

Thyroid surgery: the sub-mental drain

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Abstract

Objective: To propose an alternative site of thyroid drain placement.

Background: During thyroid surgery, post-operative drains are often placed. It is common practice to bring out the drain lateral to the wound, often creating an additional, unsightly scar.

Conclusion: We have found excellent cosmesis is achieved by bringing out the drain in the midline in a sub-mental skin crease, with the scar hidden in the chin shadow. In our experience, such drain placement is a safe, straightforward method with an excellent cosmetic result.

Key words: Thyroidectomy; Suction Drainage; Neck

Surgical drains are often inserted following thyroid surgery, in an attempt to reduce the risk of post-operative wound haematoma formation. The precise drain site must be planned carefully, especially as this patient population often includes young women for whom unsightly scars are unacceptable. The recognised complications of post-thyroid surgery drains include scar formation (at a site distant to the primary incision), bleeding, and damage to the recurrent laryngeal nerve during suction and/or removal of the drain. The ideal drain should limit these risks.

When utilising a standard Kocher incision approach to thyroidectomy, optimal cosmesis is achieved by carefully siting the incision in a natural skin crease, ensuring the incision is symmetrical, minimising the size of the incision, and ensuring precise apposition of both platysma and skin at closure.



FIG. 1
Siting of sub-mental drain.

However, it is common practice to bring the drain out lateral to the wound, resulting in an unsightly drain scar. Drain placement in the 'bra strap line' has been proposed¹ in order to keep the scar site hidden; however, extensive sub-cutaneous tunnelling is required, increasing the risk of transecting a vessel and causing unnecessary tissue trauma.

In our practice, we have found that the ideal placement of the drain exit site is in the midline, under the chin and within a skin crease (Figure 1). The advantages of this site are that the resultant drain scar is hidden within the chin shadow, is in the midline and hence not drawing the attention of the observer, and requires minimal further tissue trauma (as sub-platysmal elevation of the skin flap to the level of the hyoid bone is routinely performed as part of the initial thyroid exposure).

It may seem counterintuitive to bring the drain out in such an exposed position; however, in our experience, this location seems to fulfil the criteria of an ideal drain site.

Reference

- 1 Clark MP, Patel NN, Farrell RW. Drain placement after thyroid surgery: the bra-strap line. *J Laryngol Otol* 2002; **116**(9):722

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