

Chest drain



Who is this leaflet for?

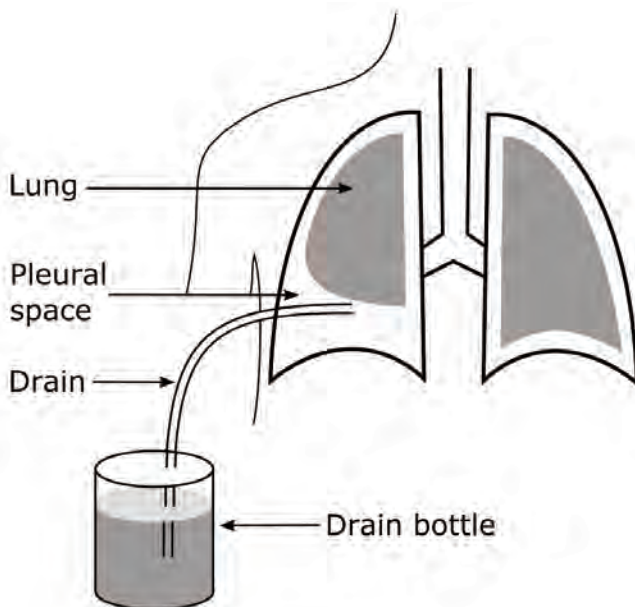
This leaflet is for patients who are to have a chest drain inserted. It explains why this is needed, what it involves, and the possible risks.

What is a chest drain?

A chest drain is a tube that is placed between the ribs to drain air or fluid from around your lung. It is connected to a bottle with water in it.

Why do I need it?

There is a space between the surface of your lung and your inner chest wall. If air or fluid collects in this space your lung may not work properly, and can often cause breathing difficulties. A chest drain allows the fluid or air to drain out of this space so that your lung re-expands, making your breathing easier. Sometimes medications need to be given directly into the space through the drain.



What are the possible risks or complications?

This is a safe procedure but it is important that you are aware of the risks, as with any medical procedure. The doctor inserting the drain will discuss these at the time when asking you to sign the consent form. Possible risks include:

- **Discomfort** – inserting a chest drain can be uncomfortable. You will be given injections of local anaesthetic but the lining of the lung can be difficult to numb. You will have painkillers prescribed, if required.
- **Falling out / blockage** – chest drains can fall out or get blocked, needing to be replaced. The drain will be stitched in place and covered with adhesive dressings to try to prevent it falling out. If the drain is for fluid it will likely be flushed regularly to try to prevent it getting blocked.
- **Infection** – rarely, the site of the drain can become infected. The drain is inserted under sterile conditions to minimise the risk of infection.
- **Damage to blood vessels** – very rarely blood vessels can be damaged, causing serious bleeding. If this does happen an operation may be needed to stop the bleeding.

How do I prepare for it?

You can eat and drink as normal. You can take your normal medications other than blood thinning medications (such as Warfarin, Apixaban, Edoxaban, Rivaroxaban, Dabigatran, Clopidogrel and Ticagrelor) unless there is another medical reason that you should not.

How is it inserted?

1. You will usually be positioned lying on your back in the bed with your arm held above your head. There will be another member of staff present who can help hold your arm if you are getting tired. Sometimes we ask you to lean forward over a table, or lie on your side.
2. If the drain is being placed for fluid, the doctor will use an ultrasound scanner to find a safe place to insert the drain, usually under your armpit. Some cold gel is applied to the skin in order to do the scan.
3. Your skin will then be cleaned with antiseptic, and you will be covered with a sterile drape.

4. To numb the area, local anaesthetic will be injected. This may sting a little, but this sensation settles quickly.
5. Once the area is numb a small cut is made and a passage created between your ribs to allow the drain to be inserted. You may feel some pressure or a tugging sensation.
6. The drain will be eased into place, then secured with stitches.
7. A dressing is applied and the drain is connected to the bottle.
8. You will be monitored closely immediately after the drain is inserted, but if later you develop worsening pain or breathlessness it is important to tell your nurse straight away.

In total the whole process will take around 30 minutes.

How do I look after my chest drain?

There are some important points to remember about your drain.

- You may see bubbles in the bottle or that the fluid is blood-stained. Do not be alarmed, this is normal.
- If you get up to walk around, carry your drain bottle with you. **Keep the bottle below the level of your waist. If it is lifted above your waist, air or fluid may flow back into your chest.**
- **While in bed keep the bottle on the floor and try not to knock it over.**
- **Be careful not to pull at the tubing or swing the bottle by the tube as the chest drain may fall out.**
- **Inform your nurse if you are becoming more short of breath or are having worsening pain.**

How long will the chest drain be in place?

Your drain will usually stay in place for at least 24 hours, but often for many days. You will have an X-ray after the drain has been put in. You may have more X-rays over the next few days to see how much air or fluid is left around your lung. The drain usually stays in place until no further air or fluid is draining out.

How is it removed?

This is a simple procedure and is not usually painful. The dressing is removed and stitches cut. You will be asked to breathe in a certain way, then the drain will be gently pulled out by a member of either nursing or medical staff. You may need one or two stitches to close the hole, but usually a waterproof dressing is enough as the wound is very small. If stitches are placed they will need to be removed by your practice or district nurse in around 7 days.

Any questions?

If you have any questions or need further information, please speak to the team of doctors and nurses looking after you, or the nurses on Wellington Ward.

If you would like this leaflet in large print, braille, audio version
or in another language, please contact the General Office on
01872 252690

