

Overview

- This leaflet is for patients who have had a chest drain inserted during their hospital stay.
- A chest drain is a tube that is inserted into the chest and sits in the space between the lung and the chest wall. This space is lined by a membrane (thin layer) called the pleura, and is known as the pleural cavity or pleural space.
- This procedure is usually carried out to remove air, fluid or pus that has collected in the pleural space.
- You will need a chest drain if you have an air leak (pneumothorax), a collection of fluid (pleural effusion) or a collection of pus (empyema) in the pleural space. Any of these can cause problems with breathing and can stop the lungs from working properly.
- The chest drain will allow the fluid or air to leave the body and allow your lungs to re-expand.
- We will inject local anaesthetic into the skin and the pleura before the procedure. It is generally painless, and we will give painkilling medication to control any pain after the procedure.

General support

- For general medical advice please use the NHS website, the NHS 111 service, walk-in-centres, or your GP.
- The **NHS** website provides online health information and guidance www.nhs.uk
- The **NHS 111** phone line offers medical help and advice from trained advisers supported by nurses and paramedics. Available 24 hours a day. Calls are free from landlines and mobile phones.
- There are walk-in and urgent treatment services at Brighton Station, in Crawley and at Lewes Victoria Hospital. www.bsuh.nhs.uk/services/ae/
- **Patient Advice and Liaison Service (PALS)** can be contacted with your comments and concerns, and to provide general support. PALS@bsuh.nhs.uk
RSCH: 01273 664683.
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Disclaimer: The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

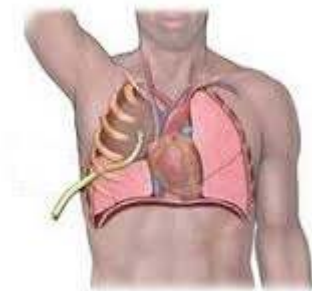
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NHS

Brighton and Sussex
University Hospitals
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Chest drain Advice for patients



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How is a drain inserted?

- You will either sit with your head and arms resting on a pillow on a table, or lie on your bed with one arm above your head. We will carry out an ultrasound scan, and mark an appropriate site to insert the chest drain.
- We will take precautions to minimise infection. Then we will inject a local anaesthetic to numb the skin; this can sting temporarily. We then make a small cut and the doctor will gently insert the chest drain tube through this cut. It is normal to feel a slight pressure and tugging as the drain is inserted.
- We will hold the chest drain in place with stitches and cover the site with a dressing. The chest drain will then be connected to a bottle that contains water. The fluid or air then travels down the tube and into the bottle. The water acts as a seal, preventing air or fluid coming back up the tube into your chest.
- We will monitor your chest drain regularly and give you regular pain relief if you need it. Pain may restrict your movement and breathing, and prolong the time your lung takes to expand, so it is important to tell us if you are in pain.
- Occasionally a lung needs some help to re-expand. In this case the drainage bottle can be connected to a suction unit using a long piece of tubing. The gentle suction provided will help the lung re-expand.

Looking after your drain

- As the fluid or air around the lung drains you should be able to move more easily. There are a few simple rules that you can follow to minimise any problems:
- You can walk around with a chest drain but you must remember to carry the drainage bottle with you.
- Always carry the bottle below the level of your waist, to prevent fluid from the bottle flowing back into the pleural space.
- If suction is being used, you will need to stay close to your bed, as the suction tube will limit movement. While in bed, keep the drainage bottle on the floor.
- Do not pull on your chest drain or tangle it around your bed.
- Do not leave the ward.
- Tell your nurse if you have any pain.
- If you feel your tube may have moved or may be coming out tell your nurse.
- Inform your nurse if you feel any increased shortness of breath or have any other concerns.

Removing the drain

- The chest drain will need to stay in between few hours and a few days depending on how well you respond to treatment. During this time you may

have several chest X-rays to check on how well the air or fluid is draining.

- Removing the drain is a simple procedure. The dressings are removed and the drain gently drawn out. This can feel a little uncomfortable for a few seconds. If you experience discomfort after the drain has been taken out you can take simple painkillers.
- If you develop any severe pain, difficulty breathing or a temperature, please tell your nurse.

Risks involved

- In most cases the insertion of a chest drain is a routine and safe procedure and most people find breathing is much easier with the drain in place.
- Chest drains sometimes fall out and need to be replaced – the drain may be stitched in place and is covered with a firm dressing to help to prevent this.
- Most people experience some discomfort from their chest drain but painkilling medication should help.
- Sometimes chest drains can become infected but this is uncommon (about 2% of patients) and measures are taken to help prevent this. If you feel feverish or notice increased pain or redness around the chest drain, please tell your nurse.
- Serious bleeding is rare. Around 2% of patients may develop significant bleeding during tube insertion.