

# Dr. Victoria Banuchi: my thoughts on starting a program of endoscopic transoral thyroidectomy vestibular approach

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## Editor's note

The focused issue “*The Management of Thyroid Tumors in 2020 and Beyond*” edited by Drs. Jonathon Russell and Jeremy Richmon is going to be released in *Annals of Thyroid (AOT)* in the coming months. This issue aims to review the state-of-art in the management of thyroid pathology, to provide a venue for original research focused on remote access or minimally invasive thyroid management and to review the success at extending proven management strategies into new geographic regions. Taking this opportunity, we have done a series of interviews with the authors discussing the highlights of their articles and sharing their experiences or stories in this field.

Dr. Victoria Banuchi (Figure 1) is a head and neck surgeon at Weill Cornell Medical Center in New York City. Her research interests include minimally invasive approaches to thyroid and parathyroid surgery. It is considerable honor for *AOT* to interview Dr. Banuchi on her article “Starting an inner city transoral endoscopic thyroidectomy vestibular approach (TOETVA) program – patient recruitment strategies” contributing to the focused issue, conditions of patient recruitment in her TOETVA program and, tips and technical issues for performing TOETVA (Figure 2).

## Expert's introduction

Dr. Banuchi, from Weill Cornell Medical Center, is an Otolaryngologist-Head and Neck Surgeon specializing in the management of benign and malignant tumors of the head and neck. Her current practice focuses on head and neck surgical oncology and otolaryngology. Her research interests include minimally invasive approaches to thyroid and parathyroid surgery and she is one of the pioneers in the field of transoral endoscopic thyroidectomy vestibular approach.

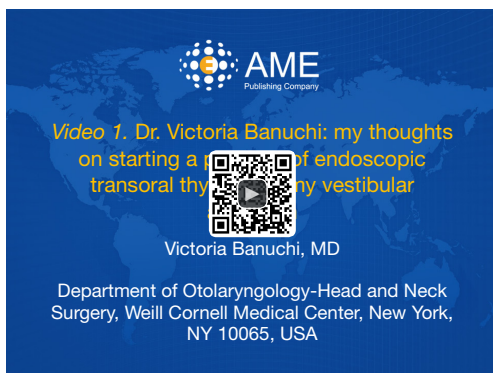


Figure 1 Victoria Banuchi, MD.

## Interview

*AOT: In the focused issue “The Management of Thyroid Tumors in 2020 and Beyond”, you have contributed an article on “Starting an inner city TOETVA program – patient recruitment strategies”. Could you briefly introduce to the readers about the inner city TOETVA program?*

**Dr. Banuchi:** My contribution to the focused issue “*The Management of Thyroid Tumors in 2020 and Beyond*” focuses on describing how I started an inner city transoral endoscopic thyroidectomy vestibular approach program and our recruitment strategies. I wanted to explore offering this approach in an inner-city setting. We performed multiple procedures at Lincoln Hospital in the Bronx, New York, a small community hospital that serves primarily an underserved population. It was important to us to demonstrate the applicability of this technique in this setting, which as we know is very different from the environment of a tertiary care academic medical center



**Figure 2** Dr. Victoria Banuchi: my thoughts on starting a program of endoscopic transoral thyroidectomy vestibular approach (1).

Available online: <http://www.asvide.com/watch/32971>

where this technique had been previously performed successfully.

**AOT: What are the conditions of patient recruitment in this TOETVA program?**

**Dr. Banuchi:** We offered the procedure to patients that we felt were good candidates based on tumor appearance on ultrasound, Bethesda classification, among other criteria. We found that patients were quite interested in this approach and the most salient reason was a desire to avoid the stigma that can be associated with an external neck incision. Many patients just felt that they didn't want other people to perceive them as being ill or having a disease. The transoral endoscopic thyroid surgeries were performed on these patients safely and efficiently without adding significant cost and with excellent patient satisfaction.

**AOT: Do you have some tips and technical issues for performing TOETVA?**

**Dr. Banuchi:** My advice to surgeons considering starting a transoral endoscopic thyroid surgery program at their home institution is the following:

- (I) Make sure you have the proper training and experience in thyroid and parathyroid surgery. We really recommend this for surgeons that are high volume thyroid surgeons performing more than 25 surgeries a year. Also, you must be comfortable using electric cautery and radiofrequency devices for hemostasis as that is what is used in this procedure.
- (II) Make sure you have the proper support of the

leadership at your institution since this is a relatively new approach. This is very important.

- (III) Identify an experienced preceptor—somebody that you can go shadow while you're learning how to do the procedure and someone that is willing to come to your operating room and preceptor you during the first few cases.
- (IV) Find a course to take in a reputable institution that has successfully implemented this technique.
- (V) Performed several cadaveric dissections, that way you can get comfortable using the equipment and go through all the steps of the procedure before going live.
- (VI) Selecting the correct patient is very, very important. Wait and be on the lookout for that patient that has a clear indication for surgery and a favorable tumor in terms of size and location. Initially surgery should be offered to patients with smaller tumors with benign cytology preferably away from the cricothyroid joint region that are highly motivated to avoid an external scar.

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## References

1. Zhou S, Chen W. Dr. Victoria Banuchi: my thoughts on starting a program of endoscopic transoral thyroidectomy vestibular approach. Asvide 2019;6:286. Available online: <http://www.asvide.com/watch/32971>

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