

COMMENTARY 3 Open Access

Outpatient Endocrine Surgery: Development and its Types

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Description

Endocrine surgery is a surgical sub-speciality focusing on surgery of the endocrine glands, including the thyroid gland, the parathyroid glands, the adrenal glands, glands of the endocrine pancreas, and some neuroendocrine glands.

To address endocrine issues, endocrine surgery involves removing all or part of a diseased gland. If you have thyroid cancer, tumours on your adrenal glands, or an overactive gland, surgery might be necessary. Open procedures as well as minimally invasive laparoscopic or robotic-assisted procedures are available for endocrine surgery. Surgery is performed to treat endocrine system illnesses that damage the glands there. Conditions affecting your thyroid, parathyroid, and adrenal glands are the most common ones that require surgery. The bloodstream is supplied with hormones by the glands. These hormones communicate with tissues by giving them instructions on how to maintain your body's health. If a gland stops functioning properly, you might require endocrine surgery. The gland may release an excessive amount of hormone or not enough.

Types

Thyroid surgery

The majority of endocrine surgical procedures worldwide include thyroid surgery. The conditions for which this may be done range from benign multinodular goitre to thyroid malignancy. Richard Welbourne and John Lynn, surgeons at what was once the "Royal Postgraduate Medical School" and is now the Hammersmith Hospital, developed it in the UK as a distinct specialty from general surgery. Professor Fausto Palazzo, Professor Neil Tolley, and Miss Aimee Di Marco are consultant surgeons who work in the department of thyroid and endocrine surgery. Sur-

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gery involves the removal of the thyroid gland (thyroidectomy), either the complete gland or a section of it (lobectomy or hemithyroidectomy) (total thyroidectomy). Although incomplete resections (sub-total or nearly total thyroidectomy) are rarely performed, most surgeons do not like them.

Parathyroid surgery

Parathyroidectomy, which entails the removal of the parathyroid gland, is the most popular treatment for primary hyperparathyroidism (s). A parathyroidectomy is also used to treat tertiary hyperparathyroidism brought on by chronic kidney failure.

Adrenal surgery

Conn syndrome, pheochromocytoma, adreno-cortical carcinoma, among other disorders, require an adrenalectomy, or surgical removal of the adrenal gland.

Pancreatic surgery

Endocrine pancreas diseases, such as insulinomas and gastrinomas, are extremely rare. Simple tumour enucleation to more extensive resections is all surgical options for these diseases.

Development

The field of endocrine surgery has generally advanced. Due to the complexity of these procedures and the inherent hazards of operating on the neck, endocrine surgery has grown into a subspecialty of surgery. By carefully describing unusual patients and families with endocrine syndromes, surgeons and medical professionals have advanced endocrine surgery. The methods and techniques used by surgeons to prepare for surgery have also improved.

The Hammersmith Hospital served as the major venue for the early efforts in training a significant number of surgeons in the 1970s. It is widely known that complications are far less frequent when thyroid

surgeries are carried out by surgeons who execute at least 100 thyroid procedures year. Less than 20 thyroid procedures are performed annually by most surgeons in the United Kingdom. A permanent tracheostomy is typically required when there is persistent damage to both voice box nerves. The website of the "British Association of Endocrine and Thyroid Surgeons" provides information on the results of all surgeons performing

endocrine surgery in the UK.

Technique

Thyroid surgery: Some surgical teams leave wound drains in place after surgery to the thyroid gland. There is weak evidence to support the claim that wound drains shorten hospital stays after thyroid surgery and no convincing evidence to support the claim that they improve postoperative outcomes.