PE 169



IS IT TIME TO SAY GOODBYE TO DRAINAGE AFTER AXILLARY LYMPH NODE DISSECTION IN BREAST CANCER? A RANDOMIZED CLINICAL TRIAL OF SYSTEMIC TRANEXAMIC ACID COMBINED WITH TOPICAL EPINEPHRINE+XYLOCAINE VERSUS CONVENTIONAL DRAINAGE

Sanjay Kumar Yadav

MCh, FACS

Co-authors:Dhananjaya Sharma; Pawan Agarwal; M Imran;Arpan Mishra;Yogesh Tiwari



50th World Congress of the International Society of Surgery ISS/SIC International Surgical Week The World's Congress of Surgery isw2024.org



Jointly organized with the 51st Annual Scientific Congress of the College of Surgeons Academy of Medicine of Malaysia (CSAMM)



Is it time to say goodbye to drainage after axillary lymph node dissection in breast cancer? A randomized clinical trial of systemic Tranexamic Acid combined with topical Epinephrine+Xylocaine versus conventional drainage

Drainage after ALND is a major cause of morbidity, source of discomfort to patients and increases the hospital stay.

In this randomized controlled trial we have compared impact of systemic Tranexamic Acid combined with topical Epinephrine+Xylocaine versus conventional drainage on seroma formation after axillary lymph node dissection.



No of patients with seroma-28% vs 4.8%

No of patients requiring seroma aspiration -14.4% vs 4.8%

Use of systemic Tranexamic Acid combined with topical Epinephrine+Xylocaine makes drainless axillary lymph node dissection feasible



50th World Congress of the International Society of Surgery ISS/SIC International Surgical Week The World's Congress of Surgery isw2024.org



MAIN TITLE

Disclosure

Commercial names of medical devices/software/equipment may appear in this content because they are linked to specific medical procedures, which are the focus of this training material. Other products in the market can be used to perform the aforementioned medical procedures. The educational provider does not endorse any particular product.



