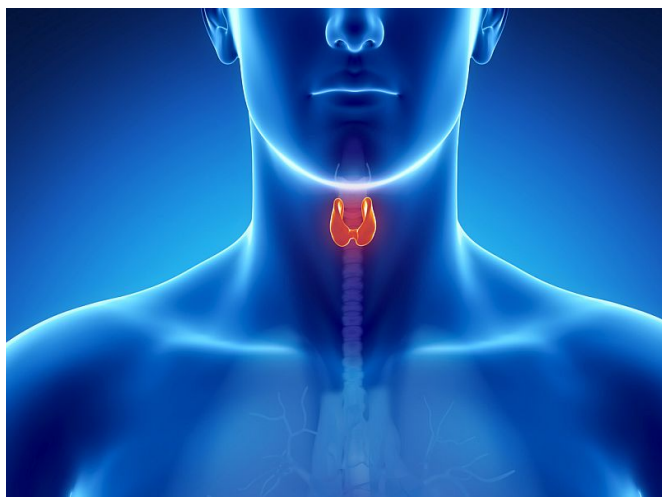


Surgeon volume impacts parathyroidectomy outcomes

April 22 2017



(absolute difference, ?1.4 percent). To avoid one case of [vocal cord paralysis](#), the number needed to treat was 71; the number could be as low as 34 based on the upper bound of the confidence interval. More outpatient procedures were performed by high-volume surgeons, with an absolute difference of 25.5 percent. Other differences did not reach statistical significance.

"Our findings led us to undertake a quality improvement initiative in which patients requiring parathyroid surgery are treated by higher-volume surgeons under care pathways we designed to standardize the treatment of [patients](#) with primary hyperparathyroidism," the authors write.

More information: [Abstract/Full Text](#) ([subscription or payment may be required](#))

(HealthDay)—Patients undergoing parathyroidectomy by high-volume surgeons have a lower rate of vocal cord paralysis compared to patients of low-volume surgeons, according to a study published online April 20 in *JAMA Otolaryngology-Head & Neck Surgery*.

Charles Meltzer, M.D., from The Permanente Medical Group in Santa Rosa, Calif., and colleagues examined the correlation between surgeon volume and 30-day rates of complications, mortality, and post-discharge utilization among 2,080 adult patients undergoing parathyroidectomy. Low- and high-volume surgeons who performed 20 or fewer versus more than 40 cases per year were compared. Patients receiving parathyroid procedures from low- and high-volume surgeons were matched using propensity scores with 547 matched pairs.

The researchers found that patients of high-volume surgeons had a lower rate of vocal cord [paralysis](#) compared to patients of low-volume surgeons

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APA citation: Surgeon volume impacts parathyroidectomy outcomes (2017, April 22) retrieved 12 December 2022 from <https://medicalxpress.com/news/2017-04-surgeon-volume-impacts-parathyroidectomy-outcomes.html>

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