

Title:

Giving patients a voice: Exploring patient experiences of unilateral vocal cord paralysis after thyroid surgery and considering how they perceive interventions and their outcomes.

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Giving patients a voice: Exploring patient experiences of unilateral vocal cord paralysis after thyroid surgery and considering how they perceive interventions and their outcomes.

Background: Unilateral vocal cord paralysis (UVCP) is one of the most frequent complications of thyroid surgery and is often unexpected by patients. Symptoms include voice, swallowing and breathing difficulties. It is unknown whether patients acquiring UVCP after thyroid surgery are impacted differently or have varying rehabilitation needs to other UVCP groups, such as lung cancer patients due to their younger demographic. Speech and Language Therapists can provide voice therapy and/ or support the local anaesthetic vocal cord (LAVC) injection process. There is little evidence regarding how patients feel during UVCP diagnosis and intervention. Such knowledge is imperative to develop patient-centred services.

Objectives: This qualitative study aims to explore patients' experiences of UVCP post thyroid surgery to improve healthcare services. This includes understanding the informed decision process before surgery, the impacts of UVCP for this cohort and their experiences of intervention.

Methods: Eight patients with UVCP post thyroid surgery partook in a semi-structured interview, which were analysed using inductive thematic analysis.

Results: Key themes included perceptions about the information received, physical symptoms, the impact and perception of impairment, treatment, treatment impact and information and communication. UVCP post thyroid surgery posed psychosocial burden on all participants, who often felt unprepared for the extent of disability. The LAVC injection is perceived as beneficial, where all participants recommended the procedure, despite it being painful for some. Direct SLT intervention was less favourable for vocal improvements but psychosocial support was valued.

Conclusions: Findings suggest that patients should be made aware of the potential extent of functional and psychosocial implications of UVCP during the consent procedure for thyroid surgery. Moreover, patients should be reassured that management options are available that can significantly improve symptoms. Earlier input from SLT and receiving the injection could prevent avoidable distress and facilitate earlier physical and functional recovery.