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Suction Drain Is Safe and Effective in Total Knee Arthroplasty

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ABSTRACT:

Total knee arthroplasty is an established procedure for patients with advanced knee ailments. In the evolution of the procedure there is constant improvement in various aspect such as implant design, pain management, post-operative management etc. Still there is dilemma on other aspects like resurface the patella or not, use suction drain or not, posterior stabilizing or not etc. In concern to use of suction drain there is mixed response and till today science has not reached any conclusion about its use or not to use. The use of suction drain is now at the discretion of surgeon. Drain has been attributed to decrease hematoma, decrease wound drainage, increase functional outcome and even decrease peri-prosthetic infection. On the other aspect it is blamed for increasing blood loss, need for more blood transfusion and increase peri-prosthetic infection. In my practice I use drain in every operation and in our study we have retrospectively analysed 427 primary total knee arthroplasty with a fixed pre, intra and post-operative protocol. We used tranexamic acid 30 min prior to surgery in every operation. In our cases 48 hours blood loss in drain was 300 ml to 550 ml. There was no peri-prosthetic infection or deficit in functional outcome. In two patients where the drain did not function as supposed to be lead to subcutaneous hematoma and soakage of wound. We presume use of suction drain in total knee arthroplasty is beneficial in terms of decrease hematoma, wound soakage and decrease infection. Use of tranexamic acid in addition to suction drain will minimize blood loss and need for blood transfusion.

Key Words: Total knee arthroplasty, Suction drain, infection, hematoma, blood loss and Tranexamic acid.

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