

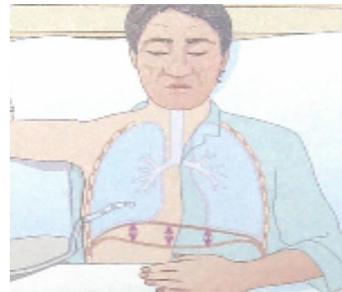
## CHEST DRAIN AFTER CHEST INJURY

### PATIENT INFORMATION LEAFLET

#### Why do I need a chest drain?

A chest drain is used to treat a number of conditions that can happen after chest injury. A thin lining or membrane called the 'pleura' covers each lung. This pleural membrane also covers the inside of the chest wall; the space between is usually filled with a very small amount of lubricating fluid to allow the lungs to move. When your injury occurred, air and/or blood leaked from the lung and chest, which collapsed the lung. This may have given you symptoms of pain and shortness of breath.

The chest drain is a tube that lies in your chest between your lungs and ribs, to allow fluid and/or air to drain out. It helps your lung to re-expand, allowing you to breathe better and the lung to heal itself. If the air/blood is not drained it can cause problems with infection and scarring.



#### How is the chest drain put in?

The doctor will talk to you about the best treatment, after looking at your chest x-ray. If a chest drain is advised you will be asked to give your consent and in most cases, to sign a consent form. You will be given oxygen to breathe and helped into a comfortable position. Strong painkillers such as a morphine injection are recommended to reduce any pain and help you to breathe better.

The doctor wears a sterile gown and gloves. Antiseptic is used to clean your skin. The doctor will use local anaesthetic to numb the skin, the muscle and the lining of the lung. When this anaesthetic is working a cut is made in the skin at the side of your injury, the muscles of the chest wall are separated to allow the chest drain to be put in place.

The doctor will check the position of the drain and put several stitches around the drain to keep it in place. A sterile dressing will be put around the drain. The position of the chest drain will be checked with another x-ray. When the doctor has checked this x-ray you will be admitted to a ward.

#### Will it hurt?

Painkillers and local anaesthetic will help with the pain however if you have rib fractures you may be aware of some discomfort when the doctor separates the muscle before putting the chest drain in.

#### What are the risks of a chest drain?

Although not common, the nerves of the chest wall or the blood vessels running between the ribs can be damaged. The risk of bleeding is about 1 in 50 or 2%. Infection can occur in up to 5% of cases. This may be a wound infection that can be treated with antibiotics. Less commonly infection in the lining of the lung can occur (emphysema). This more serious infection needs hospital treatment. Life-threatening complications are very rare.

### **How do I look after my drain?**

The drain works by gravity so it is very important that it is not lifted above the level of your chest. This will cause a backflow of air and fluid into the space around the lung, delaying your recovery or causing serious complications.

Try not to knock your drain over as this will stop it from working. Warn your visitors to be careful too.

If you feel the drain or its connection to the bottle is loosening ask for a nurse or doctor to check it.

### **What can I do to help myself?**

After a chest injury you may find it painful to breathe. It is important that you take deep breaths to help prevent a chest infection.

Concentrate on your breathing and try to breathe air into the bottom of your lungs. It is important to cough if you need to, even if it hurts. You may find it useful to hold your arm or a pillow over the painful area while you are doing this.

The physiotherapist and nurses will help you with this whilst you are on the ward.

### **What will be done about my pain on the ward?**

The nurses and doctors understand that you will be in pain following your injury. You will be prescribed regular painkillers. It is common to be prescribed more than one type of painkiller, as each one works in a different way.

Whilst you can refuse painkillers if you do not feel you need them our experience is that regular painkillers help to prevent pain building up and make it easier for you to breathe deeply and recover faster.

Tell the nurses if you are still in pain after your painkillers and they will try to help make you more comfortable.

### **What if the drain disconnects or falls out?**

Try not to panic. Breathe normally and call for help from the nursing staff. If the bottle becomes disconnected, a new bottle can be attached. Air may have entered your lung again putting back your recovery but in most cases once the bottle is reconnected that air will start to drain. If the whole drain has come out a nurse will loosely tape a dressing over the drain site and ask a doctor to review you. In most cases an x-ray will be needed to reassess your lung position and another drain may need to be put in.

### **Useful websites**

[www.nhs.uk](http://www.nhs.uk)

[www.chsft.nhs.uk](http://www.chsft.nhs.uk)

### **Contact details**

This information was correct at the time of printing. While the Trust makes every reasonable effort to keep its information leaflets up to date, very recent changes may not yet be reflected in the guidance and you should discuss this with the clinical staff at the time of your appointment.

Information is based on that available on [www.patient.co.uk](http://www.patient.co.uk).

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