

# Prize-winning presentation from the 9th Scalpel Undergraduate Surgical Conference, 4 November 2017

## Dwelling over drains: outcomes of patients following inguinal lymph node dissection in penile cancer

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**Introduction** Inguinal lymph node dissection is utilised in the management of various malignancies. Surgical drains are inserted to collect lymphatic fluid postoperatively. Currently, the process for managing dwell time in such patients is variable. The audit assessed drain dwell time and the processes used to manage it.

**Methods** A total of 10 patients were selected using operative diaries at the trust. The Clinical Web Portal (CWP) was used for patient follow-up. Seven main criteria were employed to assess drain care: postoperative instructions; total, inpatient and outpatient drain dwell time; record of contact; outpatient contact; and who removed the drain.

**Results** Two patients had no information on drain care in the CWP. The average total, inpatient and outpatient drain dwell times were 10.4 (5–20 days), 4.6 (2–7 days) and 5.8 (0–15 days), respectively. Outpatients were contacted every other day on average. A large degree of variation was observed in postoperative drain instructions. Four different health practitioners removed the drains.

**Conclusions** Drain dwell time and care standards were variable in this small cohort, highlighting the need for more robust trust guidelines. A standardised postoperative instruction has been devised for inguinal drains. Further guidelines for frequency of contact with patients, and appropriate recording and training on drain removal are being considered.