

Fig. 7.7. The plane of dissection is indicated by shaded area. (Illustration by Leon Sakuma.)

There are several theoretic advantages of the axillary approach. The thyroid gland can be visualized laterally by our method, and the perithyroid fascia can be carefully cut, providing an operative field of view equivalent to that of open surgery. This allows the recurrent laryngeal nerve and the parathyroid glands to be identified easily. CO₂ insufflation at

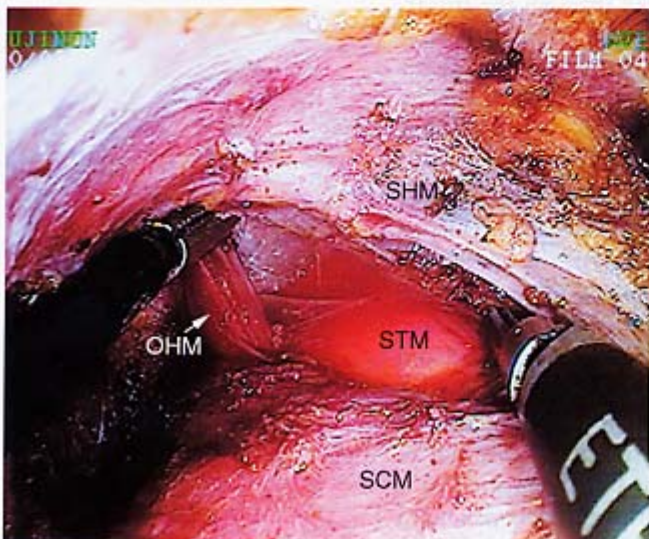


Fig. 7.8. The anterior border of the sternocleidomastoid muscle (SCM) is dissected from the sternohyoid muscle (SHM), and a space is created along the sternothyroid (STM), sternohyoid, and omohyoid muscles (OHM).

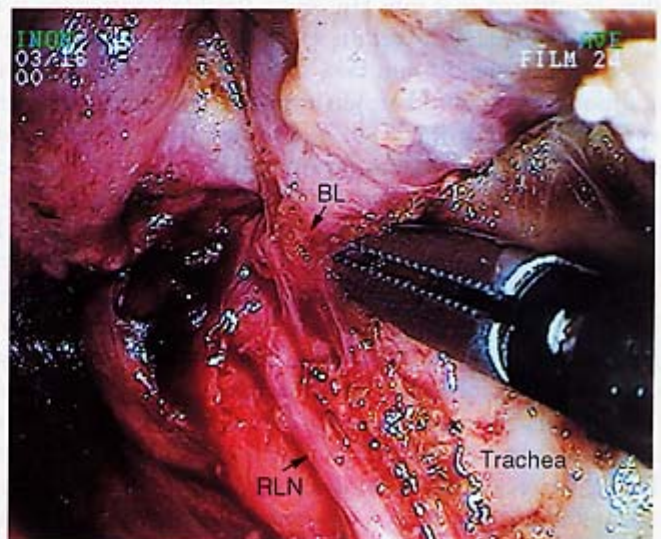


Fig. 7.9. The recurrent laryngeal nerve (RLN) is exposed traversing Berry's ligament (BL).