

If you have a stitch in place to hold the drain, sometimes this is pulled tight to close the wound. If you have had a small drain, no stitches are required and the wound will heal naturally. Any stitches will need to be removed by your practice nurse in 5-7 days.

A chest X-ray will be done once the drain has been removed.

Symptoms to look out for

It is normal to feel some discomfort in your chest after the drain has been removed, which can be eased with painkillers, such as paracetamol.

However, if you develop any other worsening symptoms, such as severe pain, breathlessness or a fever, you should tell your doctor or nurse. If you are at home, contact your GP or telephone 111.

Leaving hospital after a chest drain

You may still have pain from the wound site when you are discharged from hospital. This should improve over the next 6 weeks.

To reduce your risk of a chest infection you should remain active, use pain relief until you can take deep breaths pain free, avoid smoking and, if prescribed, complete your course of antibiotics.

Special advice after a chest drain

- Driving - you will need to use your judgement to decide if you feel your pain has settled enough to control a vehicle in an emergency. If you have any concern, seek advice from your doctor or insurance company.
- If you have had a pneumothorax you should not fly within 2 weeks from the resolution of this, i.e. not within 2 weeks of having confirmed the pneumothorax has resolved. After this period it is at the discretion of the airline; some may impose a 6 week restriction.
If this is a recurrent pneumothorax, you should wait 6 weeks before flying is considered. Restrictions are different if the chest drain was for drainage of fluid and should be discussed with your doctor.
- Scuba-diving is not recommended if you have had a pneumothorax. If you wish to do this, you are strongly advised to seek medical advice first.

Further information

For further information contact the Respiratory Specialist Nurses at the Lister Hospital:

☎ 01438 285621

You can request this information in a different format or another language.

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Patient Information

Chest drains

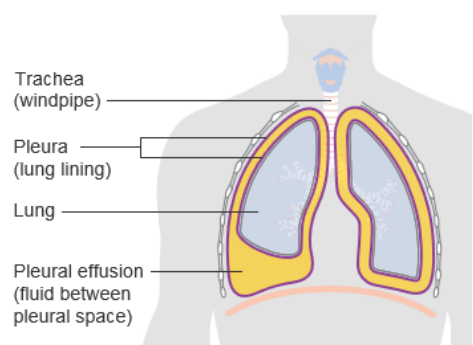
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What is a chest drain?

A chest drain is a tube that is inserted into the chest and sits in the space between the lung and the chest wall. This space is lined by a membrane called pleura, and is known as the pleural space or pleural cavity. Chest drains provide a method of removing air, blood or fluid substances from the pleural space.



Picture courtesy of CRUK

Why do I need a chest drain?

You will need a chest drain if you have an air leak (pneumothorax), a collection of fluid or blood (pleural effusion or haemo-pneumothorax) or a collection of pus (empyema) in the pleural space. Any of these can stop the lung working properly and cause problems with your breathing. The chest drain will allow fluid or air to leave your body.

What are the risks of a chest drain?

The insertion of a chest drain is generally a safe procedure with serious complication being rare. However, as with all medical procedures there can be complications:

- Chest drains can fall out and need to be replaced. Your doctor will use a firm dressing or a suture (stitch) to try to prevent

this. You can reduce this risk by being very careful not to pull on your chest drain, and to prevent the tubing from getting tangled.

- Pain from the chest drain - this is usually mild. Please tell your nurse or doctor if you feel any pain; we can give you painkillers to help.
- Sometimes the wound site of the chest drain can become infected. Please tell a nurse or doctor if you feel feverish or notice an increase of pain or redness around the chest drain site.
- Sometimes air can collect under the skin next to the chest drain. This can cause mild swelling or a 'crackly' feeling. This can be managed through monitoring but if it gets worse may need treatment.
- Bleeding - during insertion, the chest drain can accidentally damage a vessel and cause bleeding although this is rare.

What happens after the chest drain is inserted?

When the chest drain has been inserted, it is then connected to a bottle which contains sterile water. The air or fluid in your lungs will travel down the tube and will be collected in the bottle. The water acts as a seal, preventing air from travelling back up the tube.

As the air or fluid drains, you should be able to breathe easier. A nurse will regularly record your observations and check the chest drain.

You may feel mild discomfort from the chest drain. If you do, please let your nurse know as they can give you painkillers if needed.

If your chest becomes increasingly painful or you feel an increase in shortness of breathe, please tell your nurse immediately.

Looking after your chest drain

The nurse and doctors will take care of your chest drain but there are a few things you can do to minimise any problems with it:

- When moving around, always keep the drainage bottle below your waist to prevent fluid travelling back to the chest.
- Sometimes suction is used to help reinflate the lung. If portal suction is connected you can move around freely, but if your chest drain is connected to wall suction, please speak to a nurse before moving.
- When not moving around, keep the drainage bottle on the floor.
- Take care not to knock the bottle over.
- If you feel the drain has moved or may be coming out, inform your nurse immediately.

When will the chest drain be removed?

Your doctor will update you on the progress of using the chest drain. You may need several chest X-rays while the chest drain is in place to see how much air or fluid remains.

How is the chest drain removed?

Removing the drain is straightforward and will be done by a doctor or senior nurse.

Once the dressings have been removed, the doctor or senior nurse will encourage you to take a couple of deep breaths. They will then ask you to hold your breath and whilst your doing this, will gently pull the tube out. This can feel uncomfortable but will only last a few seconds.