

**DRAIN OR NO-DRAIN AFTER HIGH GRADE THYROID SURGERY: A  
RANDOMISED CONTROLLED TRIAL AT MULAGO HOSPITAL KAMPALA**

**BY**

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## ABSTRACT

### **Drain or No-Drain after high grade thyroid surgery in Mulago Hospital: a Randomized Controlled Trial**

**Introduction:** Traditionally, drains are routinely inserted after thyroidectomy with the aim of preventing hematoma formation and accumulation of seroma, and to alert the surgeon to the presence of postoperative bleeding. Their use in our setting is however based on tradition rather than evidence.

We determined the effect of drain use after thyroidectomy on the length of hospital stay and haematoma complications among patients in Mulago Hospital, Uganda.

**Methods:** In this randomized controlled trial, 68 patients were recruited after informed consent and distributed equally to each study arm (drain and no-drain). Sociodemographics and clinical parameters were recorded. Outcome measures evaluated were duration of hospital stay, haematoma formation and wound sepsis. Data were double entered into epidata version 3.1.1 and then exported to STATA version 10.0 for analysis

**Results:** Mean age ( $\pm$ SD) of participants was 46(8.8) and 43.7(12.6) years in the drain and no drain arm respectively. Most participants (91%) were female. The mean duration ( $\pm$ SD) of hospital stay after thyroidectomy was significantly higher among participants in the drain arm as compared with those in the no drain arm [2.41 ( $\pm$ 0.89) vs 1.71 ( $\pm$ 0.76) days respectively, ( $p = 0.0008$ )]. No participant developed haematoma in both groups. Overall, only one patient (drain arm) had wound infection.

**Conclusion:** Not-inserting a drain after thyroid surgery results in no significant haematoma complications and decreases the length of hospital stay. Routine use of drains after thyroid

surgery may therefore not be necessary since drain insertion has no benefit in preventing haematoma formation.

**Recommendations:**

Basing on the results of this study we recommend that Routine insertion of drains after thyroidectomy should be discouraged and reserved only for patients where substantial dead space is left after radical neck dissection (Adam et al 2008). This will go a long way in reducing the hospital bed occupancy rate and the hospital costs associated with long duration of hospital stay.