What a difference a drain makes

My local water supplier has spent the last 20 months replacing London’s Victorian water mains and trying to reduce the risk of basement flooding in certain parts of West London. What this has meant for me is 10 weeks of temporary traffic lights, jack hammers and noisy workmen. In addition at one end of our road we have had five large metal containers to house the entire assorted noise making, headache inducing machinery. At least the skips of rubble have gone. This didn’t happen spontaneously but did occur pretty quickly after I complained online to my council. I can’t complain about the council’s response as I completed the form on a Monday evening and had received a phone call from an inspector on Tuesday morning.

What we have been left with is a patchwork road surface and a huge lake of water on the road outside our house whenever it rains for some time. Although our road had adequate drainage before these momentous works we now have what could only be described as lumps and bumps of bitumen which inhibits drainage. Nothing like poor drainage to make you appreciate good drainage.

Raj Durai and colleagues review the use of drains in surgery this month. I must confess that I was amazed about the lack of evidence for drainage after specific surgical procedures. I must say that if I was scheduled for a thyroidectomy I would want a fine bore drain in situ (even if it is uncomfortable to remove) as the thought of someone opening up my neck wound on the ward is at best nauseating. I am not sure that I would nominate myself for conscious surgery either but if I did I would ensure that I had adequate sedation and amnesia.

I was very interested to read Mark Mitchell’s article also published this month on patient anxiety and conscious surgery. I was quite reassured by the results of his study that patients were concerned about being awake, feeling or seeing the body being cut open together with experiencing pain. I am not alone. In fact I am very reassured.

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