

Fibrin glue in thyroid and parathyroid surgery: Is under-flap suction still necessary?.

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Abstract:

The introduction of fibrin sealants has brought into question the necessity of routinely placing suction drains. We conducted a retrospective study to determine whether fibrin sealants are comparable to traditional drains in terms of length of hospital stay and hematoma prevention. We evaluated 124 patients who had undergone thyroidectomy and 47 patients who had undergone parathyroidectomy. Of these, 22 thyroid surgery patients and 10 parathyroid surgery patients had their incisions closed without a drain after the application of fibrin glue. We found that the use of fibrin glue resulted in a statistically significant decrease in the length of hospital stay following both types of surgery ($p = 0.033$ and $p = 0.022$, respectively). Two hematomas in the drain group required immediate surgical evacuation; in both of these patients, the suction was clotted and ineffective. One minor hematoma occurred in the fibrin glue group, and it was opened at the bedside 24 hours after surgery. We conclude that fibrin sealants offer a comparative advantage over under-flap suction in both thyroid and parathyroid surgery. Also, fibrin glue is less expensive, and its use obviates the discomfort felt by patients when a drain is removed.