BLOODLESS SURGERY FOR HUGE GOITRE, RESPECTING PATIENT AUTONOMY – A CASE REPORT

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Introduction: Patient autonomy is the first pillar of medical ethics and is also a key component of evidence-based medicine. Yet, gaining access to quality surgical care can still be a challenge for some patients who decline blood transfusion.

Case Report: A 42-year-old female Jehovah's Witness from a neighbouring state presented with a huge neck swelling of 11 years duration diagnosed as a simple multinodular goitre. She had been to various health institutions over the years and was consistently offered only surgery with blood transfusion, which she declined. She eventually contacted the Hospital Information Service (HIS) of Jehovah's Witnesses for assistance. The HIS never contacted our facility, but the patient reported that they directed her to us. A multidisciplinary bloodless surgery team reviewed the patient, optimized her haemoglobin for surgery, and employed bloodless surgery techniques at thyroidectomy to minimize blood loss and optimize tissue oxygenation. Pre-op Hb was 11.2g/dL, and patient was discharged 3rd day post op in good condition with Hb of 10.3g/dL.

Conclusion: Practice of ethical and evidence-based medicine requires respect for patient autonomy. In the case of patients who decline blood transfusion, respect for patient autonomy by employing bloodless surgery techniques comes with a 'bonus' of excellent outcomes in good multidisciplinary hands.

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