

Managing your chest drain at home





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This booklet gives general information about managing your chest drain at home. It does not replace the need for individual advice from a healthcare professional. Please ask us if you have any questions.

Introduction

This leaflet gives you, your district nurse and GP (family doctor) information on how to manage your chest drain at home. If you have been referred to a district nurse, please ask them to complete the section on page 16.

If you, or the doctors and nurses looking after you when you are at home, have any questions about managing the drain, please do not hesitate to call using the telephone numbers on pages 4 and 5.

The booklet includes information on:

- What you need to do
- What to look out for
- What your district nurse needs to do

There is also a section for:

- You to record the drainage each day
- Your district nurse (if you need one) to record the wound site dressing
- Any comments you or your district nurse would like to make

Please bring this booklet to your:

- Hospital visits
- GP or accident and emergency department (A&E) if you need to visit either while you have the drain in place



Patient details:

Ward nurse: please also complete the information on pages 13 and 15.

Name:

Hospital number:

Consultant:

Date drain inserted:

A dressing is / is not* required over the drain site

*(*delete as appropriate)*

How to contact us

Harefield Hospital

Normal working hours

Monday to Friday, 7am to 4.30pm. Please call the advanced practitioners in thoracic (chest) surgery on **01895 823 737**, and ask for **bleep 6182, 6253** or **6317**.

Outside normal working hours

Contact your ward, telephone:

- Cedar 1 ward **01895 828 618**
- Cedar 2 ward **01895 828 581**
- Maple ward **01895 828 552**

If a healthcare professional needs to speak to a doctor, he/she can contact the on-call registrar for thoracic surgery via the main hospital switchboard on **01895 823 737**.

Royal Brompton Hospital

Normal working hours

Monday to Friday, 8am to 4.30pm. You can call the advanced practitioners in thoracic surgery:

- Princess Alexandra ward **020 7351 8516**
- Sir Reginald Wilson ward **020 7351 8480**

Outside normal working hours

Contact the registrar on call **07971 075 802**

If a healthcare professional needs to speak to a doctor, he/she can contact the on-call registrar for thoracic surgery via the main hospital switchboard on **020 7352 8121**.

Going home with a chest drain

Some patients need a chest drain to remove fluid or air that may have collected in the space between the lungs and the lining of the chest wall.

The collection may be due to a number of different reasons. For example, it may be because of a medical condition or having surgery.

Chest drains are usually looked after in hospital. Sometimes it is necessary to drain air or fluid over a longer period of time than usual. If you are feeling reasonably well, it is possible to go home with a drain still in place.

While in hospital, most chest drains are connected to either an electronic drain bottle, or an underwater drainage bottle. Neither system is suitable for use at home.

When patients go home we use ambulatory chest drainage bags. "Ambulatory" means that the system has been adapted for use at home. In this system the chest drain tube is attached to a special bag that has a built-in, one-way valve. The valve allows fluid and air to come out of the chest, but not go back in.

How do I look after my chest drain?

Before you go home we will explain how to care for your drain. We are happy to do this with a family member or friend as well.

Make sure you look at the drain regularly during the day (every two to three hours).

We will show you how to check:

- a) the tubing is not bent or kinked
- b) the bag is not folded or crumpled
- c) the bag is not too full (less than half)
- d) if the valve is “fluttering” – we will show you how to recognise this

General information about your chest drain

If the valve is fluttering it means there is still an air leak present.

Wearing the drain

To avoid the tubing becoming bent or getting kinked, you can wear the drain using the strap provided. The straps can be worn over your shoulder like a bag, or around your waist like a belt.

Emptying the drainage bag

Empty the drainage bag at least once each day. If there is a lot of fluid, you can do this more often.

Belts and tight clothing

Avoid wearing a belt or tight clothing over the bag or tubing as this can pinch or block the tubing.



A patient with a chest drain and ambulatory drainage bag in the correct position, with the white cap at the top

Do not fold

Do not fold the bag, or put it into a small pocket or “bum bag”. This prevents the fluid or air draining properly, and can allow the fluid or air to build up around your lung.

Taping the tube

You may find taping the tube loosely to your chest is comfortable and may also help to prevent accidental tugging or pulling on the tube.

Keep upright

Keep the bag upright to avoid spills. The white cap does not close off and will always leak fluid if not kept upright (see the photograph on page 6).

Empty before bed


Empty the bag before you go to bed. You can hang the bag by its strap on a bedside table or chair. You can also clip it to your bedding using a clothes peg, for example.

How do I empty my drainage bag?

1. Hold the bag up by the top and use the lines marked to work out the amount of fluid in the bag.
2. Write down the amount in the chart on page 8.
3. Describe the appearance of the fluid.
4. Wash your hands with soap and running water. Dry your hands using a clean towel.



Drainage bag showing the drainage fluid, scale and white cap

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5. Turn your bag upside down over the toilet. The contents will drain through the white cap at the top.
 6. Clean the white cap with a wipe or some tissue.
 7. Flush the toilet.
 8. Wash and dry your hands.

Drainage chart

Date	Time	Amount of fluid emptied in millilitres	Colour / cloudy	Air leak?*(yes / no)

* "Fluttering"

Looking after the wound

Before you go home we will explain whether you need to have a dressing over the wound site where the drain is placed.

There will be sutures (stitches) around the area where the drain is placed. **It is important that the stitches are left as they are and not cut or trimmed.**

Please do not allow anyone to cut any of the stitches unless it has been discussed with the Royal Brompton or Harefield hospital team / your consultant.

If you do need a dressing:

We will arrange for a district nurse to visit you twice a week. The district nurse will change your dressing and help you care for your drain.

When you leave hospital, you will be referred to a district nurse. Your district nurse will order more supplies.

Avoid getting the dressing wet, as this can increase the risk of getting an infection. If the dressing does get water under it, please apply a clean dressing, or ask your district nurse to come and change the dressing as soon as possible or visit your GP surgery. On pages 14 and 15 there is a step-by-step guide for the district nurses on how to change the dressing. Due to the position of the dressing it can be difficult to change the dressing yourself.

You can have a shower, but try as far as possible to avoid getting the dressing wet.

If you do not need a dressing:

It is fine to shower. **Carefully pat** the area around the drain dry with a clean, dry towel after your shower.



What should I do if I have a problem?

Most patients who go home with a chest drain do not experience any problems. The following section gives advice just in case you do experience any difficulties with your chest drain.

For problems that might be related to the chest drain contact Royal Brompton Hospital or Harefield Hospital using the telephone numbers on pages 4 and 5.

Please contact or visit your GP for your regular / normal medical care and medication advice.

What should I do if the drainage bag becomes separated from the chest drain tube?

Do not panic – if you act calmly and quickly this will not be a big problem.

1. Re-attach the drainage bag securely on to the drainage tube going into your chest.
2. Try to do two or three good coughs to help push out any air that has entered the tube.
3. Call the hospital to check that everything is okay, as soon as you are able to.
4. If you are having breathing difficulties after your drain is re-attached, or you feel unwell, please go to the nearest A&E.

What should I do if the drain appears not to be draining properly?

Check:

1. The drain tubes for kinking or bending.
2. The bag is not squashed or folded.

3. That the valve in the bag is lying flat without folds or creases.
4. Please note: once the air leak has stopped you may find that fluid appears to build up in the tubing and not drain into the bag. This is normal and does not mean that the drain is blocked or not working.

If you have checked these and the problem continues, call Royal Brompton or Harefield hospital staff, using the telephone numbers on pages 4 and 5, to discuss what you need to do, if anything.

What should I do if I am having difficulty breathing?

Call Royal Brompton or Harefield hospital staff using the telephone numbers on pages 4 and 5 to discuss the problem.


If the breathing problems are severe:

1. Please call 999 or go to your nearest A&E.
2. Take this booklet with you.
3. Take a list of your current medicines and your discharge letter.
4. Ask the doctors looking after you to contact Royal Brompton Hospital or Harefield Hospital.

What should I do if I develop a temperature (38 degrees or over) or feel generally unwell, hot and sweaty?

If you have a temperature of 38 degrees or over, or feel generally unwell, this may mean that you have an infection.

1. Please call Royal Brompton or Harefield hospital staff urgently to discuss and get further advice.
2. If you feel very unwell, please call 999 or go to your nearest A&E.
3. Take this booklet with you.

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4. Take a list of your current medicines and your discharge letter.
 5. Ask the doctors looking after you to contact Royal Brompton Hospital or Harefield Hospital (see pages 4 and 5).

What should I do if the drain gets pulled or tugged?

However careful you are, there is a risk that your drain can get caught or tugged. If this happens:

1. Check the drain and see if it appears to have moved or become damaged.
2. Check the drain is working as before.
3. If you are concerned, please contact Royal Brompton Hospital or Harefield Hospital using the telephone numbers on pages 4 and 5.

If the drain has become dislodged or has fallen out completely:

1. Cover the area with a spare dressing.
2. Go to your nearest A&E.
3. Take this booklet with you.
4. Take a list of your medicines and your discharge letter.
5. Ask the doctors looking after you to contact Royal Brompton or Harefield hospital staff.

For more information

For more information, please feel free to discuss your care with any member of your surgical team. In particular, the advanced practitioners in thoracic surgery will be happy to discuss any concerns about your chest drain. Contact details are on pages 4 and 5.

District nursing section: advice for the community team

Your patient has recently had an intercostal chest drain inserted.

The hospital consultant feels that your patient is fit to be discharged, but needs to continue to have a chest drain for a period of time. For this reason the intercostal drainage tube has been left in place using an ambulatory chest drainage system. The patient will be coming back to either Royal Brompton Hospital or Harefield Hospital for regular appointments to review the chest drain (usually weekly), and to assess whether the drain can be removed.

Patients need dressings to be changed and reviewed, every two or three days, between their hospital review appointments.

The patient's consultant and contact numbers are on pages 4 and 5. Please feel free to contact a member of the team for any further advice and support in managing this chest drain while your patient is at home.

This section is intended to explain the care your patient needs while at home.

Please dress the chest drain site on:

Mon / Tue / Wed / Thur / Fri

and



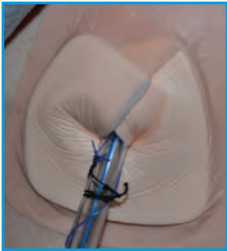
Mon / Tue / Wed / Thur / Fri*

* Ward nurse: please circle required days

Changing the chest drain dressing

Please follow your local procedure for a sterile or clean dressing:

Procedure	Rationale
1. Inspect the drain tubing and bag to ensure free flow for drainage.	If drainage is not free flowing, this can lead to a tension pneumothorax or pleural effusion.
2. If necessary, empty the drainage bag and record the volume in the chart on page 8.	For patient comfort. Recording the volume of drainage allows the surgical team to decide when the drain should be removed.
3. Prepare your dressing equipment for a clean or sterile procedure.	Chest drain is a surgical wound and at risk of infection.
4. Remove the soiled dressing and observe the site.	Check the wound site for signs of infection and the tubing for movement or loosening of sutures.
5. If there is redness and / or discharge, please swab the area and send for microbiological analysis. Please call the hospital team to discuss whether antibiotic cover is required.	Infection at the drain site can lead to the development of empyema (pockets of pus that have collected inside the body).

Procedure (continued)	Rationale (continued)
<p>6. Clean the drain site to remove any crusting or discharge using sterile normal saline.</p>	<p>To prevent infection.</p> <p>A clean drain site without a dressing in place</p> 
<p>7. DO NOT cut or trim the sutures.</p>	<p>One suture is used to hold the drain in place. The other longer suture will be used to close the hole when the drain is removed, and it is essential that this is not cut.</p>
<p>8. Re-dress the site using</p> <hr/> <p>dressing and apply using the "keyhole" method. (Ward nurse to complete)</p>	<p>To continue to protect the site.</p> <p><i>A chest drain dressing being applied using a "keyhole" method</i></p> 
<p>9. Document your findings in this book on pages 16 or 17.</p>	<p>A record of the drain site will be useful to the surgical team when assessing the drain at the hospital.</p>  <p><i>A completed drain site dressing</i></p>



District nurse: please use the space below to record your observations of the drain site.

Date	Drain site appearance Dressing changed? Swab taken?	Comments	Nurse initials

Date	Drain site appearance Dressing changed? Swab taken?	Comments	Nurse initials



Your notes

If you have concerns about any aspect of the service you have received in hospital and feel unable to talk to those people responsible for your care, call the Patient Advice and Liaison Service (PALS) on:

- Royal Brompton Hospital – 020 7349 7715
- Harefield Hospital – 01895 826 572

You can also email gstt.rbhh-pals@nhs.net. This is a confidential service.

Royal Brompton Hospital
Sydney Street
London
SW3 6NP
Tel: 0330 12 88121

Harefield Hospital
Hill End Road
Harefield
Middlesex
UB9 6JH
Tel: 0330 12 88121

Website: www.rbht.nhs.uk

Royal Brompton and Harefield hospitals are part of Guy's and St Thomas' NHS Foundation Trust

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