median length of hospital stay in the new protocol still was longer than one week (i.e. eight days). Obviously, a post-operative complication is an evident reason to remain hospitalized, but that does not account for every patient. Discharge can be delayed because of a number of non-medical reasons: hesitance of patients (or relatives) to leave the hospital early, problems with nursing home placement or lack of home health care. These situations can be avoided when patients and their relatives are carefully informed in the preoperative phase and early discharge planning is initiated by the surgeon. This emphasizes the need for streamlining patient care following lung surgery. Other authors have shown that fast-track pulmonary surgery for selected groups of patients can reduce length of hospital stay and costs with minimal morbidity and good patient satisfaction [14, 15].

5. Conclusions

Placement of a single chest tube, early conversion to water seal and a 400 ml/day drainage threshold for removal can reduce air leak and chest tube duration following pulmonary lobectomy. Our new chest drain management protocol also reduced the length of hospital stay without increasing postoperative morbidity and mortality rates.

References


eComment: A golden key can open any door of new protocol: the use of continuous digital measurement for postoperative air leak

Authors: Luca Bertolaccini, Thoracic Surgery Unit, S. Croce e Carle Hospital, Cuneo, Italy; Giovanna Rizzardi, Alberto Terzi

We read with interest the article of Bertholet et al. [1] about the effect of a new chest tube management protocol on postoperative air leaks (AL). In line with the literature we suggest to select patients according to a scoring system and the use of a digital device for AL measurement instead of the currently used systems to evaluate more accurately and reproducibly AL [2–4]. This leads to quicker chest tube management decisions because the average size of an AL during the last several hours can be determined. Continuous digital AL assessment reduces the degree of variability of AL evaluation, gives more assurance for tube removal and reports AL without the worry of observer error.

Technological advances are usually considered a cause of increase in costs of medical care. Digital evaluation of AL compared to standard evaluation of AL is, on the contrary, a cost-saving procedure because the length of hospital stay and the number of chest radiographs can be reduced [5].

References


