

Radiology Chest Tube Insertion and Care

Your doctor has asked us to place a chest tube (small plastic tube) into your body through your skin. A radiology doctor will insert your chest tube using X-rays, CT scans or ultrasound. Placing the tube with this method is much safer. The recovery time is less than with surgery.

Chest tubes are usually placed to drain an:

- Abscess or an infection in the chest.
- Air leak or the presence of air or gas in the space between the lungs and the chest wall. This causes the lung to collapse.

How long the drain must stay in place depends on:

- where it is placed
- what problem it is treating.

Drains may stay in for weeks or they may need to stay in longer.

Activity:

- There is no need to limit activity unless it causes pain.

Diet:

- Start with liquids and move to solid foods if you tolerate liquids.

If you had medicines to make you sleepy during the procedure:

- Have a responsible adult drive you home. You must have an adult with you when you are discharged.
- Go directly home.

For the next 24 hours:

- Do not drive.
- Do not operate any machinery, power tools, or appliances.
- Do not make important decisions.
- Do not drink alcohol.
- Do not go to work.
- Do not be responsible for children until fully alert.
- Stay within 1 hour traveling time of a hospital.

Tube instructions:

- Do not lie on the tubing or allow it to kink, bend or be cut in any way.
- Keep the tube securely taped and have a clean bandage in place where it enters your body.

- Do not allow the tubing to hang freely. Loose tubing can get caught on things causing the tube to be pulled out. Do not pull or let anything hang on the tubing.
- The bandages around your tube should be changed daily and as needed if wet or loose. See the bandage change guidelines. You should have been given a prescription for supplies. You can get these supplies at most medical supply or drug stores.
- You may shower. Do not take a bath or get the tube under water. Cover the tube and bandage with plastic wrap before showering. Always change a wet bandage. Showering before your daily bandage change may be helpful.
- Keep a record of the output from your drain. Over time, drains can get clogged.

Bandage change guidelines:

Supplies needed: Gauze pads, antibiotic ointment and tape.

1. Wash your hands.
2. Carefully remove the old bandage covering the tube. Be careful not to pull on the tube.
3. Only remove the tape holding the tube in place if it is loose. Replace any loose tape used to secure the tube.
4. Wash surrounding skin with warm soap and water.
5. After the skin is dry, apply antibiotic ointment, place a new gauze pad over the site and cover with tape.
6. Wash your hands when finished.

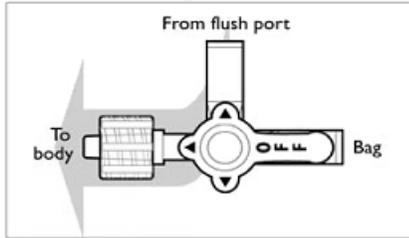
Accordion suction bag: Keep the accordion device squeezed together. Empty as needed.

- Capped: If you develop any of the following symptoms, open the tube to the drainage bag and open stopcock.
 - Increased pain at the tube site.
 - Fever higher than 100 degrees Fahrenheit.
 - Persistent drainage at tube site.
 - Increasing jaundice.
- Chest drain valve: When you empty your drain, please record the date, time and amount of fluid you drain. Bring this list to follow up drain appointments.

Flush Daily

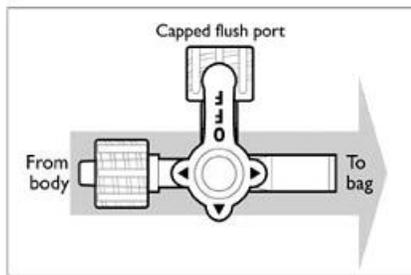
- Supplies: 10 mL normal saline prefilled syringes and alcohol prep pads.
 1. Wash your hands.
 2. Open the prefilled syringe package.
 3. Use an alcohol prep pad to wash off the blue tip on the stopcock. This is where the syringe will connect. You may have to remove gauze from around the stopcock to see the blue tip. When you take the alcohol prep pad out of the package, grab only a corner with your fingers. Do not touch the prep pad surface that is used to wipe off the blue tip.

4. Remove the syringe cap. Be careful not to touch the end of the syringe so that it remains sterile.
5. Connect the syringe to the blue tip by turning the syringe clockwise onto the blue tip.
6. Turn the OFF position on the stopcock toward the bag. See the picture below.



In this drawing, the stopcock switch points to the drainage bag. (The word "OFF" is closest to the drainage bag.) This position allows you to inject fluid into the tube from the flush port.

7. Flush the tube once a day with 5 mL of normal saline toward your body.
8. When finished, turn the stopcock OFF position toward the blue tip or the drainage tube will not work.



In this drawing, the stopcock switch points to the flush port. (The word "OFF" is not pointing to your body or the drainage bag.) This position allows your drain to drain into the bag.

9. Replace bandage or tape as needed.

Call Advanced Radiology Services (ARS) at 616-459-7225 if:

- Your tube breaks, leaks, comes out or stops draining
- You have major redness or drainage at tube site
- You have increasing pain at the tube site
- You have fevers greater than 100 degrees Fahrenheit
- You have worsening shortness of breath

Please call Advanced Radiology Services at 616-459-7225 if you have any questions regarding your procedure. The ARS office will call to schedule a follow up for your drain. You can talk to them about having your stitches removed.