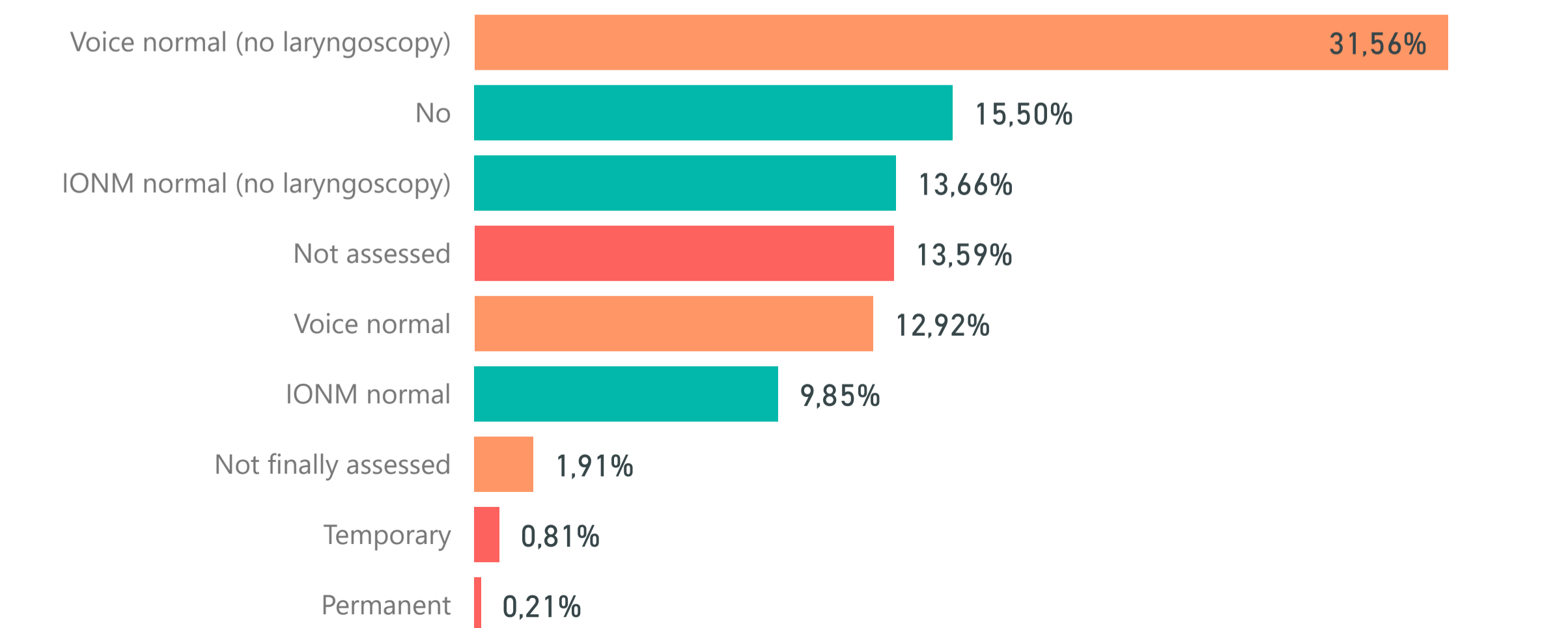
Primary Operations

Patients	Number of Postop Paresis	%	% (NAR)	Paresis at Follow-up(F2)	%	% (NAR)
2508	55	2,19	1,14	8	0,21	0,17

Reoperations

Patients	Number of Postop Paresis	%	% (NAR)	Paresis at Follow-up(F2)	%	% (NAR)
322	9	2,80	1,76	3	0,61	0,59

Complications Summary - Recurrent Nerve Palsy - All Operations - Latest Available Follow-up

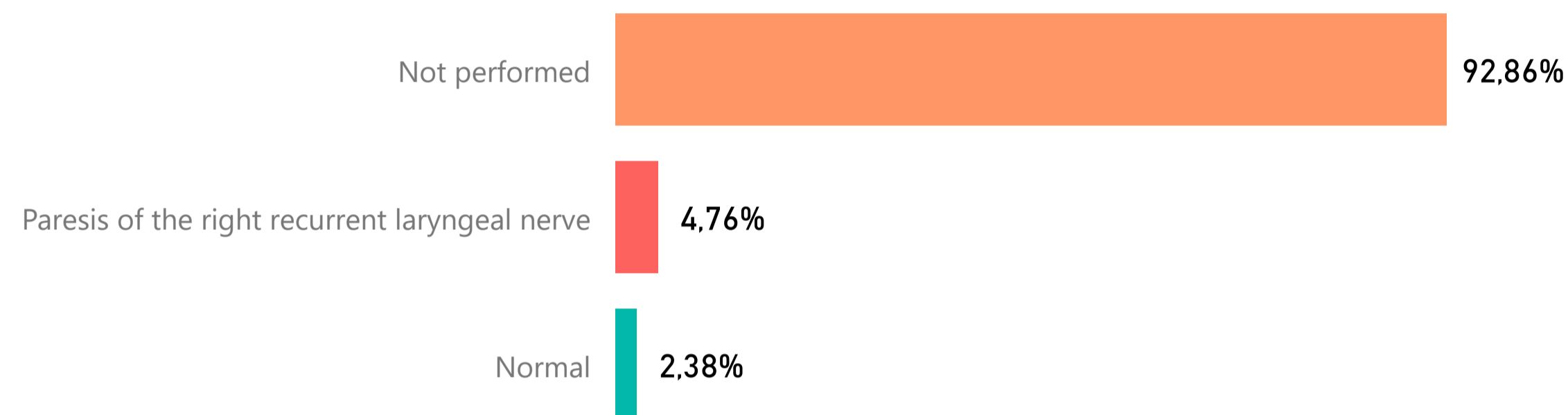


Thyroid

Recurrent Nerve Palsy - Laryngoscopy Policy (starting Feb 20th 2020, after introduction of these variables)

Investigated Clinic

Laryngoscopy Status at (F1)



Reasons for Performing Postoperative Laryngoscopy

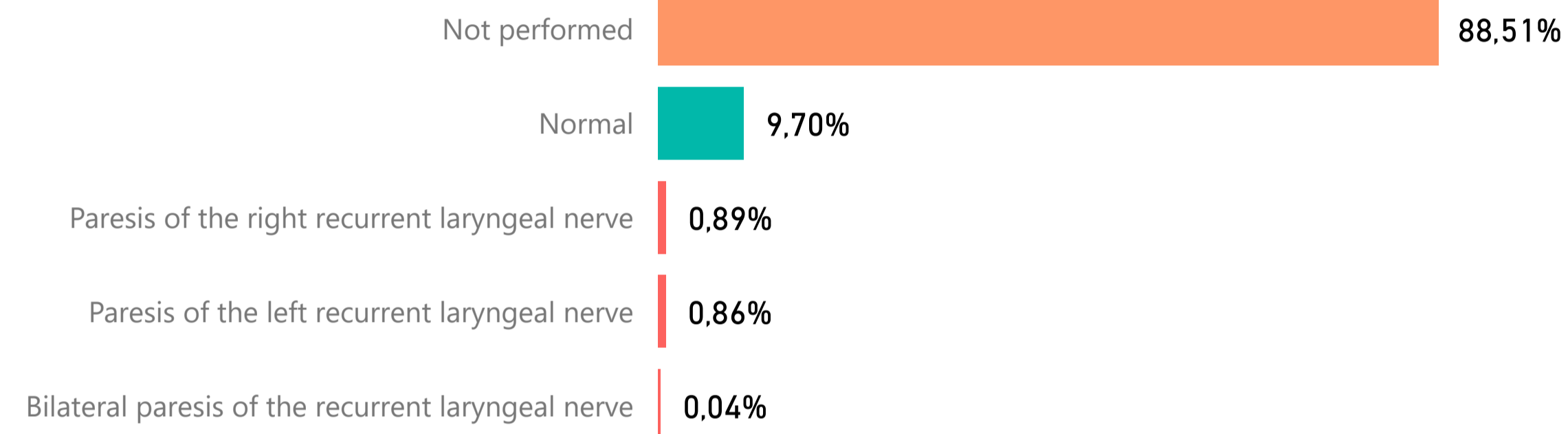
Reason	n	%
Targeted examination (hoarseness, loss of signal, morphological suspected nerve injury)	1	100,00%
Total	1	100,00%

Reasons for Not Performing Postoperative Laryngoscopy

Reason	n	%
Not performed because of normal IONM signal	25	56,82%
Not performed on clinical grounds (normal voice)	19	43,18%
Total	44	100,00%

EUROCRINE Clinics

Laryngoscopy Status at (F1)



Reasons for Performing Postoperative Laryngoscopy

Reason	n	%
Targeted examination (hoarseness, loss of signal, morphological suspected nerve injury)	2538	88,90%
Routine examination as department policy (>90% investigated)	230	8,06%
Targeted examination (hoarseness, loss of signal, morphological suspected nerve injury)	87	3,05%
Total	2855	100,00%

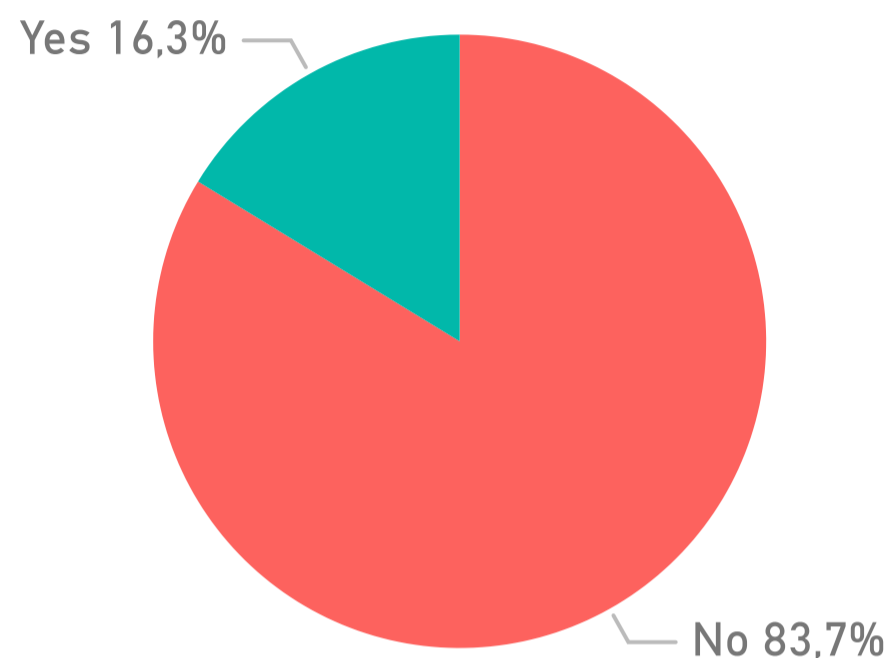
Reasons for Not Performing Postoperative Laryngoscopy

Reason	n	%
Not performed on clinical grounds (normal voice)	1367	55,28%
Not performed because of normal IONM signal	700	28,31%
Not performed for other reasons	378	15,29%
	28	1,13%
Total	2473	100,00%

Thyroid
Intraoperative Use of Fluorescence Imaging (Variables introduced in 2023)

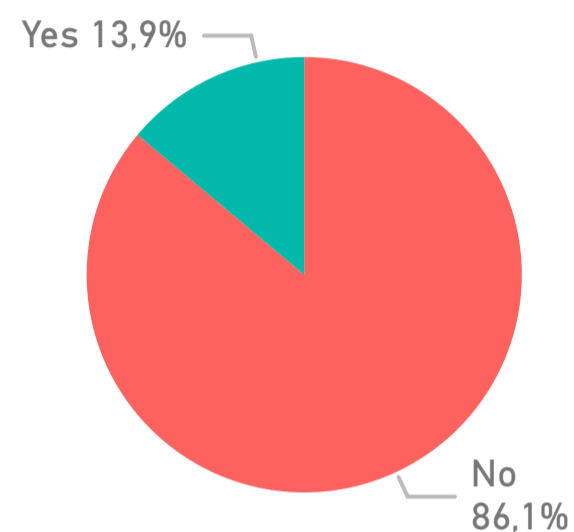


Overall Use, in all Resection Types

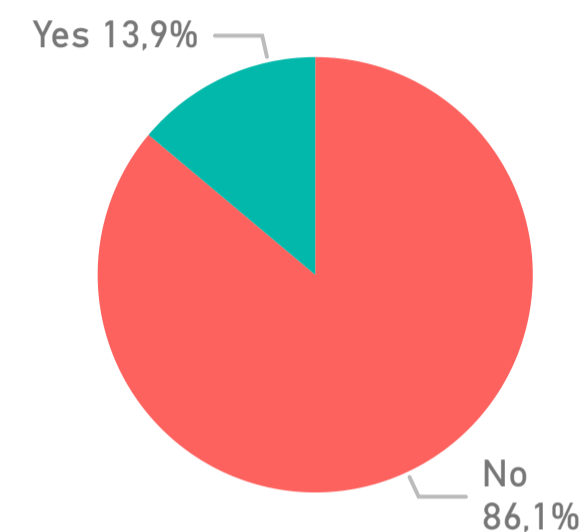


Reimplantation of Parathyroid Tissue

Without Use of Fluorescence

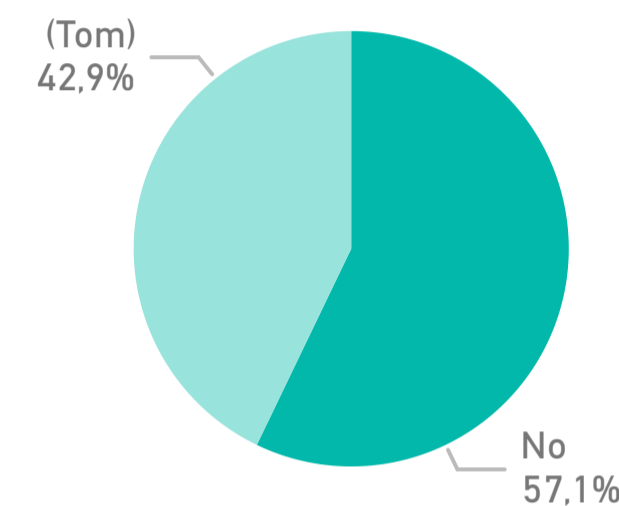


With Use of Fluorescence

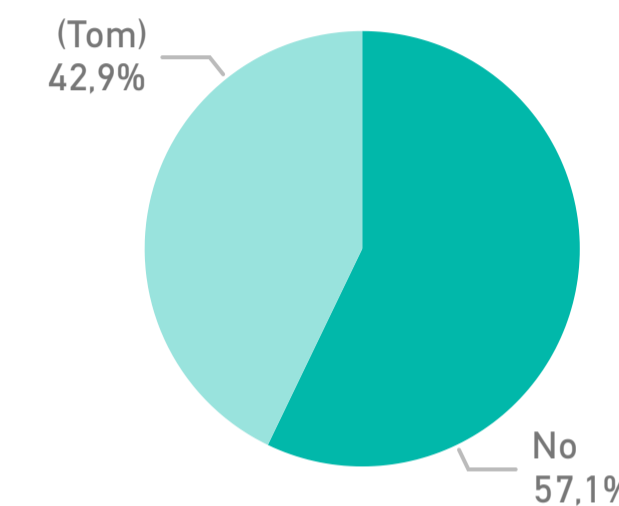


Parathyroid Gland on Thyroid Specimen

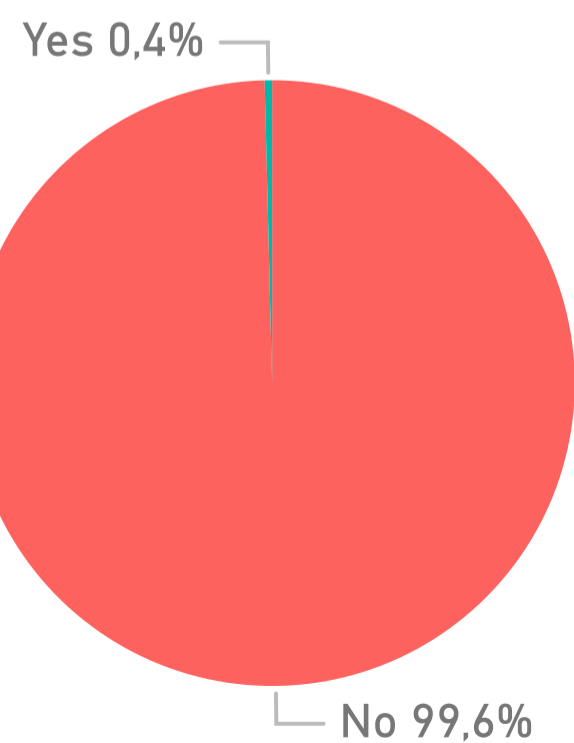
Without Use of Fluorescence



With Use of Fluorescence

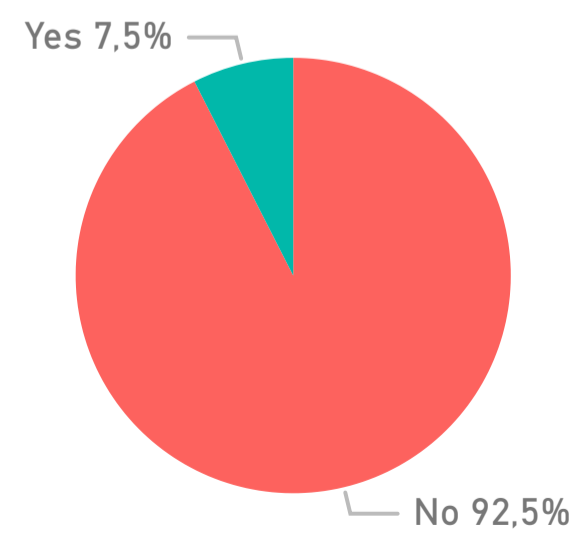


Overall Use, in all Resection Types

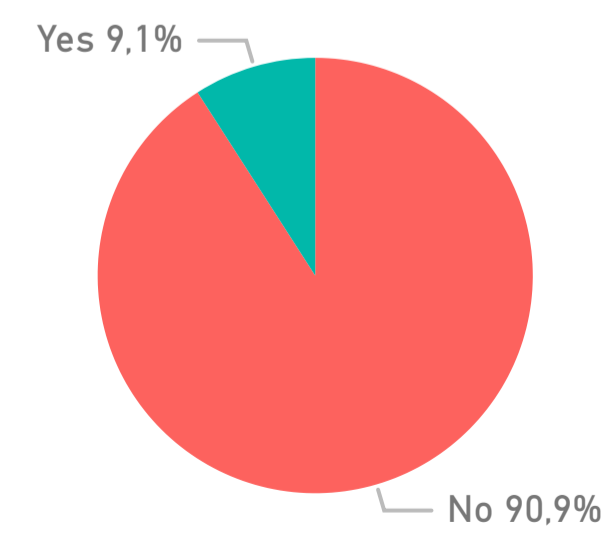


Reimplantation of Parathyroid Tissue

Without Use of Fluorescence

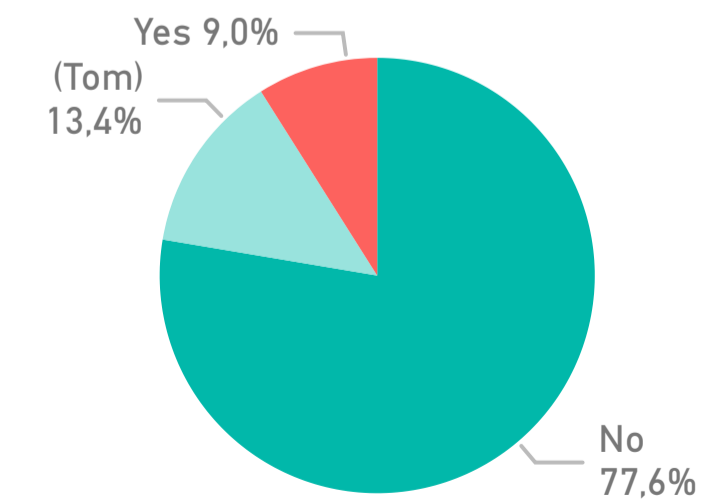


With Use of Fluorescence

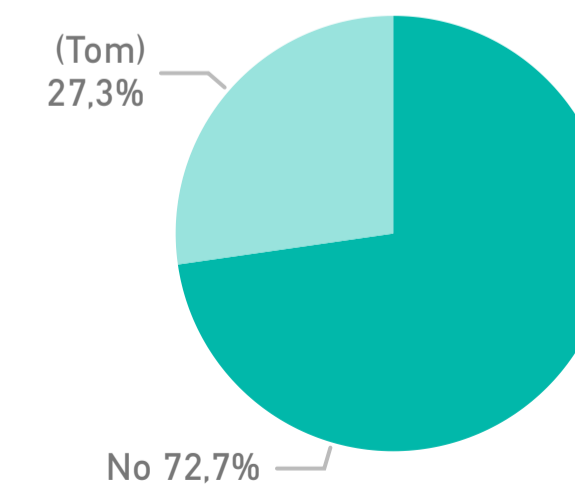


Parathyroid Gland on Thyroid Specimen

Without Use of Fluorescence



With Use of Fluorescence



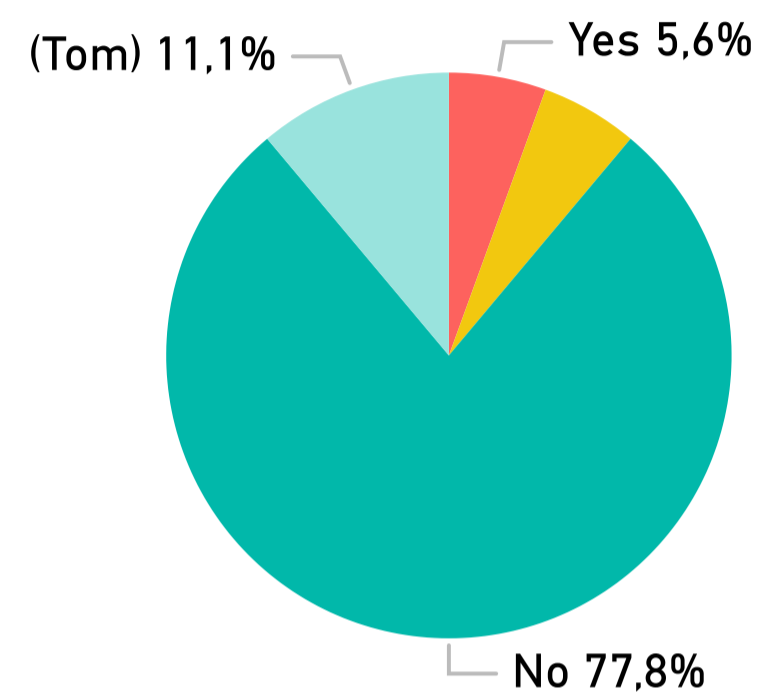
Thyroid
Short and Longterm Treatment of Postoperative Parathyroid Insufficiency with Calcium (all Thyroidectomies, Primary Operations)



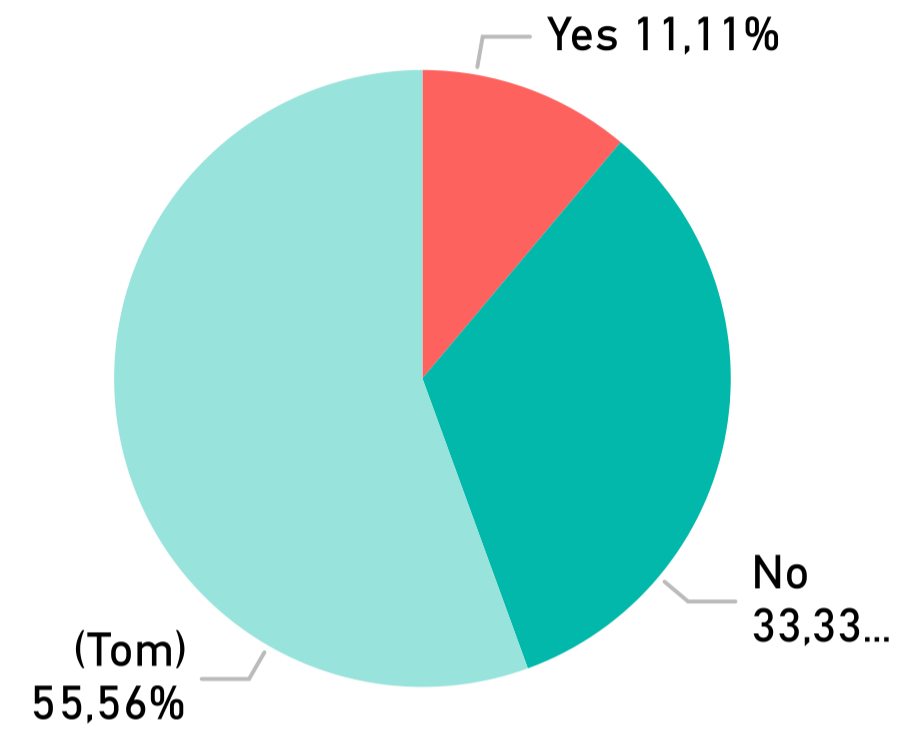
Thyroidectomies



Calcium po at (F1)



Calcium po at next Follow-up (F2)



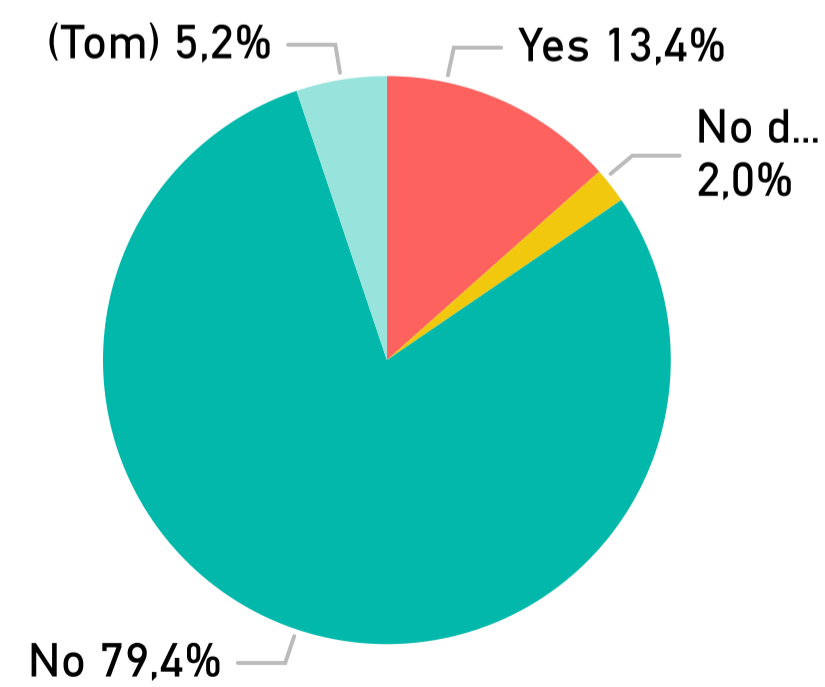
Complication Summary: Calcium po at Latest Available Follow-up



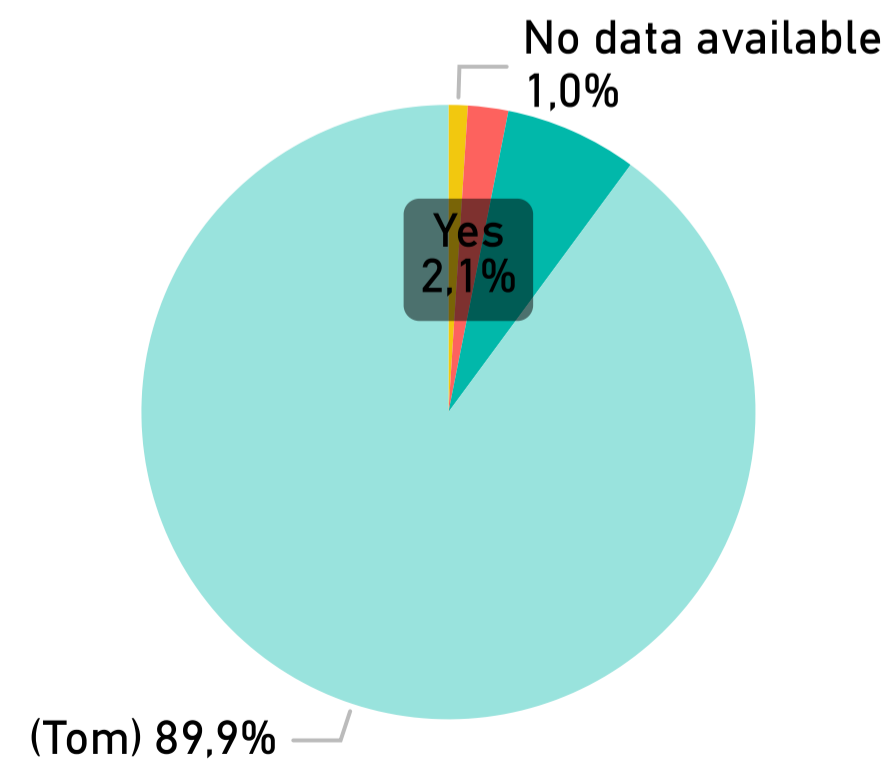
Thyroidectomies



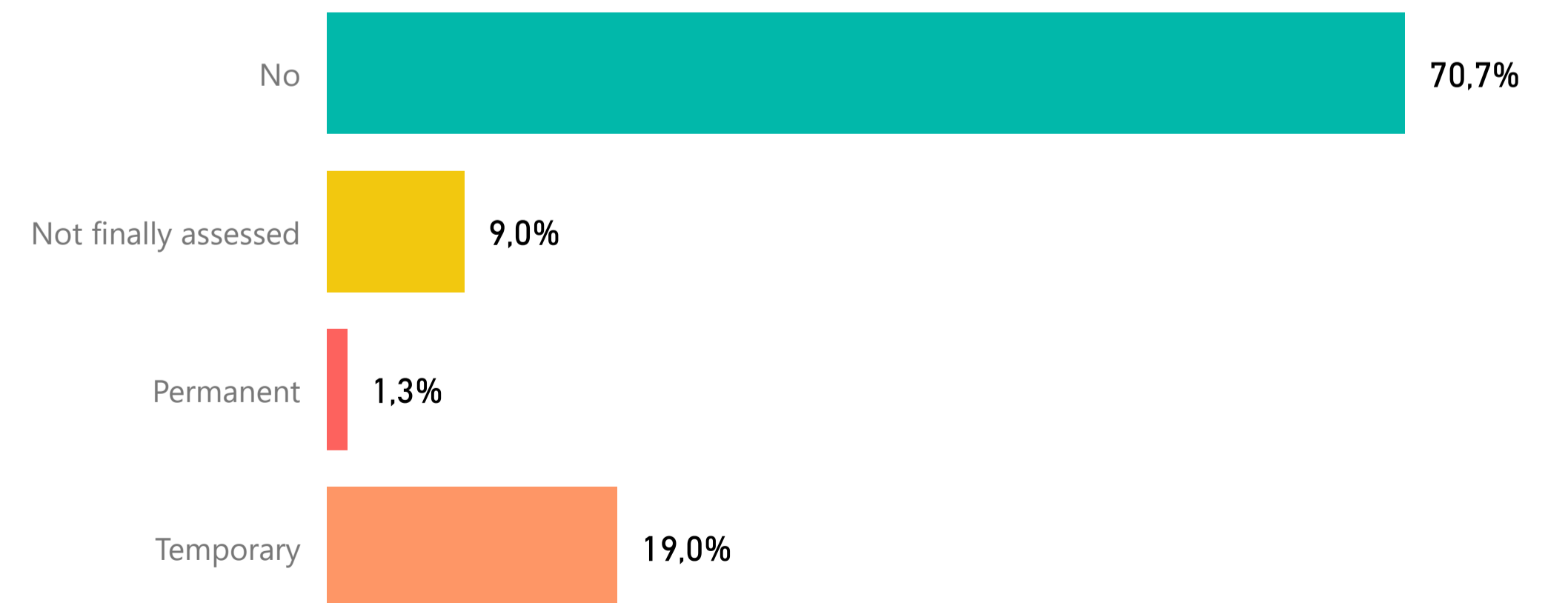
Calcium po at (F1)



Calcium po at next Follow-up (F2)



Complication Summary: Calcium po at Latest Available Follow-up



Thyroid

Short and Longterm Treatment of Postoperative Parathyroid Insufficiency with Vit D (all Thyroidectomies, Primary Operations)

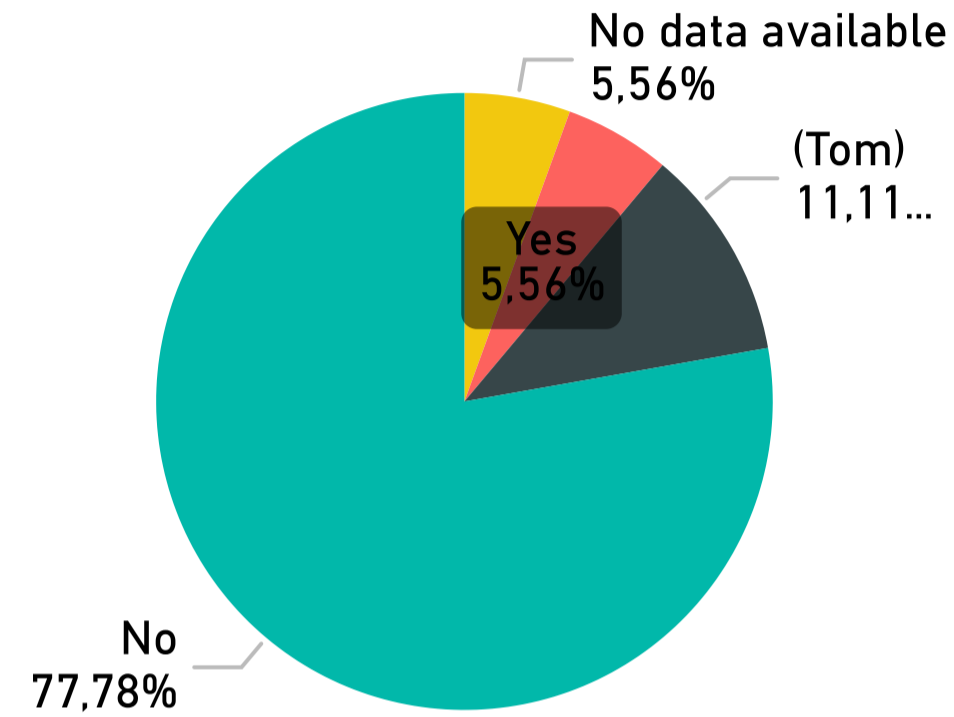
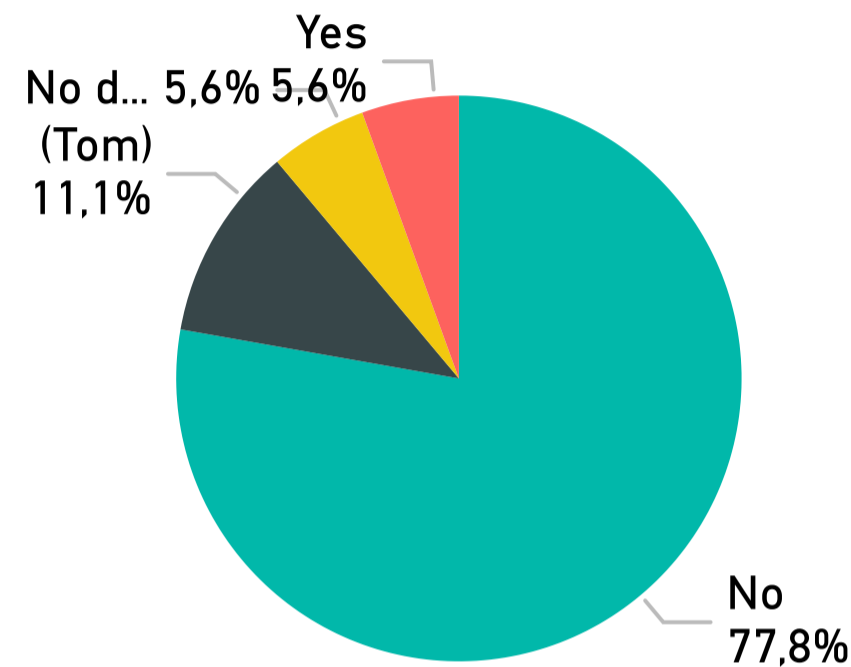


Thyroidectomies

Vit D po at (F1)

Vit D po at next Follow-up (F2)

Complication Summary: Vit D po at Latest Available Follow-up

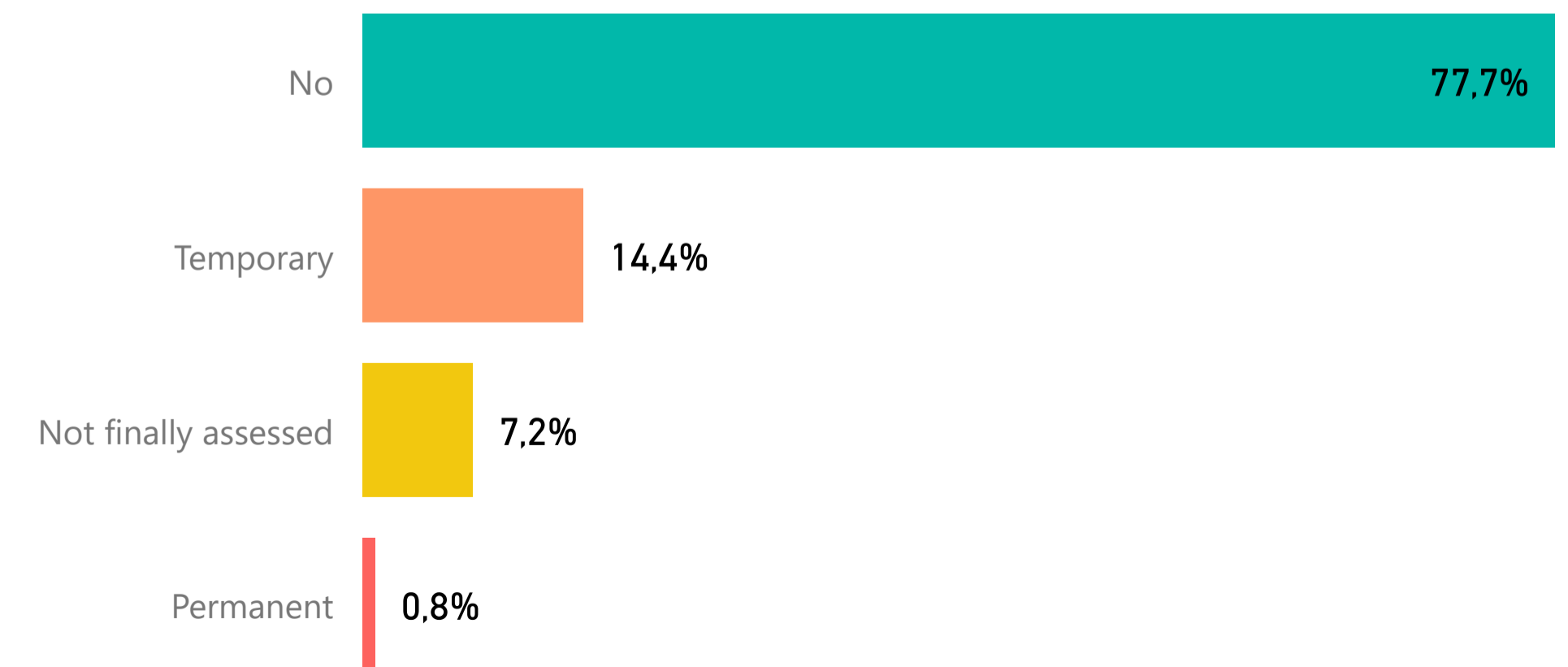
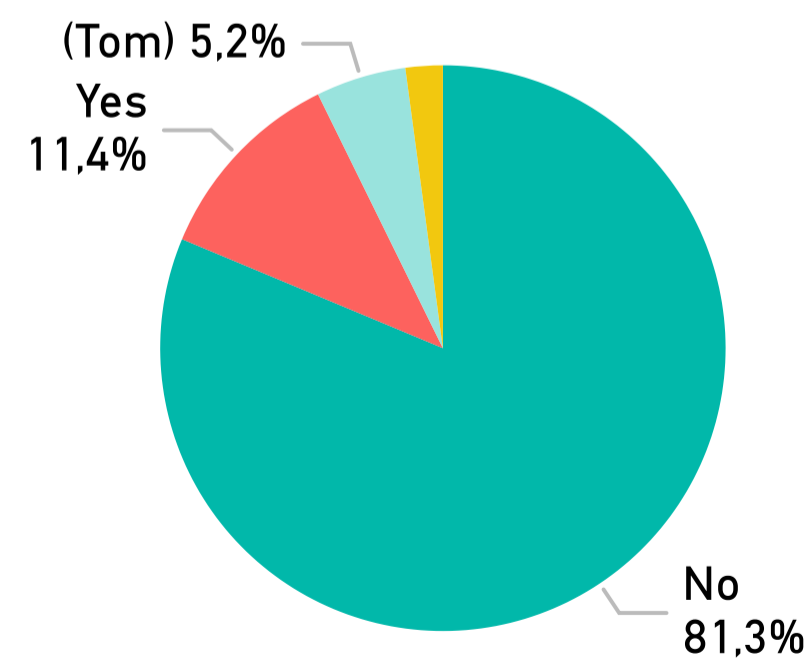


Thyreoidectomies

Vit D po at (F1)

Vit D po at next Follow-up (F2)

Complication Summary: Vit D po at Latest Available Follow-up



Thyroid

Short and Longterm PTH Course (all Thyroidectomies, Primary Operations)

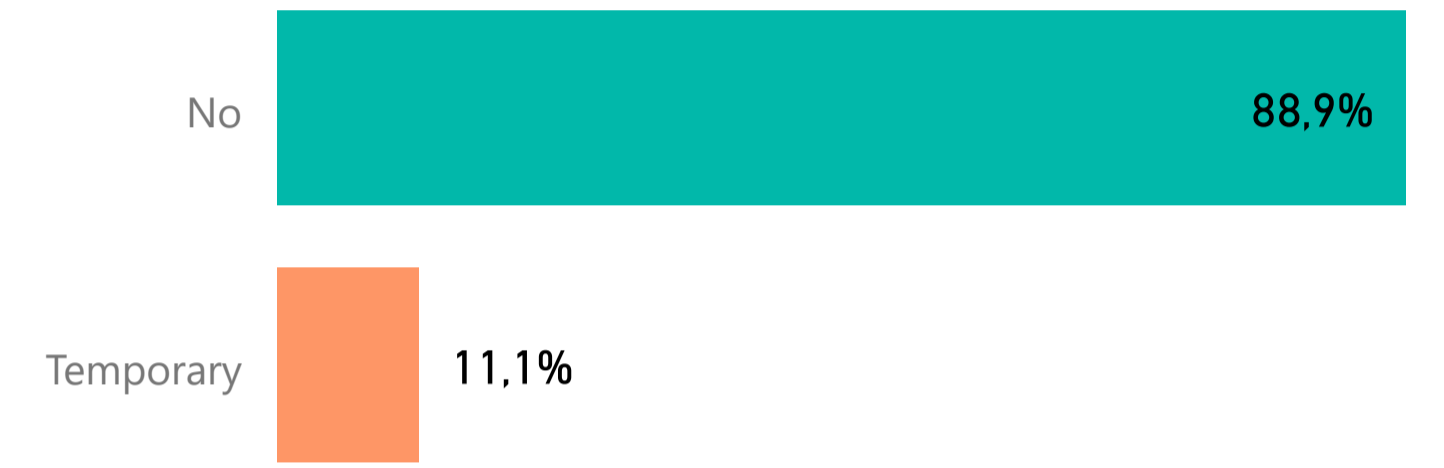
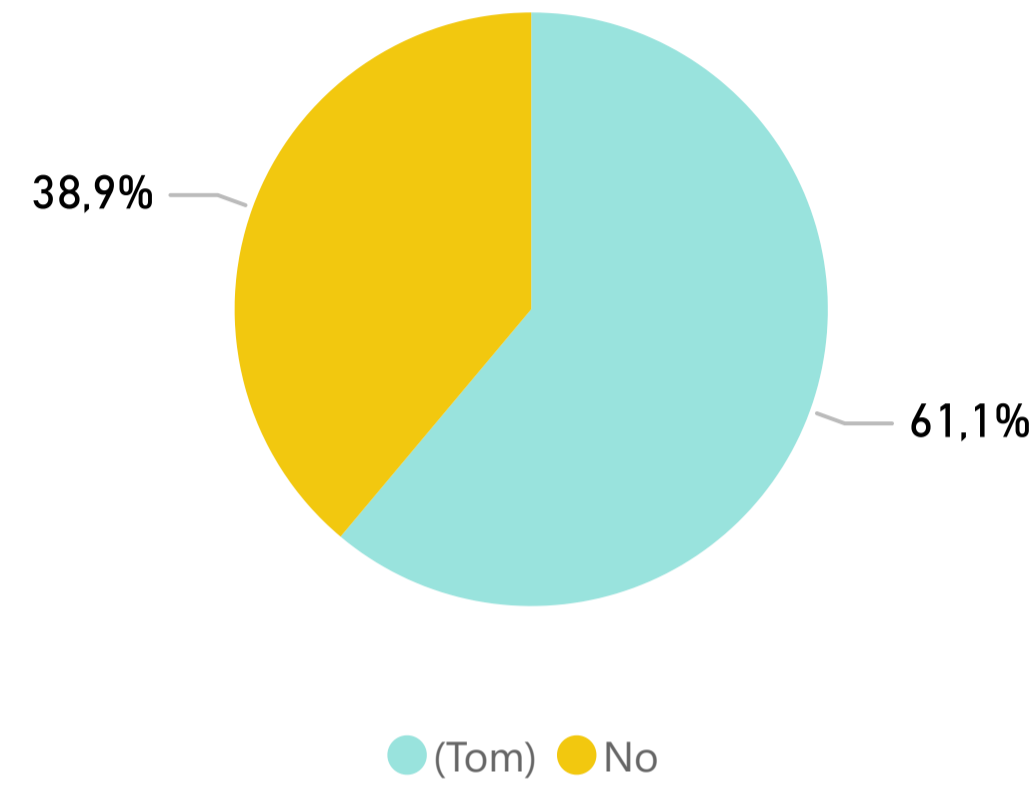
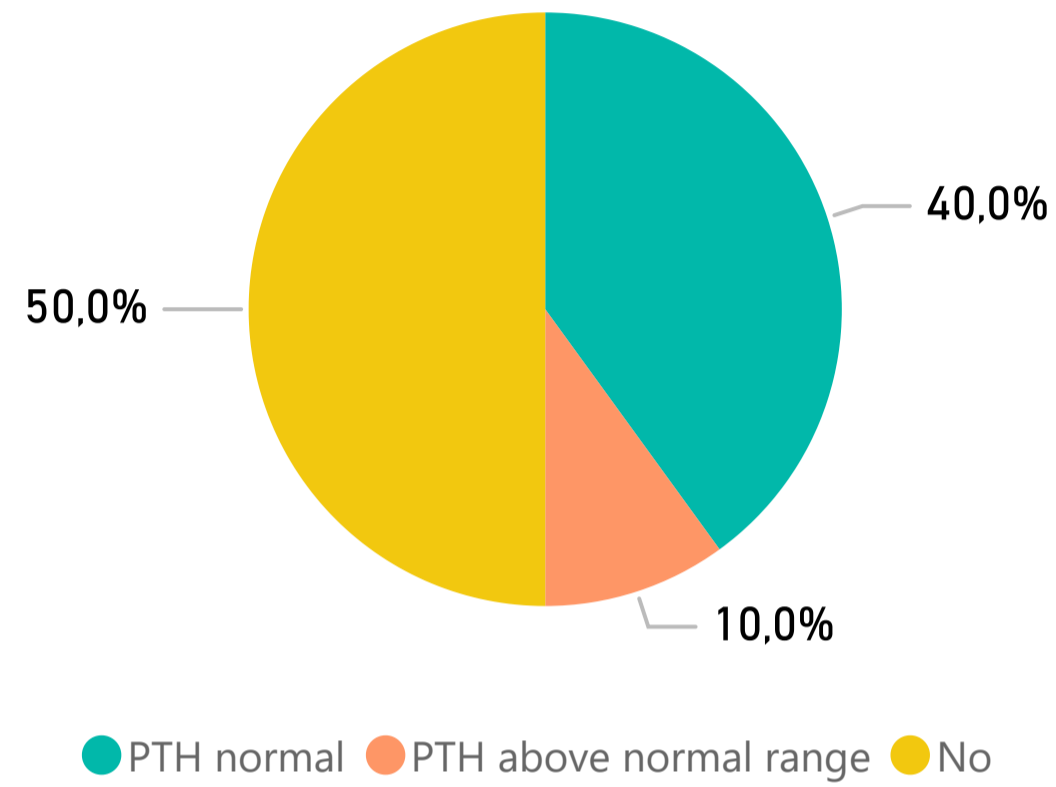
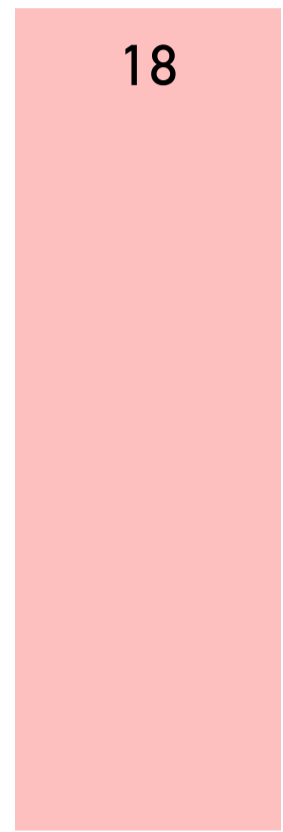


Thyroidectomies

PTH at (F1)

PTH at Longterm Follow-up

Complication Summary: Vit D po at Latest Available Follow...

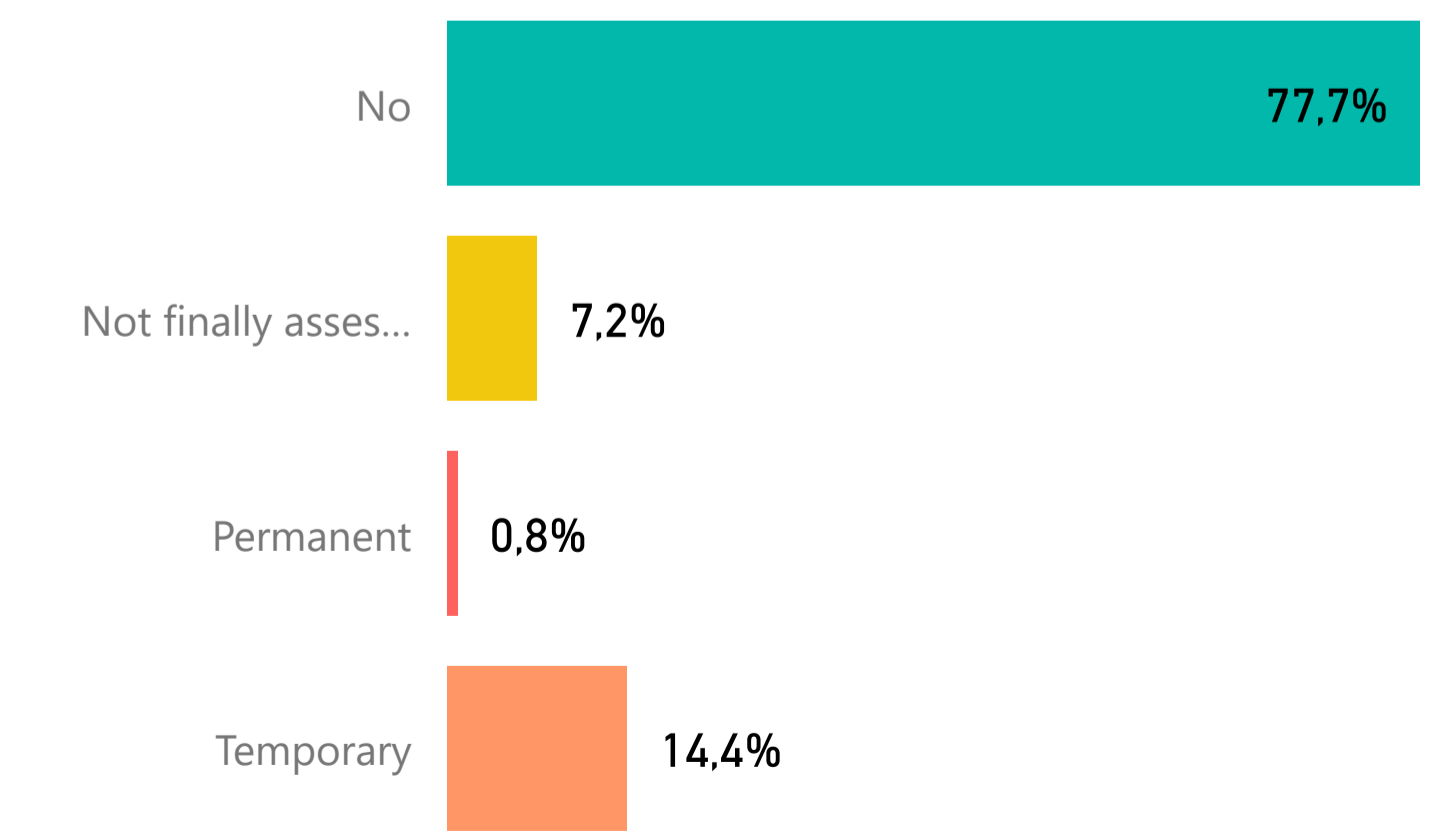
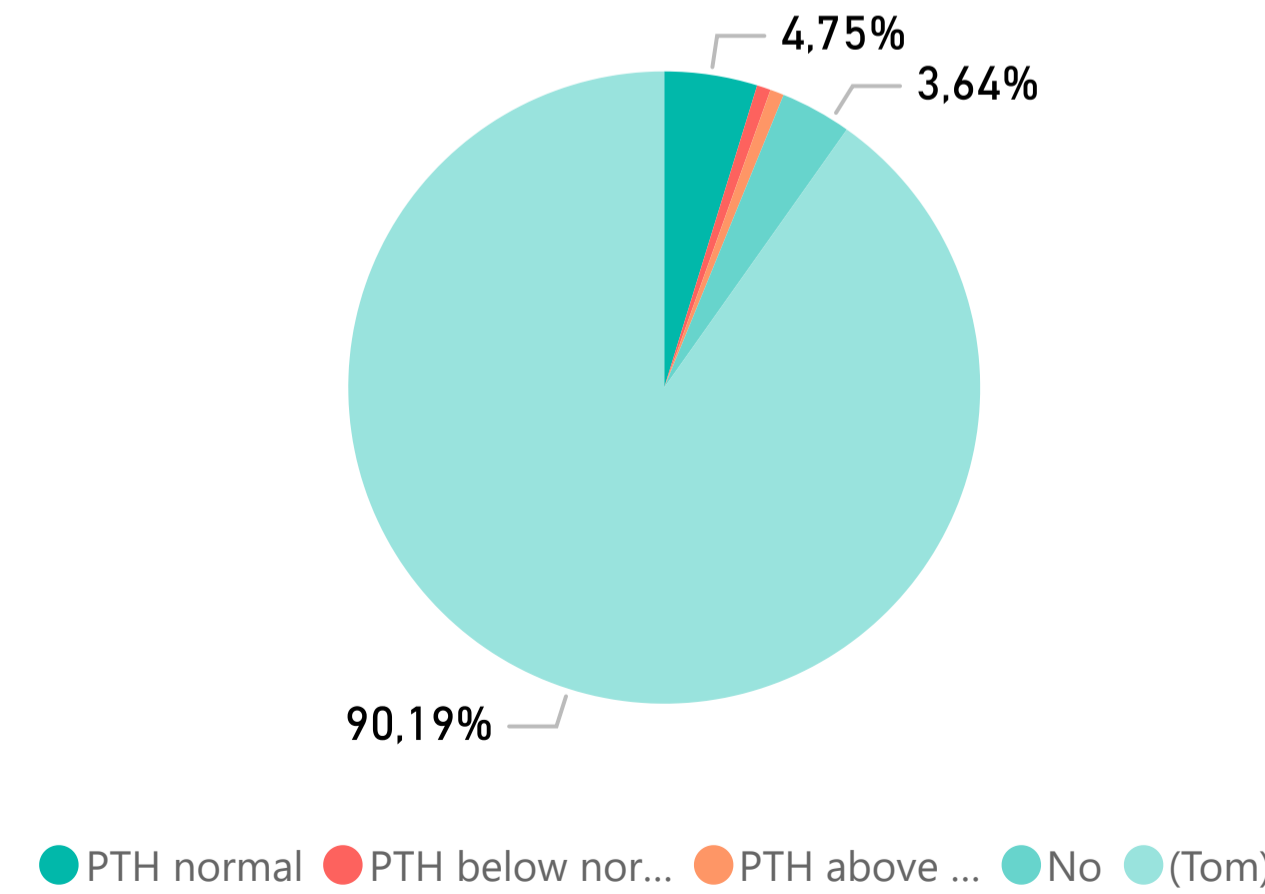
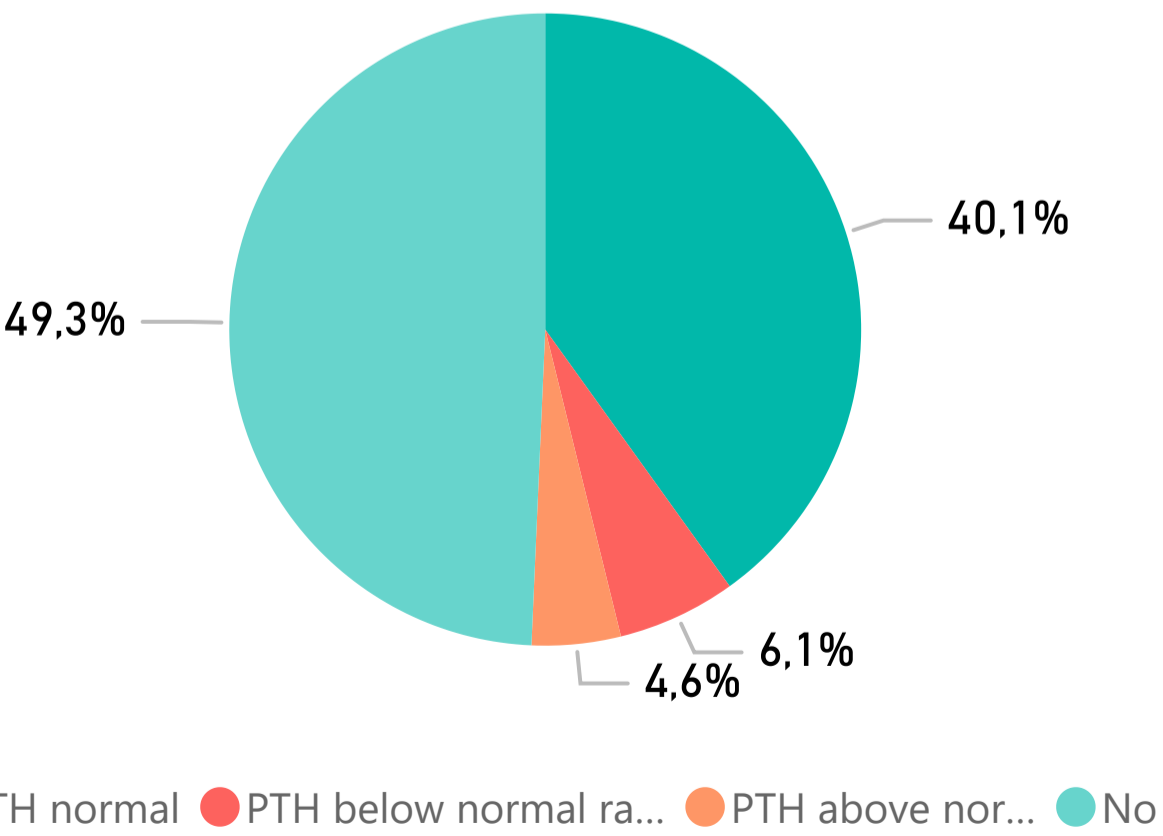
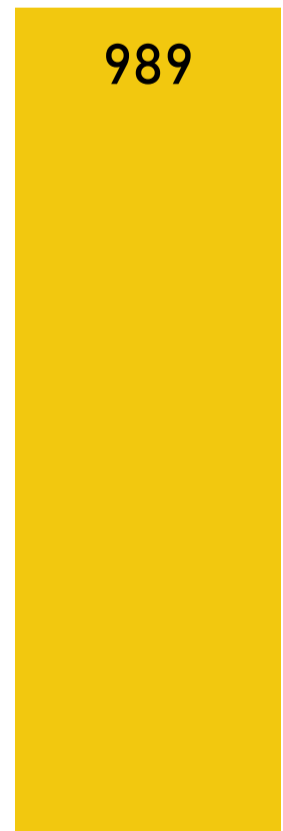


Thyroidectomies

PTH at (F1)

PTH at Longterm Follow-up

Complication Summary: Vit D po at Latest Available Follow...



Thyroid

Lost Parathyroid Glands on the Specimen, Postoperative Hemorrhage, Wound Infection and Hospital Stay



Investigated Clinic

EUROCRINE Clinics

Parathyroid Gland on Specimen

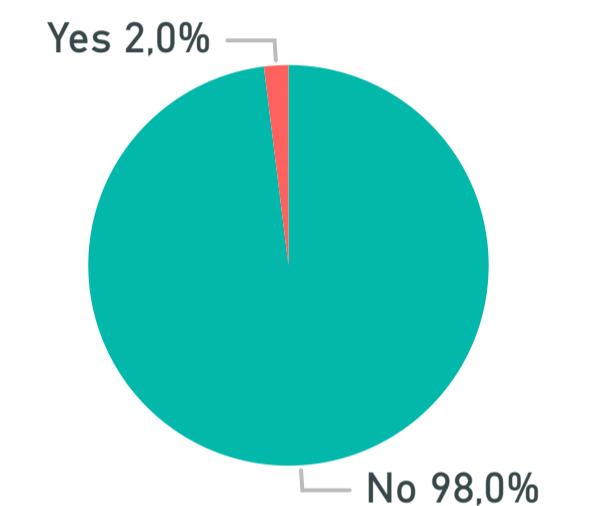
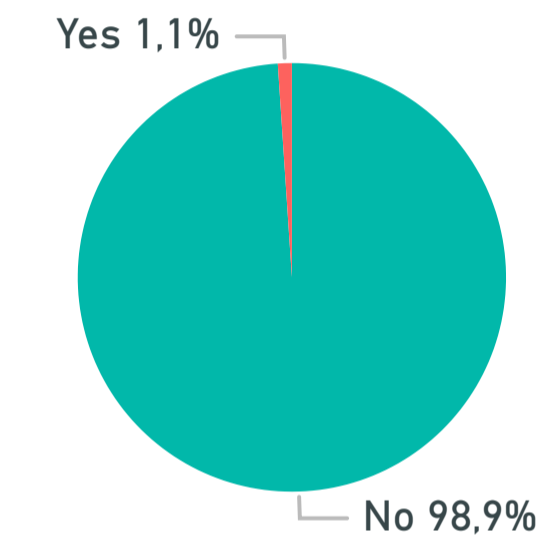
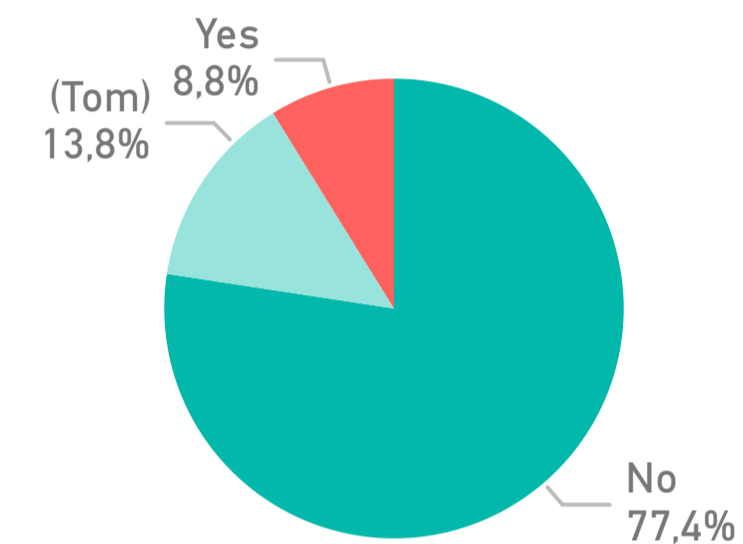
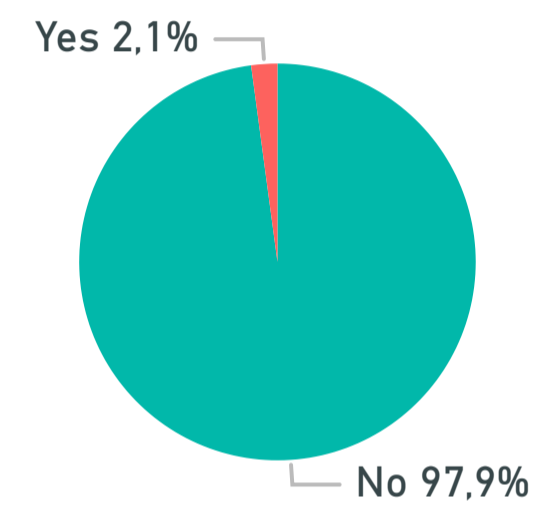
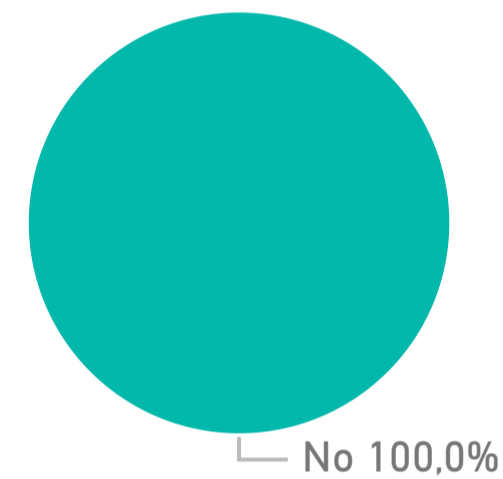
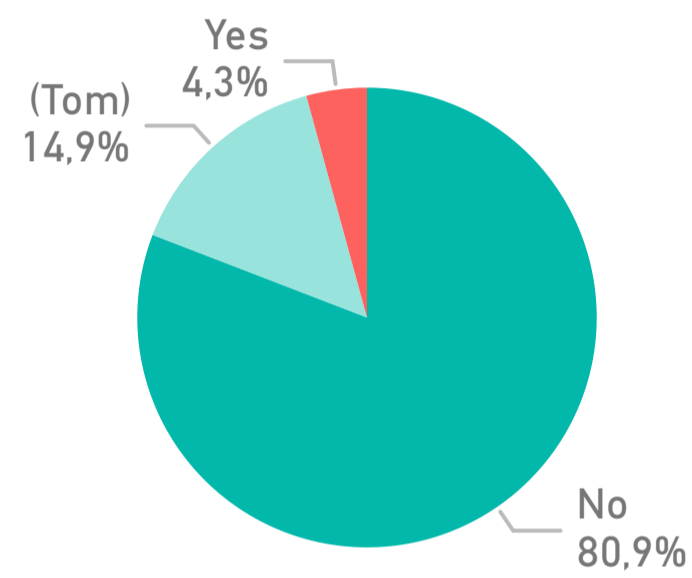
Postoperative Hemorrhage

Wound Infection

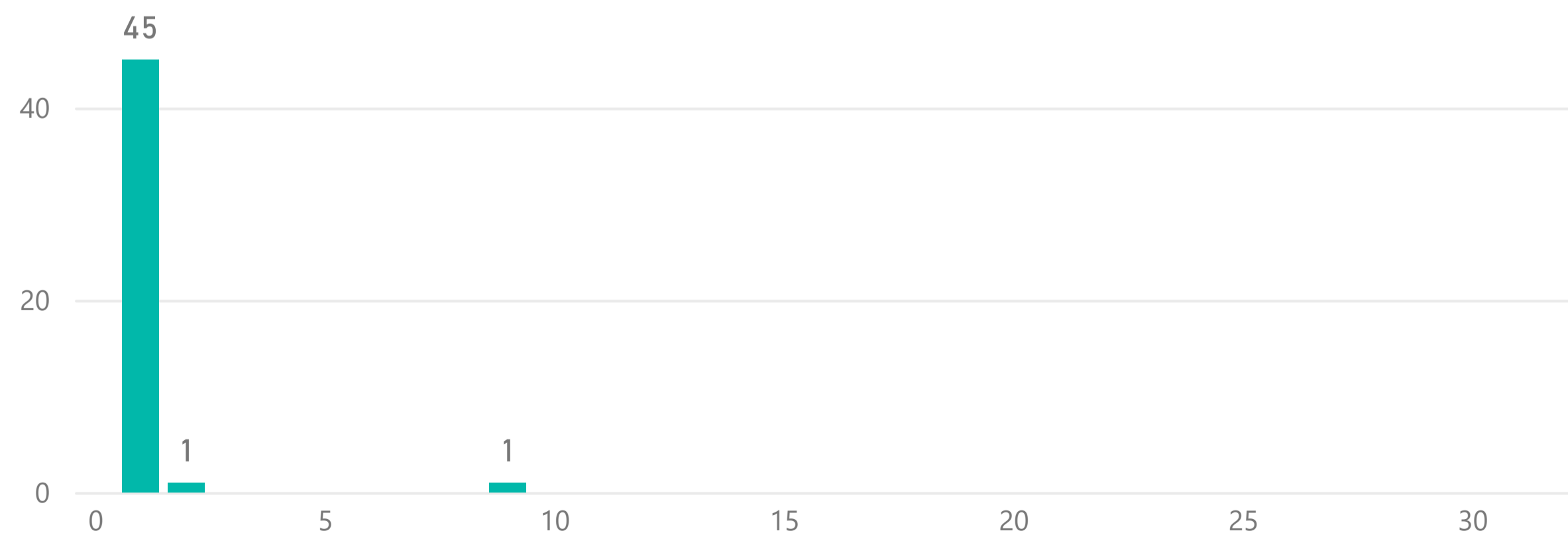
Parathyroid Gland on Specimen

Postoperative Hemorrhage

Wound Infection



Postoperative Hospital Stay (graph limited to max 31 days)



Postoperative Hospital Stay (graph limited to max 31 days)

