WYCOMBE & STOKE MANDEVILLE HOSPITALS

PATIENT INFORMATION:
INSERTING A CHEST DRAIN

Your doctor has advised that you need a chest drain. This leaflet covers some common questions which people ask in relation to the procedure.

What is a chest drain?
A chest drain is a small tube which is inserted into the space around your lung, to lie between the lung and the inside of the chest wall. The medical name for this area is the pleural space.

What is it for?
Fluid or air has collected in your pleural space which should not be there. This is called a pleural effusion (fluid) or pneumothorax (air). Either of these can cause problems with breathing and can stop the lungs working properly. The chest tube will allow this fluid or air to leave the body.

How does a chest drain work?
Once a chest drain is inserted, it is connected to a bottle which contains clean water. The air or fluid in your chest then travels down the tube, into the bottle and into the water. This acts as a seal, preventing air or fluid from coming up the tube and back into your chest. It may take several days for the fluid/air to drain completely.

How will the chest drain be put in?
Chest drains are usually put in on the ward. You will be asked to either sit or lie in a comfortable position by your doctor. The drain is usually put into the side of your chest, below the armpit, as it is more comfortable and you can sleep on your back.
The skin will be cleaned with an alcohol containing cleaner to kill any bacteria. A local anaesthetic is then injected into the skin, to numb the place where the chest drain will go. This stings a little, but this passes off quickly.
The doctor will then make a small cut in the numb area of skin and gently open a path for the chest drain. This should not be painful, although you may feel some pressure or tugging. The chest drain is then gently eased into the chest.

Will it be painful?
Local anaesthetic is injected into the skin before the drain is put in, so that you do not feel the drain going in. Most people get some pain from their chest drain after it is inserted. You must tell your doctors and nurses if this happens and they will give you painkilling medication to control this.

Looking after your chest tube
After it is inserted, the fluid or air around the lung drains, and you should be able to breathe more easily. Your doctors and nurses will look after your chest tube, however there are a few simple rules that you can follow to minimise any problems.

1. Keep the drainage bottle on the floor
2. Do not swing the bottle by the tube
3. Do not leave the ward
4. Try not to knock the bottle over
5. If your chest is painful, please tell your nurse—it is essential that you are able to breathe normally without any pain to prevent further complications
6. If you feel your tube may have moved or may be coming out, please tell your nurse
7. Your drainage bottle may be attached to the wall to allow a gentle suction to be applied to help drain the fluid/air. While your chest tube is attached to bottle suction, you will not be able to move far from your bed
8. Please inform your nurse if you feel any increased shortness of breath or pain

A specific information sheet on the do’s and don’ts of looking after your chest drain is included with this information leaflet.

Are there any risks with chest drains?
In most cases, the insertion of a chest drain and its use in treatment is a routine and safe procedure. However, like all medical procedures, chest drains can cause some problems. All of these can be treated by your doctors and nurses:

- Chest drains sometimes fall out and need to be replaced. Your doctor will use a firm dressing or a stitch to try and stop this happening. You can help reduce the likelihood of this problem by being very careful not to pull on your chest drain, or allow it to get tangled around your bed etc.

- Sometimes chest drains can become infected but this is uncommon (affecting about one in 50 patients). Your doctor will thoroughly clean the area before putting in a chest drain to try and prevent this. Tell your doctor/nurse if you feel feverish or notice any increasing pain or redness around the chest drain.

- Very rarely, during its insertion, the chest drain may accidentally damage a blood vessel and cause serious bleeding. This probably only affects about one in 500 patients. Unfortunately, if it does happen it can be a serious problem which requires an operation to stop it. Extremely rarely such bleeding can be fatal. Your doctors and nurses will do everything they can to avoid this.

When is the drain taken out?
Your doctors will discuss with you how long the drain needs to stay in. This can be anywhere between one day and many days, depending on how well you are responding to treatment. You may need to have several chest X-rays during this time.

Removing the drain is straightforward and will be done by your nurse or doctor. Once all the dressings are removed, the drain is gently withdrawn from the chest. This can feel uncomfortable but only lasts a few seconds.

After your chest drain is removed a stitch is often left where the drain has been. This should be removed after about seven days. If your chest remains uncomfortable after the drain has been taken out, you can take simple painkillers to ease the pain. If you develop any other worsening symptoms (lots of pain, difficulty breathing or a temperature) you should tell the doctors and nurses about this so they can check whether there is a problem to explain this. If you have gone home when this happens, contact your GP.

Who can I contact if I have further questions before or after the test?
You should contact your consultant via their secretary on the numbers below:

Dr. C. Campbell 01494-425745
Dr. A. Prasad 01296-315686
Reducing Infections
Infection control is important to the well being of our patients and, for that reason, we have infection control procedures in place.

Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you and anyone visiting you use the hand rub (special gel) available at the main entrance of the hospital and at the entrance to every ward before coming into and after leaving the ward or hospital. In some situations hands may need to be washed at a sink using soap and water rather than using the hand rub. Staff will let you know if this is the case.

For infection control purposes and to keep safe and well visitors are requested not to:

Visit you if they are unwell
Sit on your bed or use the patient toilets
Touch your wounds, or any medical devices, drips or catheters.

Can you help us?
SCANNAPPEAL purchased much of the specialist equipment in the Trust’s hospitals and is now raising funds for equipment for the early detection of lung cancer, via the CANCER FIGHTING FUND to help patients in this unit. If you would like to support their work, please ring 01494 727752 or email: info.scannappeal@buckshosp.nhs.uk or visit the website: www.scannappeal.org.uk

CANCER FIGHTING FUND – PROVIDING NEW TECHNOLOGY FOR LOCAL PATIENTS