

## **A CLINICAL TRIAL OF FREQUENCY OF PLEURAL EFFUSION IN CABG PATIENTS WITH GOOD LEFT VENTRICULAR FUNCTION**

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**Objectives:** To look at the incidence of pleural effusion by removing the drains on postoperative Day-2 (group 2), instead of Day-1 (group 1) and to assess the current practice of removing the drains on Day-1, with no drainage for 3 – 4 hours, irrespective of the amount of drainage prior to 3 – 4 hours.

### **Methods:** INCLUSION CRITERION

Patients with CABG only with good left ventricular function, harvested left internal thoracic artery, no preoperative evidence of left pleural effusion and preoperatively normal coagulation screen.

It is a trial analysed retrospectively.

Irrespective of amount of drainage, tubes were kept until post-op day 2 (group 2) and were maintained on -1Kpa suction.

Day-4/6 CXR reviewed for an evidence of left plural effusion.

Total number of patients included were 83 from June 2003 until December 2003.

**Results:** Review of CXR – Day 4/6 for left sided pleural effusion revealed -

In group 1 - Effusion 3cm above the dome of left diaphragm -10 patients.

In group 2 - Effusion 3cm above the dome of left diaphragm -4 patients. (p-value<0.005).

In group 1- Effusion over 3cm above the dome of left diaphragm requiring drainage of effusion - 7 patients.

In group 2 -Effusion over 3cm above the dome of left diaphragm requiring drainage of effusion - 1 patient.(p-value<0.045).

**Conclusions:** Keeping drains until post-op day-2 may reduce the incidence of pleural effusion and improves the mobility of the patients .Drainage tubes may be removed, if total drainage in preceding 6hours is less than 25ml with reasonable mobilisation of the patient.