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Irrigation of the axillary bed with antibiotic solutions after lymph node dissection and the reduction of lymphedema and oncologic outcome

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The placement of a drain in the axillary bed after lymph node dissection secondary to breast cancer, is focused on the avoidance of seroma. Several studies of our group have demonstrated that the topical antibiotic irrigation (gentamycin and clindamycin) reduces the drainage volume. The purpose of this study was to evaluate the effect of axillary lavage with a gentamicin and clindamycin solution on the oncologic outcome.

Patients and Methods: A prospective, randomized study was performed. Inclusion criteria were a diagnosis of breast neoplasms and plans to undergo an elective axillary lymph node dissection due to axillary metastasis. The patients were randomized into 2 groups: patients undergoing a lavage with 500ml normal saline(Group 1) and patients undergoing a lavage with a 500ml of a gentamicin(240mg) solution(Group 2).


Results: 80 patients were included. Mean number of days maintaining the drain in place was 7.7+3.2 days in Group

1 and 4.3+1.4 days in Group 2($p=0.001$). Total drainage volume before removal was 465+250.9ml in Group 1 and 169+102.2ml in Group 2($p=0.003$).

After a minimum follow-up of 60 months, mean disease-free survival was 37.2 + 14.2 months in Group 1 and 25.8 + 16.3 months in Group 2 (Mean difference 11.4; CI95% (2.2-25.1); $p=0.009$). Mean global survival was 44.2 + 11.9 months in Group 1 and 34.1 + 14.1 months in Group 2 (Mean difference 10.1; CI95% (2.2-18); $p=0.016$).

The postoperative drainage volume of the axillary drain is significantly lower in the patients undergoing a lavage of the surgical bed with a gentamicin solution than in the control group undergoing a lavage with normal saline. The lavage with gentamicin increases the disease-free and global survival colorectal tumours.

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