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Royal Brompton & Harefield **NHS**
NHS Foundation Trust

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 18.

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 page 4.

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 16 and 18.*

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, 7a.m.-4.30p.m. Please call the advanced practitioners in thoracic (chest) surgery on **01895 823 737**, and ask for **bleep 6182 or 6253**.

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, 8.00a.m.-4.30p.m. You can call the advanced practitioners in thoracic surgery on **020 7352 8121**, and ask for **bleep 7071**.

Outside normal working hours

Contact your ward, telephone:

- Princess Alexandra ward **020 7351 8516**
- Sir Reginald Wilson (private patients) **020 7351 8480**

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.

The clamps

Keep the clamps with you in case you need to use them (see page 10 for what to do if you have a problem).

Belts and tight clothing

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

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.



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

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 above).

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 the clamps provided.

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.
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 bag showing the drainage fluid, scale and white cap



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 are two sutures (stitches) around the area where the

drain is placed. One stitch keeps your drain in place, and the other is used to close the wound when the drain is removed. 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 given a spare drainage bag, some clamps and a spare dressing for the district nurse to use. 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 accidentally become soaked, please call your district nurse to come and change the dressing as

soon as possible or visit your GP surgery. On pages 16 and 17 there is a step-by-step guide for the district nurses on how to change the dressing. Due to the position of the wound on your chest, it is difficult to change the dressing yourself.

A strip wash, or shallow bath, is the best way of washing. It is best to avoid showering, as it will be very difficult 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 or Harefield hospital using the telephone numbers on page 4.

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?

Don't 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. If you notice a change in your breathing, call the hospital to check that everything is OK, 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.

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

If the hospital staff tell you to change the drainage bag to a new one:

1. Use two clamps to prevent air going back into the chest, clamp the tubing half way along the tube going into your chest.
2. Remove the old bag and replace it with a fresh one.
3. Remove both of the clamps as soon as the new bag is in place.

Never leave the clamps on the tubing as the fluid or air will not be able to drain.

If this does not work, call the hospital again. If you feel unwell, or you are beginning to have breathing difficulties:

1. Please 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 or Harefield hospital staff using the telephone numbers on page 4.

What should I do if I am having difficulty breathing?

Call Royal Brompton or Harefield hospital staff using the telephone numbers on page 4 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 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.
4. Take a list of your current medicines and your discharge letter.
5. Ask the doctors looking after you to contact Royal Brompton or Harefield hospital (see page 4).

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 or Harefield hospital using the telephone numbers on page 4.

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. Bring this booklet with you.
4. Bring a list of your medicines and your discharge letter.
5. Ask the doctors looking after you to contact Royal Brompton or Harefield hospital staff.

What should I do if I am in pain?

We will give you some pain-killing medicines to take home with you. Take these if you are experiencing any discomfort.

Some of these painkillers can cause constipation. Drinking plenty of fluids will help to prevent this, but you may need to take the laxatives that we give you to take home.

If the pain becomes worse and the painkillers are not working for you, please contact Royal Brompton or Harefield hospital staff (using the telephone numbers on page 4).

If you develop severe pain, or develop pain in the centre of your chest:

1. Call 999 or go to the nearest A&E.
2. Take this booklet with you.
3. Take a list of all your current medicines and your discharge letter.
4. Ask the doctors looking after you to contact Royal Brompton or Harefield hospital (using the telephone numbers on page 4).

After leaving hospital

You can slowly return to your normal activities, gradually doing more each day. We encourage you to start taking short walks as soon as you can, and build up slowly.

It is important that you try and eat and drink once you have

returned home to build up your strength and energy levels.

We advise that you do not drive your car until you have discussed this with one of the surgical team.



What exercises should I do?

Walking:

Walking is usually the best exercise. Start slowly and gradually build up, setting yourself short targets as you improve. Walking up and down stairs is a good way of exercising and can be useful if the weather is not suitable for going outdoors.

Coughing:

Try to cough, two or three times, twice an hour. Coughing helps the lung to expand. You may find that you do this naturally as you start to exercise more.

Breathing:

Practise the following deep breathing exercise at least four times a day:

- Breathe in slowly
- Hold your breath to a count to 10 (if you can)
- Let your breath out slowly, to a count of 10
- Try to do five of these breathing exercises in a row

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. The contact details are on page 4.

District nursing section: advice for the community team

Your patient has recently had an intercostal chest drain inserted.

The hospital consultant feels that he / she 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 or Harefield hospital for regular appointments to review the chest drain (usually weekly), and to assess whether the drain can be removed.

Patients require 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 3 and 4. 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 set out step by step what care the patient requires while at home.

Please dress the site on:

Mon / Tue / Wed / Thur / Fri

and


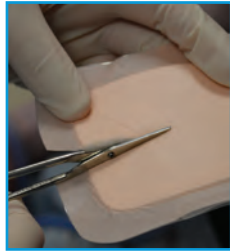
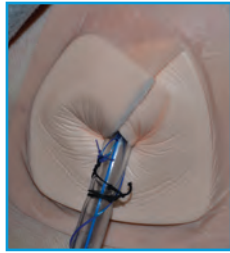
Mon / Tue / Wed / Thur / Fri*

** 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.

Procedure <i>(continued)</i>	Rationale <i>(continued)</i>
<p>6. Clean the drain site to remove any crusting or discharge using sterile normal saline.</p>	<p>To prevent infection.</p> <p><i>A clean drain site without a dressing in place</i></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. <i>(Ward nurse to complete)</i></p>	<p>To continue to protect the site.</p> <p><i>A chest drain dressing being applied using a "key hole" method</i></p> 
<p>9. Document your findings in this book on pages 18 or 19.</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

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 patient advice and liaison service (PALS) on:

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

You can also email pals@rbht.nhs.uk. This is a confidential service.

Royal Brompton Hospital
Sydney Street
London
SW3 6NP
tel: 020 7352 8121
textphone: (18001) 020 7352 8121

Harefield Hospital
Hill End Road
Harefield
Middlesex
UB9 6JH
tel: 01895 823 737
textphone: (18001) 01895 823 737

Website: www.rbht.nhs.uk

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