

## **following Low suction to chest drains in pediatric population pulmonary resection Was it effective**

**Background:** Residual pleural space and/or continuous air leaks are common implications following pulmonary resections that mandate prolonged chest drainage with subsequent longer hospital stay, and higher incidence of residual space infection.

**Objective:** In this study, we retrospectively studied the efficacy and safety of vacuum-assisted suction to chest drains in managing such problems after lung resections in children. A total of 92 patients who underwent pulmonary resections in Abo El-Rish and Fayoum University Hospitals between January 2019 and June 2023 were divided into 2 groups: group A, which included 47 patients with no suction, and group B, which included 45 patients with suction to their chest drains.

**Results:** Suction on chest drains in such patients significantly shortened the duration of both a postoperative need for chest drains ( $1.5 \pm 0.32$  vs.  $3.27 \pm 0.8$  days in the no-suction group,  $P = 0.0001$ ) and in-hospital stays ( $3 \pm 1.5$  vs.  $6 \pm 1.5$  days,  $P = 0.0001$ ). Despite a lower incidence of postoperative infection in the suction group (4.44% vs. 8.12%,  $P = 0.4726$ ), the difference was not statistically significant.

**Conclusion:** Using suction on chest drains after lung resections in children may reduce morbidity and hospital costs by hastening the process of post-resection residual space-filling and serialization.