

Abstract

The clinical outcome of thyroidectomy may be influenced by among other things, the experience of the surgeon performing the procedure. Furthermore, auditing of any surgical procedure helps in monitoring the safety of the procedure in the hands of the operator. Objective This study is an audit of outcome of thyroidectomy performed by the author within the first 18 months of qualification from a local residency program. It aims to record the outcomes as baseline to facilitate future personal and institutional trends of thyroid disease, prevalent in the area. Setting Kapenguria District hospital in Kenya. The author was posted to this facility immediately after completion of surgical residency at the University of Nairobi. Design This was a retrospective audit from April 2007 to September 2008 Patients The patients who underwent thyroidectomy by the author from April 2007 to September 2008. The period was divided into three separate six month blocks of time (A-April to September 2007, B-October 2007 to March 2009, and C- April to September 2008. Main outcome measures Complications and length of stay. Results Thirty nine patients underwent thyroidectomy during this period. The most common type of goiter was multinodular goiter (69.2%, 27) while the most common type of surgery was total thyroidectomy (35.9%, 14). The number of days in hospital did not differ across the periods- 1.92 for period A, 1.75 for B and 1.07 for C. Two complications occurred during period A and were associated with total thyroidectomy Conclusion Subtotal and total thyroidectomy can be safely performed by general surgeons qualifying from our local training institutions. Institutional audits are important to document future improvements in outcomes.