

The role of drains in modern surgery

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The routine use of surgical drains has generated much controversy. Proponents suggest that the use of drains may: help remove the collection of purulent material, blood, serous fluid, bile, chyle, pancreatic or intestinal secretions; act as a signal for postoperative haemorrhage or anastomotic leakages; provide a track for long-term drainage. However, detractors claim that the presence of a drain may: increase intra-abdominal and wound infections by introducing skin bacteria into the peritoneal cavity; delay recovery and increase hospital stay; increase abdominal pain; decrease pulmonary function; falsely reassure the clinician that there is no intra-abdominal collection, when in fact the drain is blocked. In reality, the use of drains depends on the surgeon's individual preference and surgical philosophy. However, there is reasonable consensus regarding the role of drains in certain surgical procedures, as elucidated in Summary boxes 7.10 and 7.11.

Summary box 7.10 Current role of drain placement in non-gastrointestinal surgery

Avoid routine drain placement: Thyroid surgery, Breast lumpectomy, Inguinal hernia repair. Consider routine drain placement: Radical and modified radical neck dissection, Parotid surgery, Axillary dissection with or without mastectomy, Inguinal lymphadenectomy, Ventral hernia repair in obese patients.

Current role of drain placement in gastrointestinal surgery

Avoid routine drain placement following: Colonic surgery, Small bowel resections, Hepatic resections, Cholecystectomy. Consider routine drain placement following: Oesophageal surgery, Major pancreatic resection. Selective use of drains following: Rectal surgery, Gastric resections.

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Avoid routine drain placement Thyroid surgery Breast lumpectomy Inguinal hernia repair Consider routine drain placement Radical and modi /f_i ed radical neck dissection Parotid surgery Axillary dissection with or without mastectomy Inguinal lymphadenectomy Ventral hernia repair in obese patients

Current role of drain placement in gastrointestinal surgery /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF

Avoid routine drain placement following Colonic surgery Small bowel resections Hepatic resections Cholecystectomy Consider routine drain placement following Oesophageal surgery Major pancreatic resection Selective use of drains following Rectal surgery Gastric resections

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