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AAO-HNSF Clinical Practice Guideline: Improving Voice Outcomes after Thyroid Surgery

“Thyroid surgery rates have tripled over the last three decades. This new guideline will help educate physicians and patients of the importance of voice outcomes after thyroid surgery, steps that can be taken during surgery to preserve the voice, and available options for voice rehabilitation.”

—Sujana S. Chandrasekhar, MD, guideline chair

Your voice and thyroid surgery:

- Thyroid surgery rates have tripled over the last three decades: An estimated 118,000 to 166,000 patients in the United States undergo thyroidectomy each year.
- The incidence of thyroid cancer continues to grow and affects three times more women than men.
- Temporary voice issues may occur in up to 80 percent of patients after thyroid surgery.

Why is the Voice Outcomes Guideline important?

- *First – and only – national, evidence-based guideline on improving voice outcomes after thyroid surgery.*
- Created by a multi-disciplinary panel, including consumers, physicians specializing in otolaryngology-head and neck surgery, general surgery, endocrinology, internal medicine, family medicine, and anesthesiology, and representatives of speech-language pathology and nursing.
- Developed using a planned protocol to ensure valid, actionable, and trustworthy recommendations.

What is the purpose of the Voice Outcomes Guideline?

- To recognize the importance of the patient’s voice and the potential impact of thyroid surgery on the voice.
- To empower physicians and surgeons to optimize voice outcomes for patients undergoing thyroid surgery.
- To educate patients on the potential impact of thyroid surgery on their voice.
- To counsel patients on rehabilitation options for those whose voice does change after surgery.

What are the significant points made in the guideline?

- Before thyroid surgery, the patient’s voice should be assessed.
- Patients with an impaired voice, thyroid cancer with suspected extrathyroidal extension, or individuals who have undergone prior neck surgery should have their vocal fold mobility examined prior to surgery.
- Patients should be educated about the potential impact of thyroid surgery on their voice.
- Surgeons should inform anesthesiologists of abnormal preoperative laryngeal assessments.
- Surgeons should identify the recurrent laryngeal nerve during thyroid surgery.
- Surgeons should take steps to preserve the external branch of the superior laryngeal nerve.
- Surgeons may monitor laryngeal electromyography during thyroid surgery.
- After surgery, the patient’s voice should be assessed.
- Patients with a change in voice after thyroid surgery should have their vocal fold mobility examined.
- Patients with abnormal vocal fold mobility should be referred to an otolaryngologist.
- Patients with voice change or abnormal vocal fold mobility should be counseled on voice rehabilitation.

About the AAO-HNS:

The American Academy of Otolaryngology—Head and Neck Surgery (www.entnet.org), one of the oldest medical associations in the nation, represents approximately 12,000 physicians and allied health professionals who specialize in the diagnosis and treatment of disorders of the ears, nose, throat, and related structures of the head and neck. The Academy serves its members by facilitating the advancement of the science and art of medicine related to otolaryngology and by representing the specialty in governmental and socioeconomic issues. The organization’s vision: “Empowering otolaryngologist-head and neck surgeons to deliver the best patient care.” The AAO-HNS Foundation works to advance the art, science, and ethical practice of otolaryngology-head and neck surgery through education, research, and lifelong learning.