

Is routine drainage after total thyroidectomy necessary?

To the Editor: Most surgeons follow the practice of leaving a drain following thyroid surgery, in the hope that this will obliterate the dead space and evacuate collected blood and serum. The main reason is to drain off a possible post-operative haemorrhage that may compress air passages and produce respiratory failure. Although haemorrhage after thyroid surgery is rare, it may be life-threatening and require immediate re-operation.^{1,2} According to Karayacin *et al.*, routine drainage after thyroid surgery is not necessary, and a selective policy can be safely applied.³ A total of 100 patients who underwent total thyroidectomy for benign thyroidal disorders were randomly allocated to be drained or not. The drained group comprised 2 men and 48 women. The non-drained group comprised 10 men and 40 women. There was no significant difference in the gender, age, hormonal status and histopathological results between the patients of the two groups ($p=0.18$, $p=0.36$, $p=0.28$ and $p=0.40$, respectively). The complication rate was similar between the two groups. One case of haematoma (2%), 2 cases of seroma (4%) and 3 cases of transient hypoparathyroidism (6%) occurred in the non-

drained group; 1 case of haematoma (2%), 2 cases of seroma (4%), 2 cases of wound infection (4%) and 2 cases of transient hypoparathyroidism (4%) occurred in the drained group ($p=0.69$). Routine drainage of the thyroid bed following thyroid surgery may not be necessary.

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