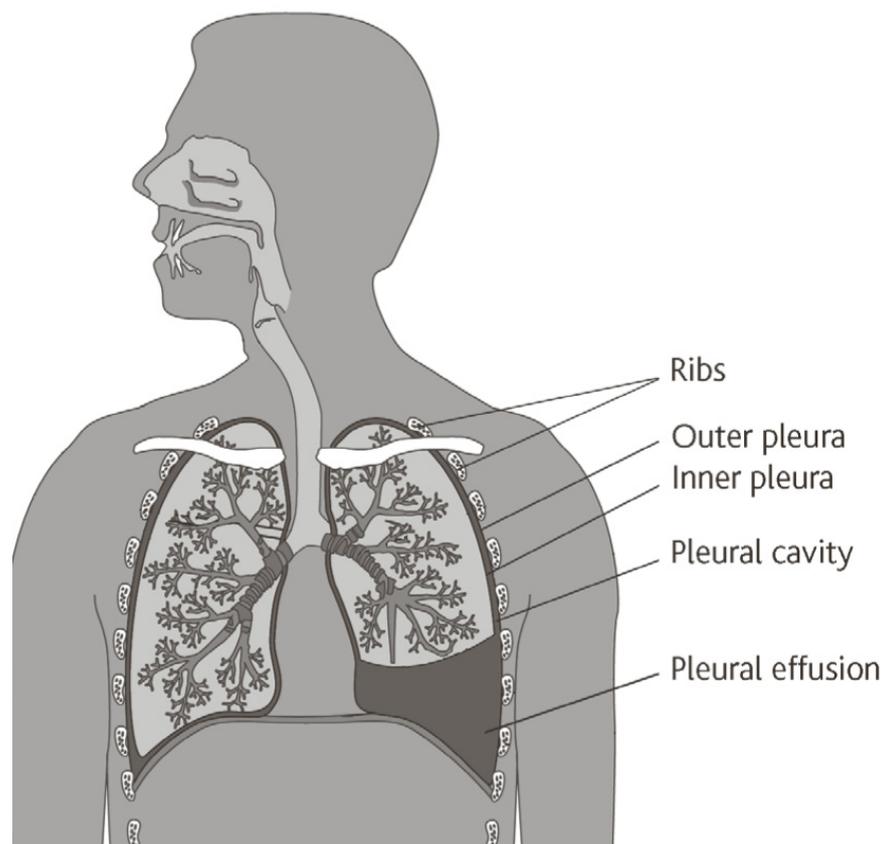


Long-term Chest (Pleural) Drain

Information for Patients

What is a long-term drain?

This is a tube passing from your skin into the space between your lungs and rib cage (the **pleural space**) to drain the fluid (pleural effusion, see diagram below) which has recurrently built-up.



Why do I need a long-term drain & what is the alternative?

When fluid collects in the pleural space it can cause breathlessness and pain. Draining the fluid often relieves these symptoms. However, as the fluid can build up again many patients need to have it drained regularly in hospital.

Your Consultant has recommended that you have a long-term drain. It can be used to reduce the symptoms caused by large volumes of fluid and it will mean you won't have to come to hospital so often.

This system allows for more regular, planned drainage of the fluid at home. You, and anyone close to you who wishes to be involved, will be shown how the drain works.

The alternative would be to continue to attend hospital at regular intervals to have the fluid drained using a needle or a temporary chest drain.

If you choose to have a long-term drain, your District Nurses will also have a training session, so that they can support you at home.

This leaflet will explain the procedure and how the drain can be managed at home.

What problems may occur afterwards?

Redness, or swelling around the drain:

- This is common in the first few days. If you develop a temperature or the area is weeping pus then contact your G.P. as you may need a course of antibiotics.

Leaking around the drain site:

- This can happen for 2-3 weeks after the drain has been inserted. Ask your district nurse or nurse specialist for help.

The drain coming out a little:

- Firstly, the drain would need securing with tape and a dressing, and then an appointment made with the Acute Medical Team or Respiratory Department to see whether it can be re-inserted. You can contact the GP or District Nurses to help organise this.

Pain:

- If the pain is localised to the drain site please take paracetamol or your regular pain-killers. If you have ongoing chest pain or tenderness please contact either your GP or Nurse Specialist.

What happens afterwards?

Once home, your district nurse will be asked to remove the first stitch after 7 days and will arrange with you a convenient date to drain the fluid (ideally before you become too bloated or uncomfortable).

They will attach a drainage **bottle** to the drain, as this is more efficient and better for use at home. We recommend that no more than 0.5 to 1litre be drained at a time.

Many people prefer to drain more often and therefore have less fluid to drain at each 'sitting'. This can be individually tailored to your needs, and hopefully you will settle into a routine that works best for you.

The second stitch will be removed after 2 weeks. After this time you may have normal baths and/or showers. But until then, try to avoid getting the drain site wet.

Who will be doing the procedure & where?

The procedure will be carried out by a qualified doctor with a suitable level of experience. Because this is a Teaching Hospital, the doctor performing the procedure may be supervised by a senior doctor.

The procedure will take place in the Acute Medical Unit on Level 5, Thomas Kemp Tower at the Royal Sussex County Hospital.

How do I prepare?

You may be asked to have a blood test a few days before you come to hospital.

Please take any normal medicines including painkillers before you come in. If you are on blood thinning treatment such as Warfarin, Clopidogrel or injections your doctor should have arranged for these to be stopped in advance.

If not then please highlight this to the Medical Team on arrival.

You may also eat and drink as normal.

Most patients will be asked to arrive in the morning and be able to leave in the afternoon.

What happens during the procedure?

You will be asked to lie down on a bed where the doctor will perform an Ultrasound scan to check for the best place for the tube. Your skin will be cleaned and then a local anaesthetic will be injected to numb the area.

The tube will be then be inserted and stitched in place until it heals and becomes fully secure. In the hospital, the drain will be attached to a catheter bag and will drain over a few hours. During this period the nurses will check that your oxygen levels are stable and you may have a Chest X-ray to check the drain is in the correct position.

Once the ward team are satisfied that the fluid has finished draining they will remove the catheter bag, place a cap on the drain tube, and cover it with a dressing.

Your GP and district nurses will have been given details about the equipment needed to use the drain at home.

Will it hurt?

The local anaesthetic will sting at first but then will allow the tube to be inserted without causing too much discomfort. Once everything has been set up the procedure itself should only take about 30 minutes.

Are there any risks during the procedure?

The procedure is very safe. Complications happen rarely because we use an Ultrasound to guide where the tube is placed.

Pain

- Minor discomfort is common but is usually well controlled with painkilling medicines. If you feel your pain is bad please inform a member of staff.

Bleeding

- Very rarely, for about 1 in 500 patients, the chest drain may damage a blood vessel and cause bleeding. This will usually stop on its own. On very rare occasions it may be necessary to control the bleeding directly inside the body. It may also be necessary to replace the lost blood by means of a blood transfusion.

Prior to the procedure the Consultant will be happy to discuss any questions with you.

Infection

- Rarely infection of the drain site or within the chest can occur. This will be treated with antibiotics and sometimes requires removal of the drain.

Useful Contact Numbers & Website

Acute Medical Unit - 01273696955 (Ext.3435)
District Nurses - 01273 885000
www.patient.co.uk

If you do not understand this leaflet, we can arrange for an interpreter.

إذا كنت لا تستطيع فهم محتويات هذه النشرة فبإمكاننا عمل الترتيبات لتوفير مترجم شفوي لك.

এই প্রচারপুস্তিকাটি যদি আপনি বুঝতে না পারেন, তবে আপনার জন্য আমরা একজন অনুবাদকের ব্যবস্থা করে দিতে পারি

如你不明白本單張的內容，我們可安排口譯員服務。

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اگر مندرجات این جزوه را نمی‌فهمید، ما می‌توانیم مترجم در اختیارتان بگذاریم.

Jeśli masz trudności w zrozumieniu tej ulotki, możemy zorganizować tłumacza.

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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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