



Clinical Examination Station 3

9 minutes with up to 1 minute for feedback

You are a surgical SHO in the head and neck clinic. Your consultant has asked you to examine the next patient's neck. The patient has been referred as having reported a neck lump that needs further characterisation. You will then be asked some questions regarding the management.

Neck Examination

Performs an appropriate examination of the neck including:

- Inspection, including tongue protrusion and swallowing
- Palpation including lymphadenopathy
- Percussion for substernal extension if thyroid
- Auscultation for bruit (Graves)

Presents findings coherently and succinctly, describing lump: size, anatomical position, mobility, fluctuance, tenderness, surface texture, overlying skin changes, associated lymphadenopathy.

What are the causes of a thyroid lump?

- Diffuse enlargement:
 - Graves disease
 - Simple thyroid goitre
 - Hashimotos thyroiditis
- Nodular enlargement:
 - Solitary nodule
 - Thyroid cyst
 - Tumour
 - Multinodular goitre

How would you investigate this patient?

- Ultrasound scan
- Fine needle aspiration / core biopsy
- +/- CT / MRI

What are the specific complications of thyroidectomy?

- Immediate (first 24 hours)
 - Haemorrhage leading to airway obstruction
 - Hyperthyroidism (thyroid storm)
 - Hoarseness – damage to recurrent laryngeal nerve
 - Superior laryngeal nerve damage
- Early
 - Infection
 - Hypocalcaemia (due to hypoparathyroidism)
- Late
 - Hypothyroidism
 - Hypertrophic/keloid scarring

Overall impression of the candidate Please encircle your mark

FAIL BORDERLINE FAIL BORDERLINE PASS PASS

If you have any specific comments about this candidate please write them in the box.