



COMPARISON OF ABDOMINAL DRAINS WITH RESPECT TO EMERGENCY AND ELECTIVE GASTROINTESTINAL SURGERY

Dr Sachin S. Balwantkar *	Associate Professor Department of General Surgery B.J. GOVT. MEDICAL COLLEGE, PUNE *Corresponding Author
Dr Harish Khade	Junior Resident Department of General Surgery B.J. GOVT. MEDICAL COLLEGE, PUNE
Dr. Omkar Sahindrakar	Junior Resident Department of General Surgery B. J. GOVT. MEDICAL COLLEGE, PUNE
Dr. Advait A. Vaidya	Junior Resident Department of General Surgery B.J. GOVT. MEDICAL COLLEGE, PUNE

KEYWORDS : Assess, Quality of Life, Elderly, Old Age Homes.

INTRODUCTION:

Abdominal drainage following major gastrointestinal surgery has often been a matter of contention. The debated issues are whether to drain or not, or whether to remove the intraoperatively inserted drains and at what time. Also, use of drains after colorectal surgery has evolved over the last several decades. The use of prophylactic drains in intraperitoneal colonic surgery is not supported by data demonstrating improvement in outcomes related to anastomotic leak or other common surgical complications. Prophylactic drainage of the pelvis after complex pelvic surgery may decrease the development of pelvic collections; however, it is not clear whether drains influence the rates of anastomotic leak.

AIMS AND OBJECTIVES: To study the ability of the drains to alert the surgeon to an impending or developing any intra-abdominal complication. The impact of the number of drains on the length of post-operative hospital stay, and to study the drain-related morbidity and conclude if intraabdominal drains have benefit in affecting the eventual outcome of the patient.

MATERIAL AND METHODS: Patients undergoing major Gastrointestinal surgery at Sassoon General Hospital between May 2016-Sept 2018 were included in the study. Exclusion criteria: Short gastrointestinal surgeries such as (appendectomy, laproscopic cholecystectomy, umbilical hernia (defect less than 2cm) etc. Seropositive patients since immunocompromised status can affect the outcomes and cause confounding. Patients were analysed for parameters like age, sex, pathology, active or emergent nature of disease and length of surgery. Number of abdominal drains placed along with evidence of leak like change in quantity and color of drain output were recorded for all patients. Post operative, the patients with drains were divided into two groups – One with drains removed at post operative day and other with drains removed just prior to discharged after patient has tolerated diet.

RESULTS: Total of 60 patients were analysed during the period of study. 34 patients were male and 26 were female. All patients were between age group of 18-80 years. Around 48 Patients were between 48-68 years of age. Leak was seen in 12 out of 60 Patients (20%). Indication of leak was seen only in 3 patients which was not statistically significant.

CONCLUSION: We thus conclude that use of intraabdominal drains was not beneficial for identification of intrabdominal leak even in patients with where drain was kept persistently beyond 5 days. Passing of motion or tolerating of diet was not a criteria affecting removal of drain. Abdominal drains lead to constant post operative pain which affected mobility and ventilatory exercises.

REFERENCES

1. Frances J. Puleo, MD,1 Nitin Mishra, MD,1 and Jason F. Hall, MD, MPH, FACS Use of Intraabdominal drain. Clin Colorectal surgery 2013 Sept;26(3)
2. Petrowsky H, Demartines N, Rousson V, Clavien P A. Evidence-based value of prophylactic drainage in gastrointestinal surgery: a systematic review and meta-analyses. Ann Surg. 2004;240(6):1074-1084., discussion 1084-1085. Clin Colon Rectal Surg. 2013 Sep;26(3):174-177. PMC4
3. Sagar P M, Couse N, Kerin M, May J, MacFie J. Randomized trial of drainage of colorectal anastomosis. Br J Surg. 1993;80(6):769-771. [PubMed]
4. Colon and rectal anastomoses do not require routine drainage: a systematic review and meta-analysis. Ann Surg. 1999 Feb;229(2):174-180.
5. Merad F, Hay JM, Fingerhut A, et al. Is prophylactic pelvic drainage useful after elective rectal or anal anastomosis? A multicenter controlled randomized trial. French Association for Surgical Research. Surgery. 1999;125:529-535. [PubMed]
6. Khan A A, Wheeler J MD, Cunningham C, George B, Kettlewell M, Mortensen N J. The management and outcome of anastomotic leaks in colorectal surgery. Colorectal Dis. 2008;10(6):587-592. [PubMed]
7. Eckmann C, Kujath P, Schiedeck TH, et al. Anastomotic leakage following low anterior resection: results of a standardized diagnostic and therapeutic approach. Int J Colorectal Dis. 2003. [PubMed]
8. Jesus E C, Karliczek A, Matos D, Castro A A, Atallah AN. Prophylactic anastomotic drainage for colorectal surgery. Cochrane Database Syst Rev. 2004;(4):CD002100. [PubMed]