

Rapid preoperative preparation in hyperthyroidism

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Summary. **objective** We have evaluated an alternative method of preparation of hyperthyroid patients for surgery, using betamethasone, loperamide and propranolol. **design** Betamethasone (0.5 mg every 6 hours), loperamide (500 mg every 6 hours) and propranolol (40 mg every 8 hours) were given orally for 5 days; thyroidectomy was performed on the 6th day. We analysed patient acceptability, clinical and hormonal effects, ease of surgery and final outcome. **patients** Thirteen females and 1 male, aged 16-59 years, ten with diffuse goitre and four with nodular goitre were submitted to subtotal thyroidectomy because antithyroid drugs had failed to control thyrotoxicosis or because hyperthyroidism coexisted with other conditions (pregnancy, hypertensive disease). Daily clinical assessments were made together with T3, T4 and rT3 serum concentrations before and while on drug treatment, during the surgical procedure and post-operatively. **results** Daily assessment showed progressive clinical improv