Challenging conventional wisdom

Douglas J. Mathisen*

Department of General Thoracic Surgery, Massachusetts General Hospital, Boston, MA, USA

* Corresponding author. Department of General Thoracic Surgery, Massachusetts General Hospital, 55 Fruit Street, Blake 1570, Boston, MA 02114, USA. Tel: +1-617-7266826; fax: +1-617-7267667; e-mail: dmathisen@partners.org (D. Mathisen).

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Cost effective, patient-centered care, with excellent outcomes has become an imperative in health care. The pressure to address these concerns forces us to think creatively and challenge accepted dogma. Changing conventional treatment to meet these standards is then justified. Ueda et al. [1] do just that in questioning the need for ‘routine’ chest tube after thoracoscopic pulmonary resection. They have developed a technique to seal leaks and a test to determine whether a chest tube is needed in the operating theatre and to remove all chest tubes based on the results. A high percentage of patients had chest tubes removed before leaving the operating theatre. This suggests that it can be done on certain patients without need for reininsertion. Doing so did not reduce the length of stay compared with controls (12.5 vs 13.3). Cost was presumably not significantly different. Pain was reduced only on the operative day but the same thereafter. What is not known is the fate of pleural effusion and need for thoracentesis. Challenging conventional wisdom is essential today. Changing treatment plans must be for justifiable reasons. Health care systems where the length of stay is tightly controlled may benefit from an approach similar to Ueda et al. Further testing of this hypothesis is required.

REFERENCE