Innovative postoperative bra for patients with drains following breast surgery

C Bradbury, MA Parvaiz, T Sircar

Royal Wolverhampton NHS Trust, UK

CORRESPONDENCE TO

Muhammad Parvaiz, E: asad.parvaiz@nhs.net

BACKGROUND

Drains help to reduce seroma and haematoma formation following breast and axillary operations.¹ Though the use of drains have decreased after routine mastectomy or axillary clearance operations, drains are still required after breast reconstruction and some oncoplastic breast procedures. Increasingly, patients are discharged home with the drains in situ with the plan for drain removal a few days following surgery. However, many patients find it difficult to manage the drains at home, often resulting in pulling the drain out inadvertently. Some patients find it uncomfortable and intrusive carrying a drainage bottle in front of other people.²

TECHNIQUE

We use an innovative postoperative bra (Woman Zone Distribution, Culcheth, UK) that has a small detachable pocket to carry the drain bottle (Fig 1). The pocket is attached to the bra with hook-and-loop fasteners (Velcro strips) and, if necessary, up to four such pockets can be fitted to carry a maximum of four drain bottles (Fig 2). Before discharge, an appropriately sized bra with pockets is fitted by the breast care nurses and the drain bottles are placed in the bra pocket.

DISCUSSION

This innovative bra helps to keep the drain bottles including their tubes inside the clothing without the tube getting in the way of day-to-day activities of the patient and accidentally being pulled out.

Figure 1 Postoperative bra with pocket attached

Figure 2 A patient after bilateral breast surgery with drain bottles in the bra pockets

It also prevents the drains from being visible by other people and gives patients complete independence to go about their normal daily living. The bra facilitates early discharge of patients.

Declaration

None of the authors have any financial interests in the product described.

References

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The silent assistant in elbow surgery

JR Adam, CL Talbot, EM Holt

University Hospitals of South Manchester NHS Foundation Trust, UK

CORRESPONDENCE TO

John Adam, E: johnadam@doctors.org.uk

BACKGROUND

In operations with patients on their side, the elbow can move freely, potentially compromising surgery such as tension band wiring of the olecranon. We present an alternative stabiliser for surgery using a combination of a stockinette and a mallet, which is beneficial in the absence of an assistant or when requiring the hands to be free for training juniors.

Figure 1 The three pieces of equipment required to assemble the silent assistant: stockinette roll, mallet and clip

TECHNIQUE

A stockinette (Unisurge, Newmarket, UK; Ø10cm × 1.5m) is wrapped around the wrist over an area of approximately 5cm, following which a mallet with a loop style handle is attached by passing the tail of the stockinette through the handle. This is held with a towel clip (Fig 1). The combination is lowered over the contralateral side (Fig 2) and kept sterile in the event that the silent assistant needs to be detached/reattached during surgery.

DISCUSSION

Available mallets vary in weights from approximately 0.5lbs to 1.5lbs and we have found the dependent traction created by 1.5lbs to be the most advantageous. Risk of neurapraxia has been reported with use of heavier weight traction.^{1–3} A full upper limb neurological examination was performed on test subjects following traction. There was no evidence of neurapraxia or failure of the device (Table 1). Only in rare cases of poor skin quality do we advise caution. We recommend this reliable, safe and cost effective technique, which

Figure 2 Demonstration of the silent assistant in use

has been used by the senior author for over 15 years, for both elective and trauma elbow surgery with no traction related complications.

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Table 1 Traction weight testing at left and right wrists					
	Traction weight	Number of attempts	Number of failures (right)	Number of failures (left)	Neurapraxia/abnormal neurological exam
Subject 1	1.5lbs^	10*	0	0	0
Subject 2	1.5lbs^	10*	0	0	0

^A time of 90 minutes was used for testing the traction system.
*5 attempts for each wrist