

## A Prospective Review of Axillary Drainage in Axillary Lymph Node Dissection in Breast Conservation Cancer Surgery

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**Abstract :** Objective: Patients undergoing axillary lymph node dissection (ALND) for metastatic lymph nodes in our hospital usually have drains placed in their axilla for a period of 6-10 days. We evaluated the post-op course of patients who underwent breast conservation surgery (BCS) along with ALND. Methods: A prospective cohort study was conducted at Shaikat Khanam Memorial Cancer Hospital from April 2017 to August 2017 including all lymph node positive breast cancer patients undergoing BCS with ALND. Patients were divided into two groups. Group A had no axillary drain while in Group B a drain was placed in axilla. Results: A total of 76 patients were included. 41 patients were included in group A and 35 patients in Group B. Median number of LNs dissected in group A was 17 and in group B was 15 (p value 0.443). Median operative time in group A was 84 min and in group B was 79 min (p value 0.223). Median hospital stay in both groups was 1 day (p value 0.78). At 2 weeks all patients in group A developed seroma as compared to none in group B (p value < 0.001). 3 of these patients in group A required aspiration of seroma due to pressure effects. Rest were managed conservatively. At 6 weeks only 50% patients had a seroma radiologically in Group A as compared to 33% in group B (p value 0.023). No intervention was required in any patients at week 6. QOL at 2 weeks was much better in Group A (7/41 patients had unsatisfactory response) as compared to group B (10/31 had unsatisfactory response). Results were statistically significant (p value 0.045). However, there wasn't much difference in QOL at 6 weeks. Only 1 patient in group A had an unsatisfactory response. Average pain score at 2 weeks was similar in both groups (4.2 v/s 4.1 p value 0.73). Infection was seen in 1 patient in each group at 2 weeks (p value 0.668) and in only 1 patient in group A at 6 weeks (p value 0.067). Conclusion: We conclude from our study that there isn't much difference in drain and no drain group in terms of wound infection and pain scores. No drain group is however associated with a better QOL in early post-op period.

**Keywords :** axillary drainage, axillary lymph node dissection, breast cancer, no drain in axilla

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