Selective use of drains in thyroid surgery.

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**OBJECTIVE:** To identify whether there are differences in the use of drains and, if used, which would be the best for thyroid surgery. **DESIGN:** Prospective, longitudinal, comparative, randomized study. **SETTING:** General Hospital Mexico City, Mexico. **PATIENTS AND METHODS:** One hundred fifty patients were studied, divided into three groups: group A, without drain; group B, with a Penrose drain; and group C, with a semirigid suction drain. On the basis of the preoperative diagnosis, subtotal or total thyroidectomy or hemithyroidectomy was performed. Analyzed variables were thyroid volume (TV), transoperative bleeding (TOB), flow of postoperative drain (PD), length of hospital stay (HS), and complications, such as seromas, hematomas, and hemorrhages. Statistical Analysis. Multiple variant analysis, using Scheffe's procedure and chi². **RESULTS:** Group A had an average TOB of 107 mL, HS of 2 days, and TV of 153.24 mL with two complications (seromas). Group B had an average TOB of 149.8 mL, HS of 2.6 days, TV of 175.4 mL, PD of 29.6 mL, and three complications (2 seromas and 1 hematoma). Group C had an average TOB of 161.5 mL, HS of 3.11 days, TV of 173.5 mL, PD of 25.84 mL, and two seromas. No differences existed regardless of the type of drain used between groups B and C. **CONCLUSION:** Statistical analysis showed that the size of the gland, diagnosis, type of surgery, transoperative bleeding, and complications are not valid arguments to leave an external drain in thyroid surgery. No advantages were found between the Penrose or the semirigid suction drains. Hospital stay was longer in patients with the suction drain. These results support the notion that the use of wound drainage cannot substitute for meticulous dissection and transoperative hemostasis.

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