**Intraoperative Recurrent Laryngeal Nerve Monitoring in Thyroid Surgery: Is It Worth the Cost?**

**Content**


**BACKGROUND:** Intraoperative nerve monitoring (IONM) has been used in head and neck surgery since the 1970s. Its utilization for monitoring and protecting the recurrent laryngeal nerve, however, is a controversial subject. This paper details the use, value, and cost of this technology within a single institution.

**METHODS:** We conducted a retrospective chart review, analysis of surgery time with and without IONM, analysis of postoperative vocal cord function, and review of the literature.

**RESULTS:** IONM did not reduce the operative time during either thyroid lobectomies or total thyroidectomies in 119 surgeries. Use of IONM increased the cost of each surgery by $387. IONM did not decrease the number of injured nerves (postoperative paresis).

**CONCLUSIONS:** IONM has proven to be highly useful in certain circumstances but has not been definitively proven to protect the nerve any more effectively than the gold standard of nerve visualization. In our study, the use of IONM did not reduce the time of thyroid surgery and did increase the cost. While IONM may, in special clinical circumstances such as revision and malignant thyroid surgery, increase the value of the operation, its use for every thyroid surgery does not appear to be cost effective or valuable to the patient.