

DOI: 10.5152/TurkThoracJ.2019.71

[Abstract:0177] MS-102 [Accepted: Oral Presentation] [Thoracic Surgery]

Does Postoperative Low-Molecular-Weight Heparin Used in Patients with Lung Cancer Increase Tube Drainage?

Hıdır Esmel, Atilla Can

Department of Thoracic Surgery, University of Health Sciences, Konya Training and Research Hospital, Konya, Turkey

Objectives: The objectives of this study are to assess the chest drain volume of patients undergoing anatomic resection with non-small cell lung carcinoma, and to determine the safe and effectiveness of administered enoxaparin for thrombophylaxis.

Methods: 77 patients were included in the study. A study was conducted on 42 patients, in which enoxaparin prophylaxis (enoxaparin 40mg) is subcutaneously injected once a day for the period of three days after anatomic pulmonary resection between March 2013 and March 2015. An enoxaparin-free group was identified including 35 patients that received no enoxaparin prophylaxis after anatomic pulmonary resection during the period between February 2010 and February 2013. We compared the changes in hemoglobin (Hb) level, postoperative 3 days drainage amount, transfusion volume, pulmonary complications and length of stay between the two groups.

Results: No differences in postoperative Hb levels, chest drainage amount, transfusion volume, postoperative complications, and length of stay were observed among two groups. Deep vein thrombosis in a patient was noted in enoxaparin-free group. No major bleeding was noted in both groups.

Conclusion: We found that in patients undergoing anatomic resection for primary lung cancer, the blood transfusion and chest drain volume did not differ whether the patients were given enoxaparin or not. To our knowledge, the impact on chest drain volume of Low-Molecular-Weight Heparin given to anatomic resection patients with non-small cell lung carcinoma has not been investigated before.

Keywords: Low-Molecular-Weight Heparin, chest drain volume, lung cancer