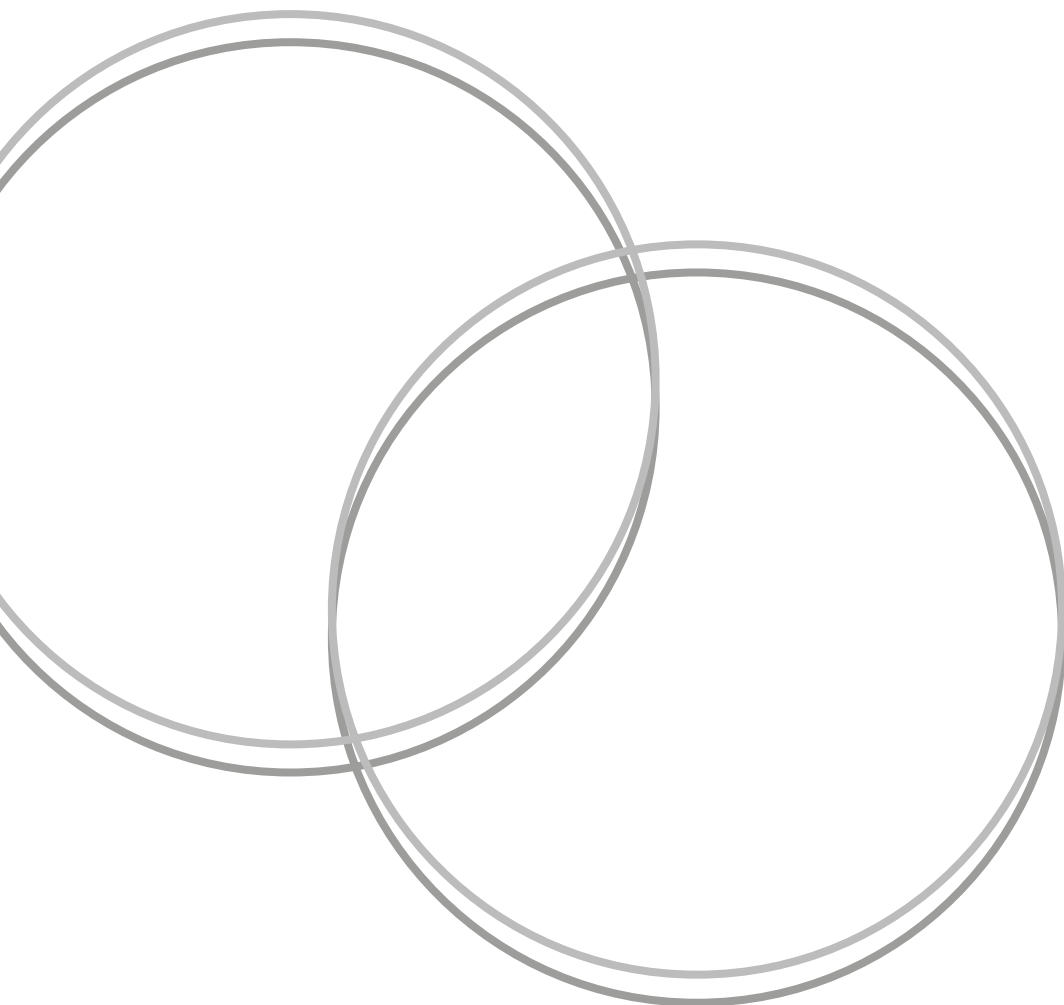




Oxford University Hospitals
NHS Foundation Trust

Chest Drains

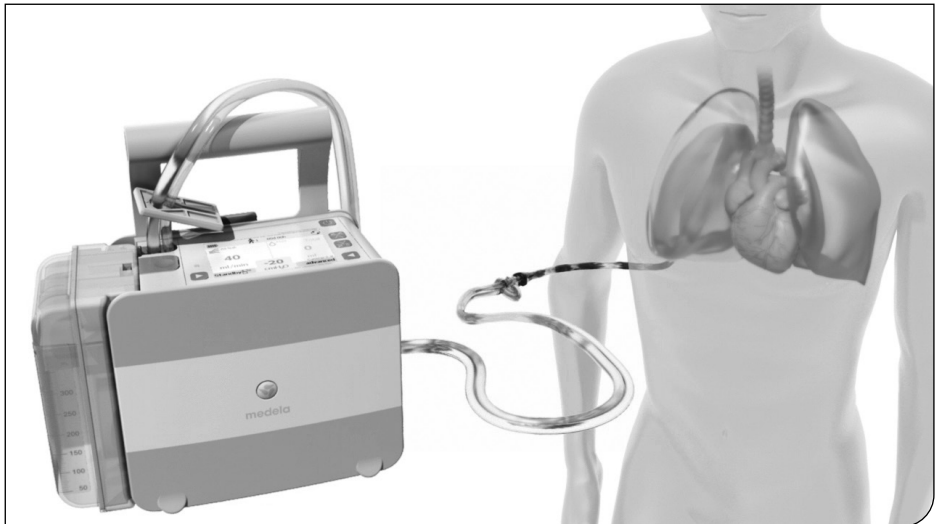
**Information for
parents and carers**



The Children's Hospital

What is a chest drain?

A chest drain is a narrow tube (chest tube) which is inserted between the ribs, into the space between the lung and the chest wall. This space is lined is known as the pleural space. The tube is usually connected to a device to collect and measure fluid draining from the chest (chest drain). Alternatively, it is connected to a drainage bottle to do this.



Why does your child need a chest drain?

There are medical reasons for which your child may need a chest drain. There may be collection of air (pneumothorax) or fluid (effusion) in the chest that is causing breathing difficulties. Occasionally fluid may accumulate and be infected giving rise to pus in the chest (empyema).

If your child has had an operation on the chest (called a thoracotomy), or keyhole surgery (thoracoscopy) they may require a chest drain to be left in after the operation. This allows any fluid and air to drain out of the pleural space.

How is a chest drain inserted?

Usually, a chest drain will be inserted under a general anaesthetic (while your child is asleep). In rare emergencies, the chest drain may be inserted with local anaesthetic and pain killers only. Your doctor will explain to you if this needs to happen.

The doctor will make a small hole on the chest to place one end of the tube into the pleural space, to allow fluid and air to drain out. The drain will be secured to your child's chest using a dressing and/or a suture. The other end is attached to the device or the drainage bottle containing sterile fluid, which stops air leaking back into the pleural space.

If a drainage bottle is used, this must be kept below waist height to prevent any drainage back up the tube. The medical device however can be placed at any level, and still be safe and effective.

How is a chest drain managed?

After the chest drain is inserted, your child may still be able to move and walk around with their device or the drainage bottle. The nurses looking after your child will confirm the safety precautions to be taken when moving around. They will inspect the dressing to ensure the chest tube is secure.

The drain will be removed when the doctors looking after your child are happy that no more air or fluid need to be drained from the chest. They will keep a record of what is drained to make that decision.

What are the risks?

There are risks of:

- A leak occurring around the chest tube;
- The chest tube falling out;
- The chest tube getting blocked before all the air or fluid is removed from the chest cavity;
- Air tracking into the fatty tissue under the skin (surgical emphysema).

The team looking after your child will look out for these and let you know what steps may need to be taken. Occasionally a new chest tube and drain may need to be inserted.

Removing the drain

The nurses and doctors will monitor the chest drain to decide when it should be removed. Sometimes, before the drain is removed the tube is clamped for several hours and then a chest X-ray is taken.

Once the doctors are satisfied that the all the fluid and air has drained from the pleural space the drain is removed on the ward under pain control. The doctors and nurses will explain the procedure for removal. A small dressing will be placed over the site. If you have questions at any time, please ask the doctors or nurses.

How to contact us

You can talk to any member of the team while you are in hospital. If you have any questions or concerns when you get home from hospital, please get in touch with us or speak to your GP. We will write to your GP to tell them about your child's progress in hospital.

Tom's Ward

Telephone: **01865 234 108** or **01865 234 109**

Bellhouse /Drayson Ward

Telephone: **01865 231 247** or **01865 231 248**

Melanie's Ward

Telephone: **01865 234 054** or **01865 234 055**

John Radcliffe Switchboard

Telephone: **01865 741 166**

Children's Day Care Ward

Telephone: **01865 234 148**

Follow-up

Your child may need a follow-up appointment several weeks or months after your child has been discharged from the hospital. The team will let you know more about this.

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call: **01865 221 473**. When we receive your call we may transfer you to an interpreter. This can take some time, so please be patient.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Authors: Merrill McHoney, Consultant Paediatric Surgeon,
Sarah-Jane Bowen, Paediatric Respiratory Consultant
September 2024
Review: September 2027
Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information



Making a difference across our hospitals

charity@ouh.nhs.uk | 01865 743 444 | hospitalcharity.co.uk

OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)

