

Patient information

Chest Drains

Critical Care Department - Royal Liverpool Hospital

Chest Drains are put into patients on the Critical Care Unit when the lung has collapsed due to air or fluid in the chest space pushing the lung down. This can be a serious condition that can need attention as soon as it is suspected. A doctor will be needed to manage the patient.

If a patient's lung has collapsed they will find it hard to breathe normally and may feel breathless. If they are on a ventilator (breathing machine) it may become harder for the machine to do the breathing for them.

A chest X-ray may be done to make sure that the lung has collapsed.

The best way to re-inflate the lung is to put in a chest drain. This is done on the Critical Care Unit and can be done whether the patient is awake and breathing for themselves, or on a ventilator (breathing machine).

The patient will be told everything that is going on and what is about to happen.

The chest drain is exactly what it says it is. It is a drain (tube) that goes into the chest area. The place where the doctor puts the tube depends on where the air/fluid is.

The patient is given a local anaesthetic (a numbing injection) into the area where the drain is going to go so that the patient feels no pain as the drain is going in. The patient will also receive a general pain relieving drug. As this is a procedure that includes cutting the skin and putting something into the body, it has to be done under sterile conditions. The area that the doctor, assisted by a nurse, will be working will be cleaned and covered with sterile towels.

The tube that goes into the chest area is about the same width as a 20 pence coin. The tubing is quite long and goes down into a drainage bottle, which sits on the floor or hangs on the bed. Water is put into the bottom of the bottle and as the patient breathes you may see the water bubbling or fluid draining into the bottle. The fluid that drains may be bloodstained or discoloured. The nurse will keep a record of any fluid that drains in to bottle. As always the patients condition will be monitored at all times.

The risks involved are:

- Bleeding - if a blood vessel is cut while putting the chest drain in.
- Infection, as the skin is being cut and a foreign object being inserted into the body, the risk of infection rises.
- Kinked or blocked tubing can cause a tension pneumothorax (collapsed lung). This happens as the patient breathes in, air enters the pleural space but when they breathe out, the air cannot escape.
- Surgical emphysema, which is air in the soft tissues around the chest, which can lead to swelling in the patient's face and chest.
- Bottle being kicked over or lifted above patient's chest level can cause the lung to collapse again due to fluid or air draining back into the lung cavity.
- Regular chest X-rays will be taken to allow the doctors to see when the lung has re-inflated and when the chest drain can be removed. Once the chest drain has been removed, the small wound will be stitched and a sterile dressing over it.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further Information:

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