

Chest Drain Insertion

This leaflet explains more about chest drain insertion including the benefits, risks and any alternatives and what you can expect when you come to hospital

If you have any further questions, please speak to a doctor or nurse caring for you.

What is a chest drain?

A chest drain is a tube that is inserted into the space around your lung and chest wall. This space is called the pleural space and the drain may be needed to remove air, pus or fluid.

Why should I have chest drain?

There are some conditions for which we need to insert a chest drain to treat them.

- Pneumothorax (collapsed lung - when air is trapped inside your pleural space)
- Empyema (when there is a collection of pus in your pleural space)
- Pleural effusion (when fluid accumulates in your pleural space).

In any of these conditions you will experience pain and shortness of breath as your lung can't work properly and, by inserting a drain, we can remove air, pus, fluid and allow the lung to expand fully again and improve your breathing.

What are the risks?

Pain. Some people experience discomfort while they have a chest drain but we can prescribe pain relief if needed.

Infection. Sometimes the chest drain becomes infected. This happens in around 2 in 100 patients. We will clean the skin before inserting the drain and follow aseptic techniques which reduce the chances of infection.

Bleeding. Serious bleeding is rare. 2 in 100 patients may develop significant bleeding during the procedure. We always check if you are on any special medication that can increase the risk of bleeding and we will ask you to stop the medication before having the procedure.

Chest drains sometimes fall out and need to be replaced. Chest drains are stitched in place and have a special dressing to protect them. You can reduce the risk of this by looking after your drain.

Asking for your consent

It is important that you feel involved in decisions about your care. For some treatments, you will be asked to sign a consent form to say that you agree to have the treatment and understand what it involves. You can withdraw your consent at any time, even if you have said 'yes' previously. If you would like more details about our consent process, please ask for a copy of our policy.

What happens during the procedure?

You will be put in a comfortable and safe position before the procedure. We will perform an ultrasound scan and when we find an appropriate site to insert the drain, we will clean your skin and will inject local anaesthetic to numb the area. This injection can sting but resolves quickly.

We will make a small cut and gently insert the chest drain through this cut. While we insert the drain you might feel a sensation of

pressure and tugging as the drain is inserted. We will fix the drain in place with stitches and cover the wound with special dressing. The chest drain will be connected to a small bottle which contains water and the air or fluid will travel from your chest to the bottle.

Looking after your chest drain

When the drain is in place we will monitor it regularly and if you experience pain you will have regular pain relief. You can mobilise with the chest drain as normal if you keep the bottle below the waist.

Please make sure you remember you are connected to a bottle when you try to walk around.

Do not pull on your chest drain or tangle it.

Please inform the nurse if you have any concern during this time. (Such as changes in breathing pattern, unusual pain)

Do not leave the ward without informing the nurse's team.

When your condition has improved and the medical team is happy with your progress and your lung has expanded, we can remove the drain. This can be between a few hours and a few days.

You may have chest x-rays to monitor your progress and once your medical team decides to remove the drain, we will again explain everything about the process. We just gently pull out the drain. This won't be painful but if you experience any discomfort please let the team know.

What do I need to do after I go home?

When the drain has been removed we will apply a waterproof dressing. You might need to go home with one or two stitches, in

which case we will write to your GP to ask them to remove the stitches after seven days.

Will I have a follow-up appointment?

Depending on the reason you are admitted, you may have a follow up appointment in two to four weeks. You will have our contact details to contact us if you need to.

Contact us

Please contact us on 020 8672 1255, asking for bleep 7809 Pleural CNS for any questions. Out of hours please go to A&E.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

Please contact PALS in advance to check if there are any changes to opening times.

The Walk-in and Advisory telephone services are closed on Wednesdays.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough Wing.

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



Reference: CHM_CDI_LP_02 **Published:** February 2024 **Review date:** February 2026