Chirurgia (Bucur). 2011;106(6):769-774

Why do we use drains in some inguinal hernia repairs?

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Background and Aims: There is no consensus among surgeons on the indication of putting drains for in groin hernias. In this study we aimed to investigate the factors that are associated with drain usage by comparing the clinical characteristics of patients who had drains with the patients without drains in the repair of groin hernias.
Material and Methods: The data of all groin hernia repairs from January 2006 till February 2010 in Ankara Diskapi Research Hospital were collected prospectively. The type of presentation, age, gender, presence of coexisting diseases, type of hernia, American Society of Anesthesiologists (ASA) class, type of anesthesia, postoperative general complications, local wound complications, duration of operation, and length of hospitalization, recurrence and mortality were compared between the groups of patients with drains versus without drains.
Results: The drains were used in 66 (8.3%) of 795 open mesh repairs of inguinal hernias. The patients who had drains were older, had cardiovascular disease, higher ASA class, received anticoagulant regimens more often, had indirect type hernia more often, more recurrent hernias, more commonly had emergency operations, had complicated presentations such as incarceration and strangulation, therefore had resections more often, pulmonary complications, had local complications such as hematoma, had longer duration of the operations and stayed longer in the hospital when compared with the patients without drains ($p<0.05$). Anticoagulant use, duration of the operation, recurrent hernias and ASA class were statistically significant independent variables predicting drain use in inguinal hernias ($p<0.05$). When femoral hernia repairs ($n=35$) were analysed; drains were associated with male gender and long operation time ($p<0.05$).
Conclusions: Drains are more commonly used in patients on anticoagulants, who had long duration of the operation, recurrent hernias and high ASA class. Drain use in selected patients seems to not increase infection risk but are associated with longer hospital stay.
Key words: drain, hernia repair, groin hernia, hematoma, infection, anticoagulant

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