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**Daycase Parathyroidectomy for Primary Hyperparathyroidism: Our Experience**

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**Aims:** Concerns due to postoperative complications following parathyroid surgery have precluded its consideration as a Daycase procedure. However recent BAETS guidelines have supported Daycase parathyroid surgery. To assess the outcomes of Daycase parathyroidectomy pathway we established in our Hospital since April,2018.

**Methods:** Retrospective review of all patients who underwent parathyroidectomy for Primary Hyperparathyroidism between April,2018 and October,2020. Patients with ASA 3 and above and patients undergoing total-parathyroidectomies were excluded. Outcome measures include length of stay, prerequisite for overnight stay, complications, and readmission rates. All patients were assessed and counselled for suitability for Daycase in surgical clinic and given detailed information leaflets.

**Results:** In this period, 40patients underwent surgery for primary hyperparathyroidism. Of these, 30 patients (75%), 8 males and 22 females with a median age of 59years fulfilled the criteria for Daycase surgery. 19 patients (63.3%) were successfully discharged on the day of surgery. 11 patients (36.7%) were discharged the following morning. The reasons for overnight stay are - 5patients(16.7%) developed post-anaesthetic nausea and drowsiness; in 5patients(16.7%) surgery started after 2pm and delayed postoperative return to ward lead to inadequate time for safe discharge; 1patient(3.3%) needed hospital transport. The readmission and postoperative complication rates were nil.

**Conclusions:** Daycase parathyroidectomy is safe in carefully selected patients. Adequate preoperative counselling, robust perioperative management to minimize postop morbidity and clear patient support package upon discharge are vital for wider acceptance. All Daycase patients should be operated first on the list and prior to 2pm to ensure safe discharge allowing adequate time for postoperative recovery.