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EARLY AXILLARY DRAIN REMOVAL AFTER MASTECTOMY

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There are conflicting reports in the literature regarding the optimum time for axillary drain removal after mastectomy. Some authors have reported a higher incidence of seroma formation when the drains were removed on or before the 5th postoperative day with consequent increase in postoperative hospitalization. This prospective non-randomised study was carried out to evaluate the effects of early axillary drain removal. Forty eight cases of breast cancer admitted to the Department of General Surgery during the period January 1997 to December 2000 were included in this study. All the patients underwent modified radical mastectomy including a complete axillary lymphadenectomy. Two suction drains were placed after surgery, one in the axilla and one between the skin and the pectoral muscle. Both the drains were removed after 3 days irrespective of the volume of fluid draining. All patients were discharged on the 5th postoperative day. The total fluid drained was a mean of 325 ml. Clinical seroma occurred in six cases (12.5%) which resolved spontaneously within a mean period of 12.8 days. In none of the cases there were any infective complications or haematoma formation. We did not find any difference in the daily and total effusion amounts in patients who developed seroma and those who didn’t. We conclude that seroma development is irrespective of the early removal of the axillary drainage. Early axillary drain removal is therefore cost-effective as it reduces the total hospitalization and results in increased number of bed-days saved per patient.

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AESTHETIC EVALUATION OF CONSERVATIVE BREAST CANCER TREATMENT: DEVELOPMENT OF A NEW EVALUATING TOOL

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Introduction: After testing inter-observer agreement in the evaluation of the aesthetic result of conservative breast cancer treatment, even when objective parameters are used, the results are neither brilliant nor reproducible. We aim at a new quantitative computer method that measures differences objectively obtaining likewise a better agreement.

Material and Methods: Two hundred patients will be evaluated one year at least after completion of conservative treatment (radiotherapy included). The opposite breast must be intact. The patients will originate from different centers. The first 100 patients will be photographed with digital cameras, with at least 3 megapixels, in four positions with marked references on the skin. Five observers, who had not participated in the treatment process, will evaluate all pictures. Four classes will be obtained: excellent, good, reasonable and bad. Simultaneously software will be developed aiming at measuring automatically differences between the operated and non-operated breast. Next there will be a period of comparison of the consensus classification of the subjective analysis with the computer program. The last 100 patients will be used for confronting results.

Results: In this first phase we show the procedures of the observers analysis and the first phase of the software development.

Conclusions: To date, all classifications published of aesthetic result of conservative cancer treatment weren’t able to satisfy users, and as a consequence heterogeneity of results is obvious. This tool, if concordant values are obtained seem to be a valuable effort to confront outcomes.