

Special considerations

If you have had a **pneumothorax** then you will be given specific instructions about flying and scuba diving.

If the **pneumothorax** or **pleural effusion** does not fully resolve it may be necessary to refer you to a Cardiothoracic Surgeon to see if you require keyhole surgery.

In some cases your medical team may recommend that you have a CT scan of the chest.

Blood thinning medication

If you are taking blood thinners (**anticoagulation or antiplatelet medication**) you will usually be instructed to stop taking these a few days before you have your chest drain inserted (unless you need to have the chest drain placed in an emergency).

Blood Thinners (to completed by medical team)

Name of blood thinner:

Date stopped:

Alternative (if required):

When to restart (if required):

If you or your relatives and carers have any further questions, please do not hesitate to ask the doctors and nurses involved in your care who will be happy to help.



Association of Respiratory
Nurse Specialists

Insertion of a Chest Drain



Association of Respiratory Nurse Specialists (ARNS) _Patient
Information Leaflet _Chest Drain_ V4 November 2020

This document should be reviewed annually and relevant research
and national updates must be considered prior to endorsement.

Review date November 2021

Information for Patients

Your team have recommended that a chest drain is inserted to treat your chest complaint.

What is a chest drain?

A chest drain is a thin tube that is inserted into the lining of your chest wall and lung (pleura) usually under local anaesthetic.

This will be attached to a drainage bottle that is primed with sterile water which acts as an 'underwater seal' for safe drainage.

The bottle will allow safe drainage of any pleural air (pneumothorax) and/or pleural fluid (pleural effusion) from the lining of the lung.

What is a pneumothorax?

A pneumothorax means that there is an air leak within the lining of the lung (pleura) causing the lung to collapse or deflate.

A pneumothorax can occur without warning or after heart or chest surgery/ procedures or any type of physical trauma to the chest.

This can sometimes be painful and make you feel breathless.

What is a pleural effusion?

A pleural effusion means that there is a build-up of fluid within the lining of the lung (pleura) which can cause breathlessness, cough and chest discomfort.

There are various causes of pleural effusion and treatment will depend on the underlying cause.

What are the risks of having a chest drain?

Although complications are infrequent with appropriately trained staff, the risks can include:

- Pain
- Infection
- Vascular injury (bleeding from major blood vessels)
- Visceral injury (damage to body organs in the chest or abdomen such as the heart, lungs, liver, spleen, bowel)
- Re-expansion pulmonary oedema (chest pain and breathlessness due to a build-up of fluid within the lung tissue)
- Failure of procedure
- Death in very rare circumstances

Where will it take place?

Chest drain insertion can be performed at the bedside or in a sterile treatment room.

Preparation

You will be asked to sign a consent form. You may eat and drink normally unless otherwise instructed by your team.

A bedside ultrasound scanner may be used to confirm the site of your chest drain.

After the procedure

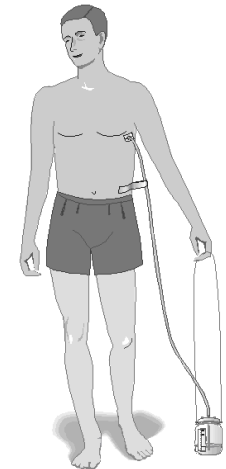
You will be monitored closely by the team inserting the drain. You will also have another chest xray to check the site of the chest drain and to see if the underlying problem has started to improve.

Rapid fluid drainage can cause complications such as cough, breathlessness, throat and/or chest tightness or feeling faint or lightheaded.

The chest drain will be opened and closed in a **controlled way** at regular intervals depending on how much air or fluid is drained.

Please let your team know if you are in pain or feel unwell in any way following drainage.

You can walk around with a chest drain but you **must always** keep the drain bottle below waist level to prevent any fluid going back into the lining of lung (pleura).



Further management

You may need a number of further chest xrays to see if the underlying problem has improved before your chest drain can be removed.

Sometimes we will flush your chest drain to stop it from blocking and we may recommend low grade suction to be attached to your drain for slow to resolve air leaks (pneumothorax).

In certain cases we insert a **Sterile Talc** solution into the drain tube once the pleural air or fluid has fully drained. This can help glue the lining of the lung (pleura) together to prevent the air or fluid from coming back in the future.