

Short Communication



Letter to the Editor: A Prospective, Randomized, Controlled Comparative Study of Three Energy Devices in Open Thyroid Surgery: Thunderbeat, Harmonic, and Ligasure

Sabaretnam Mayilvaganan , Mahalakshmi D Vnssvams

Department of Endocrine and Breast Surgery, Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow, India

OPEN ACCESS

Received: Nov 18, 2019
Revised: Jan 3, 2020
Accepted: Mar 4, 2020

Correspondence to

Sabaretnam Mayilvaganan

Department of Endocrine and Breast Surgery,
Sanjay Gandhi Postgraduate Institute of
Medical Sciences, Raibareli Road, Lucknow
226014, India.
E-mail: drretnam@gmail.com

Copyright © 2020. Korean Association of
Thyroid and Endocrine Surgeons; KATES
This is an Open Access article distributed
under the terms of the Creative Commons
Attribution Non-Commercial License (<https://creativecommons.org/licenses/by-nc/4.0/>).

ORCID iDs

Sabaretnam Mayilvaganan
<https://orcid.org/0000-0002-2621-394X>
Mahalakshmi D Vnssvams
<https://orcid.org/0000-0001-9694-8127>

Conflict of Interest

No potential conflict of interest relevant to this article was reported.

Author Contributions

Writing - original draft: Sabaretnam
Mayilvaganan; Writing - review & editing:
VNSSVAMS Mahalakshmi D.

► See the article “A Prospective, Randomized, Controlled Comparative Study of Three Energy Devices in Open Thyroid Surgery: Thunderbeat, Harmonic, and Ligasure” in volume 19 on page 106.

We read with interest “A Prospective, Randomized, Controlled Comparative Study of Three Energy Devices in Open Thyroid Surgery: Thunderbeat, Harmonic, and Ligasure” by Back et al. (1). This is a randomized study by a single surgeon which has added to the existing literature on hemostatic devices, analyzing the role of each device, their strengths and weaknesses. The role of thunderbeat in reducing the time of central compartment lymph node dissection with similar intraoperative and postoperative outcomes can be of much help in central dissections where the inferior parathyroid gland and the recurrent laryngeal nerve can be at risk (2). We also agree with the authors that individualizing the best device for that particular procedure can help in much-desired outcomes. We have a few queries which may interest future readers.

What was the cost difference incurred in using these instruments, since in a developing country money can be a determining factor influencing the usage of such devices? Did the surgeon tie the superior pole vessels and then use the hemostatic device? If only a hemostatic device was used without any suture, did the surgeon use a double seal or triple seal technique? For lymphatic vessel sealing, which hemostatic device do the authors prefer?

REFERENCES

1. Back K, Hur N, Kim MJ, Choe JH, Kim JH, Kim JS. A prospective, randomized, controlled comparative study of three energy devices in open thyroid surgery: thunderbeat, harmonic, and ligasure. J Endocr Surg 2019;19:106-15.
CROSSREF
2. Kwak HY, Dionigi G, Kim D, Lee HY, Son GS, Lee JB, et al. Thermal injury of the recurrent laryngeal nerve by THUNDERBEAT during thyroid surgery: findings from continuous intraoperative neuromonitoring in a porcine model. J Surg Res 2016;200:177-82.
PUBMED | CROSSREF