

Patient agreement to investigation or treatment

Chest drain insertion

Authors: Respiratory Medicine Unit

Brief description:

- Chest drains are inserted to drain blood, fluid, or air from the chest and allow full expansion of the lungs. The tube is placed between the ribs and into the space between the inner lining and the outer lining of the lung (pleural space).
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure (operation/treatment). We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail. There is a further information leaflet available from ward N3, clinic 2a or contact Elaine Reid – Pleural Nurse Specialist (Tel: 01223-245151 bleep 156-2197)
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

Please bring this form with you to hospital

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke’s website: <http://www.addenbrookes.org.uk/consent>
- Remember, you can change your mind about having the procedure at any time.

For staff use:

Does the patient have any special requirements? (For example, requires an interpreter or other additional communication method)

.....

.....

About chest drain insertion

Before your procedure

- The procedure will take place on the ward, Emergency department, ITU, theatre or post Medical Thoracoscopy procedure in the Endoscopy department.
- We will ask you for details of your medical history and carry out any necessary clinical examinations and investigations. A blood test will have been performed and a chest X-ray will have been taken. This is a good opportunity for you to ask us any questions about the procedure, but please feel free to discuss any concerns you might have at any time.
- This procedure involves the use of local anaesthetic. The local anaesthetic drug is injected into the skin and tissues at the site of the operation. The area of numbness will be restricted and some sensation of pressure may be present, but there should be no significant pain.

Chest drain insertion and management

- In the examination room you will be made comfortable on a couch in a sitting position.
- The area where the tube will be inserted is numbed (by local anaesthesia).
- The chest tube is inserted through an incision between the ribs into the chest and is then connected to a bottle or canister that contains sterile water. Suction is sometimes attached to the system to encourage drainage. A small stitch (suture) and adhesive dressing is used to keep the tube in place.
- 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. The drain is generally in place for five to seven days, sometimes more and sometimes less. While the chest tube is in place, the nursing staff will carefully check for possible air leaks, breathing difficulties, and any need you might have for additional oxygen. Frequent deep breathing and coughing is necessary to help re-expand the lung, assist with drainage, and prevent normal fluids from collecting in the lungs.
- When the chest tube is no longer needed, it can be easily removed.
- The wound may be closed using small sutures (stitches) if they were put in place at the time the tube was inserted, alternatively one or two *Steristrips* (adhesive skin closures) will be used to close the small drain site and a dry dressing applied.

After the chest drain is removed

- **When you can leave hospital:** When the chest drain has been taken out you will be taken to have a further chest X-ray. If no further tests or treatments are necessary you can then go home.
- **Check-ups and results:** Before you leave hospital, you will be given details of when you need to return to see us (for example: outpatient clinics). At this time, we can check your progress and discuss with you any further treatment we recommend.

Intended benefits of the procedure

Chest tubes are used to treat conditions that can cause the lung to collapse, such as:

- Air leaks from the lung into the chest (pneumothorax)
- Bleeding into the chest (haemothorax)
- Accumulation of excessive fluid in the chest (pleural effusion)
- Lung abscesses or pus in the chest (empyema).

Who will perform my procedure?

- This procedure will be performed or supervised by a doctor who is appropriately trained.

Alternative procedures that are available

- Insertion of a chest tube is one of the safest and quickest ways to deal with the conditions listed above.
- A procedure called Medical Thoracoscopy is sometimes used for management of some of the above conditions using a small telescope to look inside the chest via a small incision and post procedure a chest drain is required, your doctor will decide if this management strategy is appropriate for your condition.
- An alternative would be to have surgery under a general anaesthetic to drain the chest and inflate the lung.

Serious or frequently occurring risks

- Having a chest drain inserted is a relatively safe procedure. The chance of having a complication is small.
- The risks from the procedure include some pain or discomfort, excessive bleeding and infection. Risk of complications associated with bleeding and infection is uncommon and usually occurs in less than 5% of cases. Medications may be used to manage pain (painkillers) and prevent or treat infection (antibiotics).
- Other rare complications of this procedure include adverse reactions to the sedative drugs.

Information and support

- You might be given some additional patient information before or after the procedure for example: leaflets that explain what to do after the procedure and what problems to look out for. If you have any questions or anxieties, please feel free to ask a member of staff. You can also contact the Respiratory Medicine Department between 0900 and 1700 hours on Telephone no: 01223 216 645.

It is against the law to smoke inside any building at either Addenbrooke's or the Rosie hospitals. Smoking is only allowed at the small number of purpose built smoking shelters on site. Please do not smoke anywhere else on site.



For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Polish

Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: patient.information@addenbrookes.nhs.uk

Portuguese

Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: patient.information@addenbrookes.nhs.uk

Russian

Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт patient.information@addenbrookes.nhs.uk

Cantonese

若你需要此信息的其他語言版本、大字體版或音頻格式，請致電 01223 216032 或發郵件到: patient.information@addenbrookes.nhs.uk

Turkish

Bu bilgiyi diger dillerde veya büyük baskılı ya da sesli formatta isterseniz lütfen su numaradan kontak kurun: 01223 216032 veya asagidaki adrese e-posta gönderin: patient.information@addenbrookes.nhs.uk

Bengali

এই তথ্য বাংলায়, বড় অক্ষরে বা অডিও টেপে পেতে চাইলে দয়া করে 01223 216032 নম্বরে ফোন করুন বা patient.information@addenbrookes.nhs.uk ঠিকানায় ই-মেইল করুন।

Document History

Authors	Respiratory medicine unit
Department	Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 2QQ www.cuh.org.uk
Contact number	01223 216 546
Published	September 2009
Review date	September 2012
Supersedes which document?	Version 2, July 2006
File name	CF044_respmed_chestdrain.doc
Version number	3
Ref	CF044

Consent Form (Adults)

Patient agreement to
investigation or treatment

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Responsible health professional/job title

.....

Special requirements
(For example, other language/other communication method)

Name of proposed procedure or course of treatment

Chest drain insertion

Statement of health professional

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- The intended benefits of the procedure
..... Chest tubes are used to treat conditions that can cause the lung to collapse
- Any serious or frequently occurring risks from the procedures including those specific to the patient
.....some pain or discomfort, excessive bleeding and infection, adverse reactions to the sedative drugs.
- Any extra procedures that might become necessary during the procedure
- Blood transfusion Other procedure (please specify)

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- The following information leaflet has been provided:
.....Version/Date/Ref: 3/September 2009/CF044.....

This procedure will involve: Local anaesthetic

Health professional's signature Date:

Name (PRINT): Job title:

Contact details (if patient wishes to discuss details later) Respiratory Medicine Tel: 01223 216 645.

I have offered the patient information about the procedure but s/he has declined information.

Statement of the interpreter (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:

Interpreter's signature..... Date:

Name (PRINT):.....

Important notes: (tick if applicable)

- The patient has withdrawn consent (ask patient to sign/date here)
- See also advance directive/living will (eg Jehovah's Witness form)

Copy accepted by patient: yes / no (please circle)

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.**

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

Please read the following:

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

I understand that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

I understand that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

I understand that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

Please tick boxes to indicate you either agree/disagree to the three points below. **Yes** **No**

I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research.** If you wish to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.

I agree to the use of photography for the purpose of diagnosis and treatment.

I agree to anonymised photographs being used for medical teaching.

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

Patient's signature:..... **Date:**

Name (PRINT):

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

Witness' signature:..... **Date:**

Name (PRINT):

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature Date:

Name (PRINT): Job Title: