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# Controversies in Thyroid Surgery



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John B. Hanks • William B. Inabnet III  
Editors

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 Springer

*Editors*

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*To Dorothy T Hanks (1916–2002), Librarian at the National Library of Medicine, National Institutes of Health from 1959 to 1987. In 1965, she told me when I was in High School that the computer was the way of the future in medicine as she worked with the initial instillation of Medline. Mom seemed to have a knack for being right.*

*And to our patients who put their trust in us to be up to date in our knowledge and skill and to commit to their optimal care.*

John B. Hanks

*I dedicate this book to my wife and children—Kathleen, Frances, and William. I am deeply grateful for their unconditional love and support.*

William B. Inabnet III



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## Preface

*Plus ca change, plus c'est la meme chose.*

Jean Baptiste Alphonse Karr 1849

We both remember our very first thyroid operation as trainees: Dr Hanks with Dr. Sam Wells in 1973 when a first year resident in general surgery at Duke; Dr Inabnet with Blake Cady in 1990 during a visiting surgery rotation at the New England Deaconess Hospital as a 4th year medical student. Over the years, we are grateful to have learned from the very best of our time. We have witnessed the growing importance and relevance of Endocrine Surgery in the training of the General Surgery Resident.

The time tested French proverb, “.....the more things change, the more they stay the same” holds true for Thyroid Surgery. The basic necessity for a successful practice requires extensive knowledge of anatomy, physiology, postoperative care, intraoperative decision making, and skillful surgical techniques. None of these have changed over the last several decades. Yet new technologies, evidence-based decision-making, and interest in quality and outcomes have emerged which impact not just Thyroid Surgery but all of medicine.

So, when we decided to edit this work on “Controversies in Thyroid Surgery,” we realized that many topics of current interest impact on the surgical technique we learned all these years ago—for example, the technology of neuromonitoring, robotic or “minimally invasive” approaches, preoperative imaging, and especially ultrasound. Additionally, quality and volume issues that impact referral patterns also impact surgical practice.

We chose each author recognized as an expert in the field and who has made significant national and international contributions to the field of endocrine surgery. Each contributor was assigned to offer their input to areas of thyroid surgery which impact practice patterns today. We are delighted with their response and thoughtfully prepared work. We asked each author to look into the “controversy” generated by the topic. What is the importance, relevance, or cost-effectiveness of the area covered? For example, robotic surgery is impacting general and thoracic surgical procedures; but is it relevant to thyroid surgery?

We hope you will enjoy the thoughts of authors who are well versed to give their opinions on their topics. We have had a ball putting it together.

Our sincere thanks go to Tracy Marton, our Editor at Springer, who stuck with us during the preparation of the work. She is a thoughtful and thorough partner, with the patience of a Saint. To her, we owe a great debt.

Charlottesville, VA, USA  
New York, NY, USA

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