

geal artery. Next, the lateral and anterior wall of the trachea is identified. The recurrent laryngeal nerve is exposed, and Berry's ligament is incised with the ultrasonic scalpel or a clip. The isthmus of the thyroid is cut vertically with the ultrasonic scalpel. In the final part of the procedure, the upper pole (pedicle) of the thyroid gland is separated from the cricothyroid muscle, and the external branch of the superior laryngeal nerve, which descends to innervate the cricothyroid muscle, may be identified during this maneuver (Fig. 7.5). This nerve lies immediately adjacent to the superior thyroid artery and may be injured if the superior thyroid artery is ligated "in bulk" too high above its entrance into the thyroid gland. The perithyroid fascia around the lateral portion of the upper pole of the thyroid is carefully cut so that the superior parathyroid gland protrudes. The upper pole vessels are transected with the ultrasonic scalpel. The thyroid is dissected from the trachea, and a hemithyroidectomy is performed. The specimen is placed in a plastic bag (Endo Cath, Auto Suture, United States Surgical Corp., Norwalk, CT) and extracted through the 12-mm skin incision. Before completing the operation, a 3-mm closed suction drain is placed under the platysma on the side of the resected thyroid lobe. The wound is closed by closing the adipose tissue with a 3-0 absorbable suture, followed by a 4-0 absorbable monofilament suture in the skin.

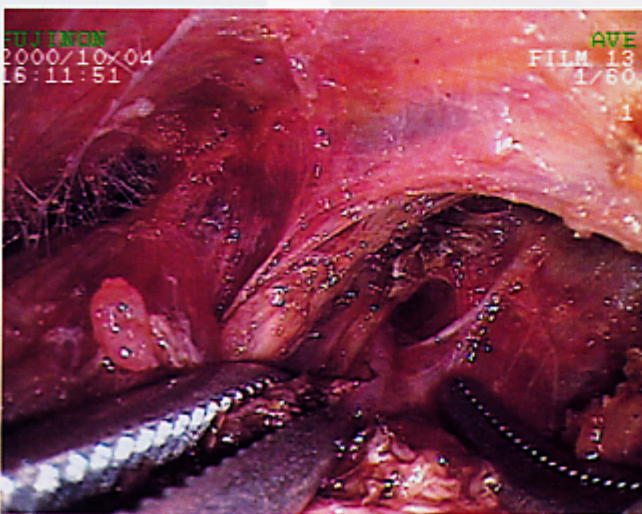
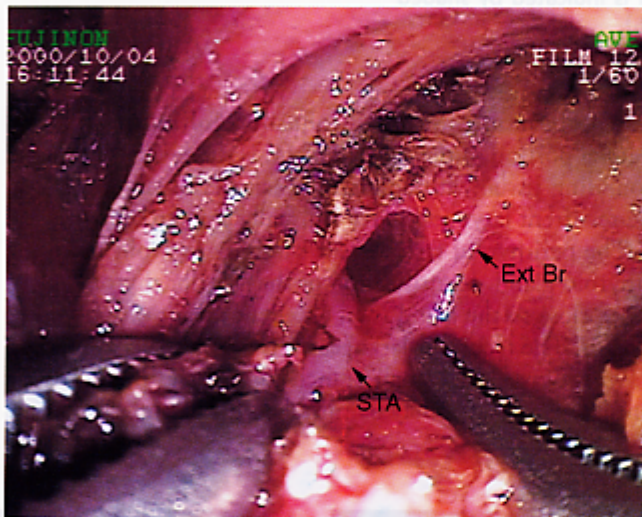


Fig. 7.5. The external branch of the superior laryngeal nerve (*Ext Br*) can be identified. It lies immediately adjacent to the superior thyroid artery (*STA*).