

Having a chest drain inserted to remove air/fluid from around your lung

Respiratory Medicine
Information for Patients

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Introduction

This leaflet gives you information about having a chest drain inserted.

What is a chest drain?

A chest drain is a tube which is placed between the ribs and into the space between the lung and the chest wall (pleural space). The tube is attached to a bottle and will allow your lung to re-expand. This is a common procedure.

Why do I need a chest drain?

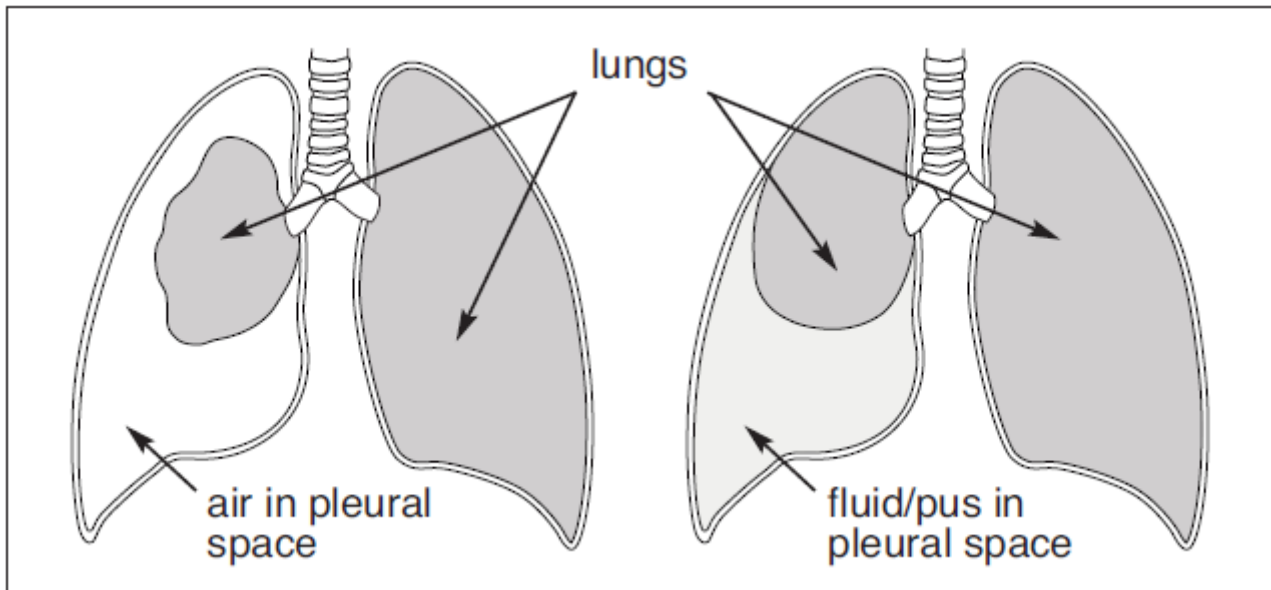
There are a few different reasons why people need to have a chest drain inserted. This may be because you have a:

- **Pneumothorax** - air entering the pleural space.
- **Pleural effusion** - fluid in the pleural space.
- **Empyema** - pus in the pleural space.
- **Haemothorax** - blood in the pleural space.

The diagram on the next page shows air trapped around the lung or fluid around the lung

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Who will insert my chest drain?

Your drain will be put in on the ward by an appropriately qualified and experienced doctor or nurse. We are a teaching hospital, sometimes a qualified trainee doctor may insert the drain, but they will always be supervised by a doctor who is already fully trained in the procedure.

Where in the hospital will my chest drain be put in?

Normally, your chest drain will be put in on the ward.

Will I need to stay in hospital whilst my chest drain is in?

Yes.

How will the chest drain be put in?

- You may be given painkillers about 30 minutes before the procedure.
- You will be asked to sit with your head and arms resting on a pillow placed on a table, or to lie on the bed with your arm above your head.
- The doctor will decide the best position on for your drain. This is usually the side of your chest just underneath the armpit.
- The doctor may use an ultrasound machine to show where best to place the drain. Ultrasound helps the doctor to 'look' through the chest wall. It is painless and non-invasive. A cool gel is used on the skin to ensure good contact for the ultrasound tip.

- The skin will be cleaned with an antiseptic lotion and sterile towels placed around the area.
- You will have an injection of local anaesthetic to make the area numb. A small cut is made in the chest. The drain is inserted through this. It is normal to feel a sensation of pressure as the drain is inserted, but if you feel any pain or discomfort let the doctor know.
- The drain will be stitched to your skin to keep it firmly in place. A dressing will be placed over the area.
- The other end of the drain will be attached to a special drainage bottle.
- After your chest drain has been put in, you will have a chest X-ray to check that the tube is in the right place.
- The whole procedure usually takes about 20 to 30 minutes.

What are the risks of inserting a chest drain?

- **Pain** – although painkillers and local anaesthetic are given, some people do have pain during or after the procedure. You can have more painkillers if you need them.
- **Bleeding** – a small amount of bleeding around the site is expected and usually resolves quickly without treatment. More serious bleeding into the chest or damage to other organs in the chest is extremely rare.
- **Infection** – there is a slight risk of introducing infection into the chest which sometimes needs treatment with antibiotics. There is also a slight risk of a skin infection around the wound where the drain enters the chest.
- **Air leak** – sometimes there may be a leak of air from the chest into the skin around where the drain enters the chest. This is often noticed as a ‘crunchy sound’ on pressing the skin around the drain.
- **Misplacement** – very rarely the drain may be put in the wrong place (misplaced) and cause damage to other nearby organs. This may be the lung itself, the liver, spleen or heart depending on which side of the chest the drain is inserted.
- **Drain failure, dislodgement or blockage** - sometimes the drain may dislodge and fall out, become blocked or not work

Will it be uncomfortable once the drain is in place?

Some patients do complain of pain, discomfort or aching around the tube. You will be given regular painkillers, but please tell your nurse if you have any discomfort.

Suction

Sometimes a lung needs some help to re-expand. The drainage bottle can be connected to a suction unit on the wall. The gentle suction provided will help the lung to re-expand.

Can I move around?

You can move and walk around with a chest drain but you must remember to carry the drainage bottle with you. Always carry the bottle below level of your waist.

If the drain is on suction it maybe necessary for you to remain by the bedside. Ask the nurse looking after you for advice.

What can I do to help?

You can help by trying to breathe deeply, cough and move around regularly to help drain the fluid or air, and to help your lungs to expand. It is also helpful to tell the nurse or doctor if you are in pain or have any discomfort.

How long will my chest drain be in for?

The chest tube usually remains in place until the X-rays show that all the blood, fluid, or air has drained from the chest and the lung has fully re-expanded.

Removing the drain

Removing the drain is a simple procedure. Once the tube has been removed, the wound may need a stitch. The stitch will need to be removed after 5 to 7 days. This can usually be done at your GP practice or by a district nurse.

Any questions?

If you have any further questions please do not hesitate to ask your doctor or nurse on the ward.

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