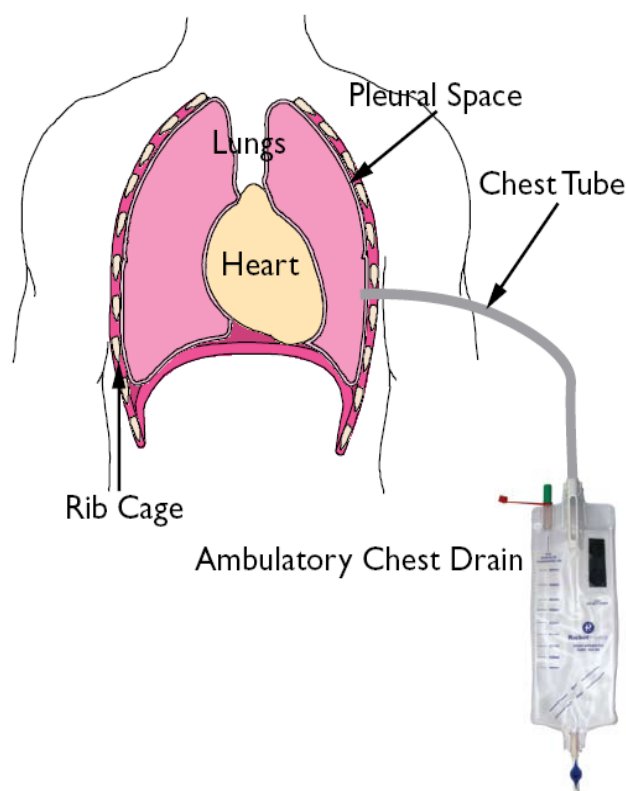


Cardiothoracic Department

Ambulatory Chest Drain Advice

We have inserted a chest drain as air or fluid has collected in your pleural space which should not be there. This is called a pneumothorax (air) or pleural effusion (fluid). Either of these can cause problems with breathing and can stop the lungs working properly. The chest tube allows this fluid or air to leave the body. You may also need to have treatment given to the pleural space and the chest drain would allow this to occur.



Your doctors and nurses will be able to explain whether air or fluid (or both) is the problem in your case and why it needs treating with a chest drain.

The ambulatory bag connected to your chest tube is used to help you become more mobile and to return to performing most everyday activities whilst continuing your recovery. The air and fluid from your chest will flow through a one way flutter valve that prevents the air going back into your chest.

Please ensure that you keep the bag below the level of the drain insertion site.



Patient Information

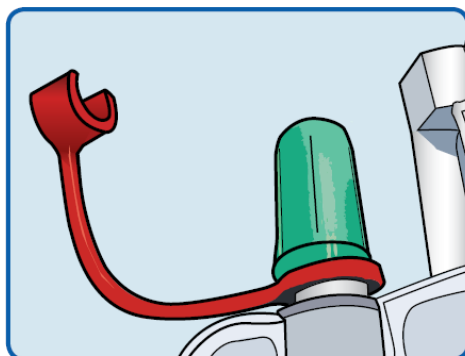


Air and fluid are collected into the bag.

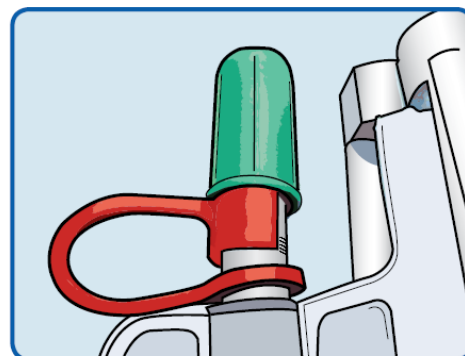
Be warned that if the green Brisk Air Leak Valve is opened fluid may be able to leak.

If the fluid is infected it may have a strong smell but the carbon filter over the vent stops the smell escaping.

Do not open or close the valve unless instructed to do so.



Valve Closed

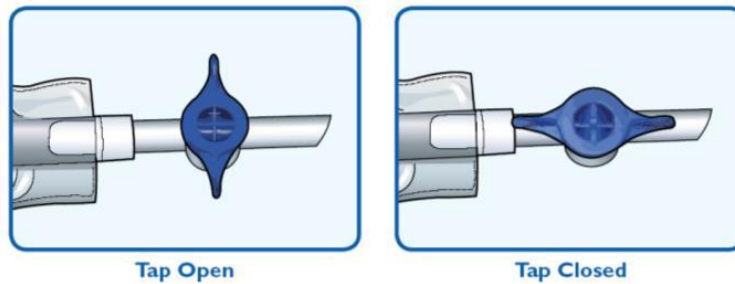


Valve Open

If you have lots of air trapped in the chest, once connected the bag may inflate very quickly. If this happens, your doctor or nurse can open the valve on the bag to allow large amounts of air to escape from the bag. This will be demonstrated to you when the bag is first connected to your drain.

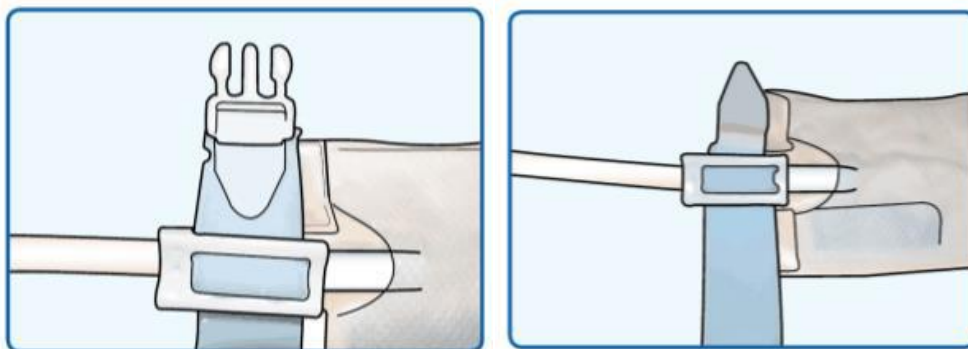
There is a red clip to prevent the valve from accidentally closing. When the valve has been opened, place the clip under the green cap and push it into place, as demonstrated above.

Patient Information



If the bag becomes full, you can use the tap to empty out the fluid but be sure to close the tap again. The graduations will let you see how much fluid is draining from your chest. If the bag becomes full, you can use the tap to empty out the fluid. Please keep a record of how much fluid is drained every 24 hours. Please note that you may find it useful to empty the drain before you go to bed.

The bag comes with a belt which is attached by threading the belt through the back of the valve protector. The belt length can then be adjusted.



What to do if you think your bag stops working?

As you get better, the amount of air or fluid that passes into the bag should become less until it stops. At this point the Doctors will decide to remove the drain.

However on occasions the drainage could stop for the following reasons:

1. A blocked flutter valve.
2. Blocked tubing.
3. Blocked chest drain.

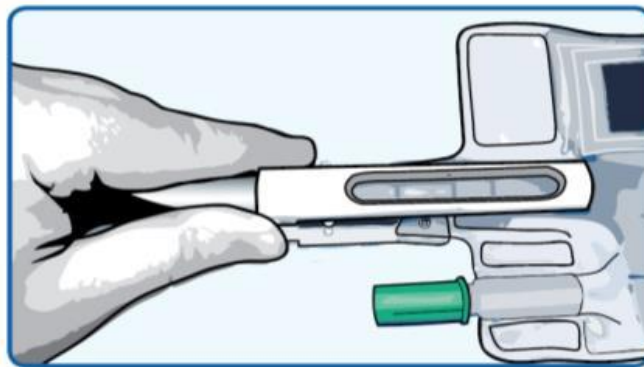
Patient Information

4. An over filled bag.
5. A blocked air vent.
6. The bag becomes disconnected.

1. Blocked Flutter Valve

When you look at the valve and it appears to be full of fluid which cannot pass into the bag, or there is build-up of fluid above the valve, this can be moved by gently rubbing the flutter valve between your fingers to remove the blockage, as demonstrated below.

Step 1. Move the protective plastic sleeve by unhooking the bag off its pegs and slide the protector up the tube.



Step 2. Rub the valve gently so the blockage can drain into the bag.



Patient Information

Step 3. Place protective plastic sleeve back on pegs.

2. Blocked Tubing

If the tubing on the ambulatory bag is blocked and clearing the flutter valve has not worked, then the ambulatory bag requires changing. Contact your district nurse or contact the hospital ward and ask for advice. The contact numbers are given at the end of this leaflet.

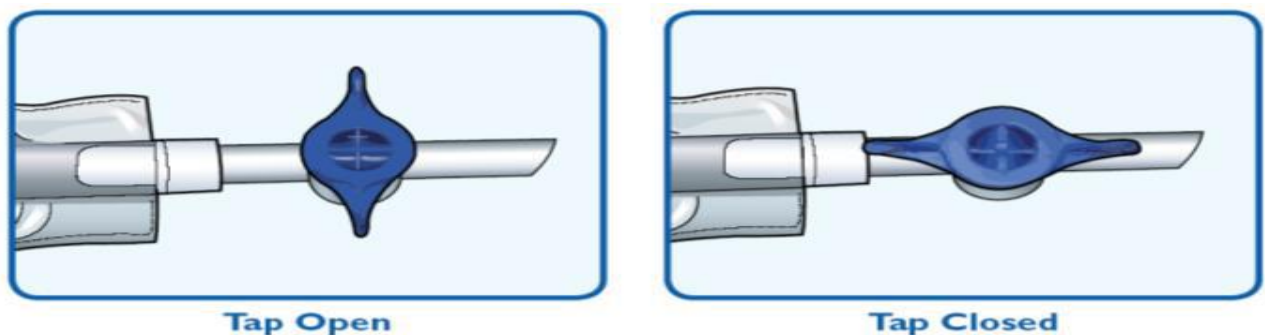
3. Blocked Chest Drain

If the tube coming out of your chest has become blocked, then contact the hospital ward you were treated at and ask for advice.

4. An Over-filled Bag

Sometimes if there is too much fluid in the bag it will not work as well as it should. You can avoid this by emptying regularly.

This is done by turning the tap at the bottom of the bag so it appears as below.



When the fluid has drained out, close the tap.

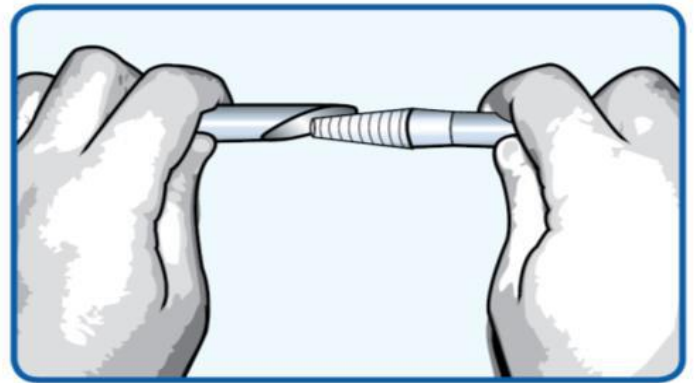
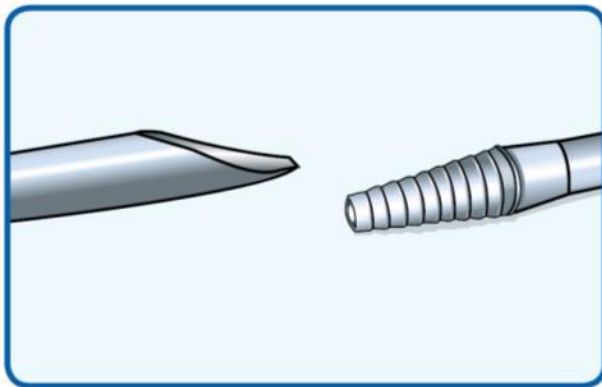
If the fluid has soaked through the black material then the ambulatory bag will need replacing, therefore contact your district nurse or alternatively the hospital ward.

5. Blocked Air Vent

If you feel that not enough air is escaping from the bag and the bag has become inflated, check the green valve to make sure that it is open and nothing is blocking the valve. If the valve has become blocked with thick fluid then the bag will need to be replaced.

6. The Bag Becomes Disconnected

If the bag becomes disconnected from the chest drain, reconnect them as quickly as possible.



When you have done this, if you can, give a big cough to re-inflate the lung and contact the hospital ward as soon as possible.

Sleeping with your chest drain

You are advised not to sleep on the side to which the drain is attached. Care must be taken to avoid your partner lying on the bag as this may stop it working.

Driving

You can drive with the drain in place if the seat belt does not interfere with the drain and your movement is not restricted.

Prior to discharge

You will be given more practical advice on how to cope with your drain at home by the nursing staff before you are discharged.

Patient Information

Prior to your discharge please ensure you are confident in handling the ambulatory bag at home.

Contact details

If you have any concerns about your drain please contact:

Ward 11/53 Tel. 024 7696 5805/5313 (24 hours)

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact the number above and we will do our best to meet your needs.

The Trust operates a smoke free policy

Document History

Department:	Cardiothoracic
Contact:	ward 11 - 25805 or ward 53 - 25313
Updated:	October 2020
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Version:	6
Reference:	HIC/LFT/1032/10

District Nurses information for changing the bag.

To use the drain do the following:

The drainage bag **MUST** be primed to ensure the internal one way valve is working correctly before use

1. To prime the drain, use the 60ml syringe supplied, extended to a minimum of 50ml. Pass air through the drainage tube by inserting the syringe nozzle into the drainage tube and compressing the syringe.
2. Air will pass through the flutter valve, this can be confirmed. Visually observing the bag inflating slightly, indicating the passage of air through the valve or by the valve moving. Confirmation can also be gained by touch.
3. If required, fit the fir-tree barb connector provided, to the drainage tubing on the ambulatory bag so that it can connect to a plain ended chest catheter. (If the patient has a luer lock Seldinger type drain in situ this will not be required.)

Patient Information

Patient Drainage Diary:

Use the comments section to record the colour & consistency of the drained fluid.

Date:	Time:	Volume:	Running total volume:
Comments:			
Date:	Time:	Volume:	Running total volume:
Comments:			
Date:	Time:	Volume:	Running total volume:
Comments:			
Date:	Time:	Volume:	Running total volume:
Comments:			
Date:	Time:	Volume:	Running total volume:
Comments:			

Patient Information

Date:	Time:	Volume:	Running total volume:
Comments:			
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