

Emergencies in Perioperative Practice

Simulated Post-Thyroidectomy

Haematoma Management.

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INTRODUCTION

Airway compromise due to post-thyroidectomy haematoma is a rare but life-threatening perioperative emergency. Prompt recognition and decisive intervention are essential to prevent catastrophic hypoxia. This poster explores a high-fidelity simulation designed for perioperative practitioners to practice emergency protocols, human factors, and crisis resource management.

OBJECTIVES

- To enhance recognition of early warning signs of airway compromise.
- To implement national protocols (BEATS, ENT UK, DAS,) for emergency haematoma management.
- To reinforce multidisciplinary teamwork and communication under pressure.
- To prepare learners for the possibility of Can't Intubate, Can't Oxygenate (CICO) requiring Front of Neck Access (FONA)

METHODS

A simulation-based learning session was delivered to AfPP delegates, (n=100), based around a Post-Anaesthetic Care Unit (PACU) setting emergency. The scenario followed a 10-minute deterioration sequence with four pause points to consult cognitive aids. Clinical algorithms used included:

- DESATS (airway assessment).
- SCOOP (emergency haematoma decompression).
- DAS/ENT UK FONA protocols.

Facilitators used moulage and airway task trainers to create realism, supported by structured debriefing aligned with INACSL/ASPIH standards

RESULTS

Participants demonstrated improved confidence in:

- Identifying clinical signs of airway obstruction (DESATS).
- Escalating appropriately and initiating SCOOP decompression.
- Role allocation and team communication under stress.
- Recognising the threshold for declaring CICO and preparing for surgical airway intervention.

Feedback highlighted the value of structured frameworks and the psychological/simulated rehearsal of high-stakes decision-making.

FIGURE 1

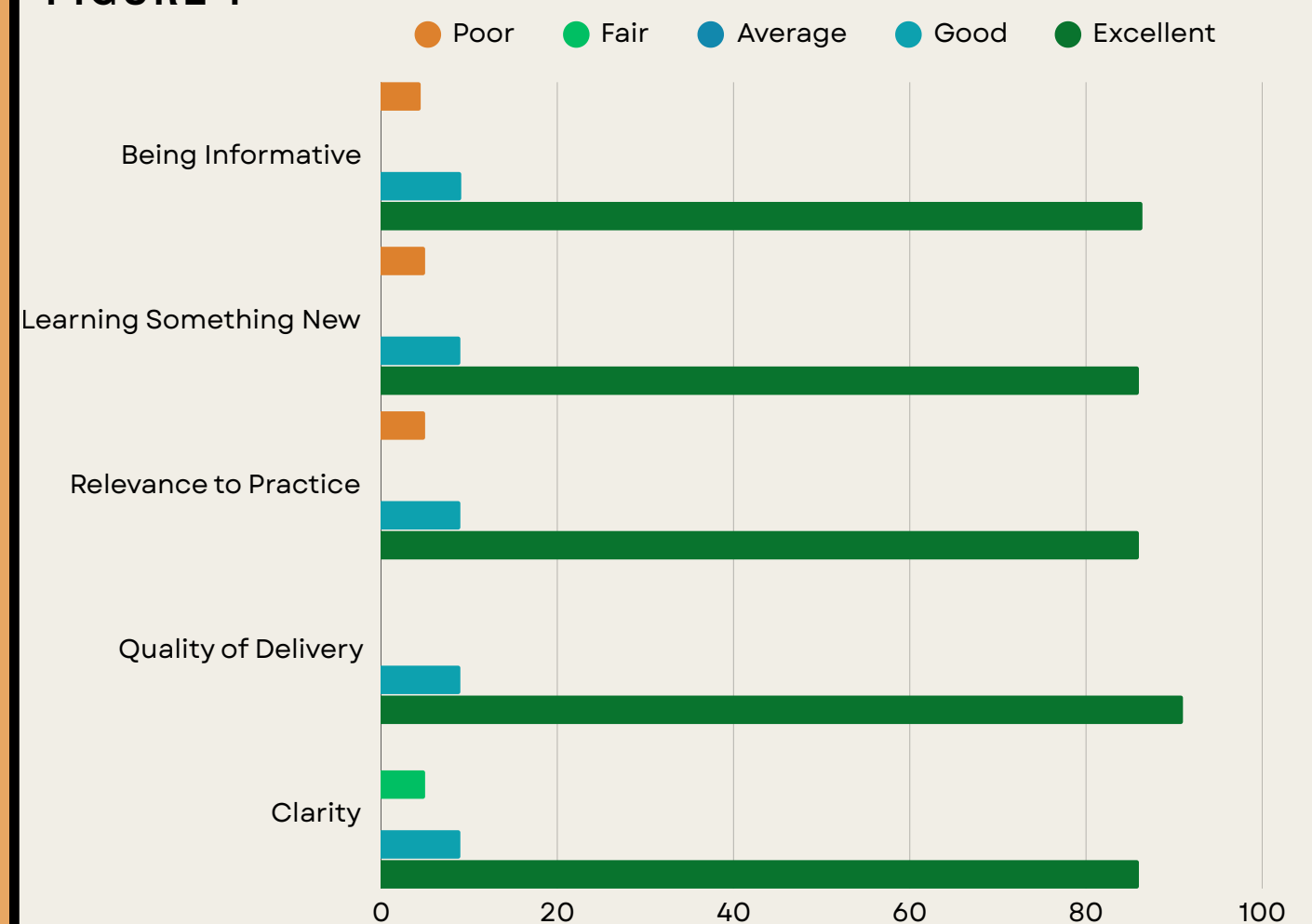


Fig 1 Shows Post-session feedback from 110 delegates was highly positive:

>95% found the content clear and easy to understand,
 >90% rated the delivery and presentation as high quality,
 ~90% reported the training was relevant and informative,
 ~88% learned something new. Results confirm the simulation was highly effective and applicable to practice.



CONCLUSION

Simulation of perioperative emergencies enhances both technical and non-technical skills. Practicing rare but critical events, such as post-thyroidectomy haematoma, prepares practitioners to respond effectively in real clinical settings. Embedding protocols, rehearsing human factors, and fostering multidisciplinary collaboration are vital in reducing morbidity and mortality in perioperative care. Following its success, the simulation has now been deployed across undergraduate and postgraduate nursing programmes to enhance emergency preparedness in perioperative and post-operative care. These sessions support nursing students in applying human-factors principles, interprofessional communication, and clinical leadership within deteriorating patient scenarios.

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