EURACARE

PATIENT INFORMATION FORM

CHEST TUBE DRAINAGE

This information sheet has been given to you to help answer some of the questions you may have about having a **chest tube drainage.**

What is a chest tube drainage?
A chest drain is a narrow tube that is inserted and sits in the space between the lung and the chest wall. This space is lined on both sides by a membrane called the pleura and is known as the pleural cavity or pleural space.

Why do you need a chest tube drainage?
Other tests that you probably have had performed, such as an x-ray, ultrasound scan or a CT scan, will have shown that there is some fluid (pleural effusion), or pus (empyema) accumulated 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 pus to leave the body and improve your breathing. If there is only a small amount of fluid accumulated in the pleural space a drain may not be necessary but the doctor might want to take a fluid sample (aspirate) with a thin needle so it can be analysed in the laboratory.

Are there any risks?
Chest drain/aspiration is a very safe procedure, but there are a few risks or complications that can arise, as with any medical treatment such as pain, bleeding or infection. Sometimes air can get into the space around the lung (pneumothorax). This generally does not cause any real problem. If this were to occur you may need to stay in hospital for a few days to treat the pneumothorax. Despite these possible complications, chest drain/aspiration is normally very safe, and is designed to save you from having a bigger procedure.

Who has made the decision?
The consultant in charge of your care and the interventional radiologist performing the procedure have discussed your case and feel that this is the best option.

Are you required to make any special preparations?
The procedure is usually carried out under local anaesthetic. You will be asked not to eat for four hours before the procedure, although you may drink clear fluids such as water if you are able. You will be given antibiotics.

Where will the procedure take place?
In the radiology department – in the ultrasound or Cath lab room.

Who will be performing this procedure?
A specially trained doctor called a Radiologist. Radiologists have special expertise in using x-ray and scanning equipment and in interpreting the images produced. They need to look at these images while carrying out the procedure to make sure the tube is placed correctly.

What happens during the procedure?
You will be asked to sit down on the ultrasound table. Depending on the approach used by the radiologist you will be asked to lie on your back, on your front, on your side or remain seated. The radiology nurse throughout the procedure will monitor your blood pressure, heart rate and oxygen saturation levels. The Radiologist will inject local anaesthetic into the skin and deeper tissues. This will numb the area so you should not feel anything. The Radiologist will then use the ultrasound probe to guide the needle into the right place. If you are having an aspiration the Radiologist will take a small amount of fluid and will send it to the laboratory for analysis. When the procedure is finished the Radiologist will apply a dry dressing to your skin. If you are having a drain put in, the Radiologist will use the ultrasound probe to guide the drain into the pleural space. The drain tube is then covered with a bag that is attached to you skin. The fluid in the pleural space will drain into this bag for the next 24-48 hours. After this period the drain can be removed.

Will it hurt?
When the local anaesthetic is injected it will sting to start with, but this soon wears off, leaving the skin and deeper tissues numb.

How long will it take?
Every patient's situation is different, and it is not easy to predict how complex or how straightforward the procedure will be. It may be over in 10 minutes or it may take longer than 30 minutes. As a guide, expect to be in the x-ray department for about 45 minutes.

What happens afterwards?
Nursing staff will carry out routine observations including blood pressure and heart rate and will also check the tube site. You will stay in bed for a couple of hours. Occasionally a chest x-ray is needed after the procedure to check your lungs for any complications.

Finally
Some of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure.

Giving my consent (permission). The staff caring for you will ask your permission to perform the procedure. You will be asked to sign a consent form that says you have agreed to the procedure and that you understand the benefits, risks and alternatives.