

TROCHAR Chest Drainage made easy

The Infusion Concepts range of chest drains and sets make chest drain placement and use simple, safe and secure. You have total freedom to choose from needle-free sets, or pick 'n' mix from plain drains with your favourite needle-free connection.

Needle-free sets are bonded and clamps are carefully matched to drain size. Plain drains and drain connectors give more flexibility to suit your patient requirements.

The following information describes applications and suitability of the different products. Please contact us if you need more information before ordering or using our chest drains

Which drain size and when?

The following are recommendations for drain selection based on patient size and drainage requirements. We are happy to advise on specific situations should you require advice.

Cats & Small Dogs

- 10-12 Fr Pneumothorax
- 14 Fr Pneumothorax, Mild transudate
- 16 Fr Heavy transudate, pyothorax

Medium Dogs

- 10-14 Fr Pneumothorax
- 14 Fr Pneumothorax, Mild transudate
- 18 Fr Heavy transudate, pyothorax

Large Dogs

- 10-14 Fr Pneumothorax
- 14-16 Fr Mild transudate
- 18-20+ Fr Heavy transudate
- 20+ Fr Pyothorax etc

Which connector and when?

The following are recommendations for needle-free drain connector selection when using our plain trochar or non-trochar drains. These drains are supplied without needle-free attachments or C-clamps, and allow you to choose your connection that best suits your drain and patient



Needle-Free Drain Connector (DR-FNV-1)

Fits Drain Sizes: 12 - 28 Fr
Recommended for: 12 - 16 Fr



Wide-Bore N-F Drain Connector (DR-FNV-2)

Fits Drain Sizes: 16 - 24 Fr
Recommended for: 16 - 24 Fr



Needle-Free Drain Adaptor (DR-FNV-3)

Fits Drain Sizes: ALL sizes
Recommended for: 18 Fr and larger

Placing a trochar chest drain

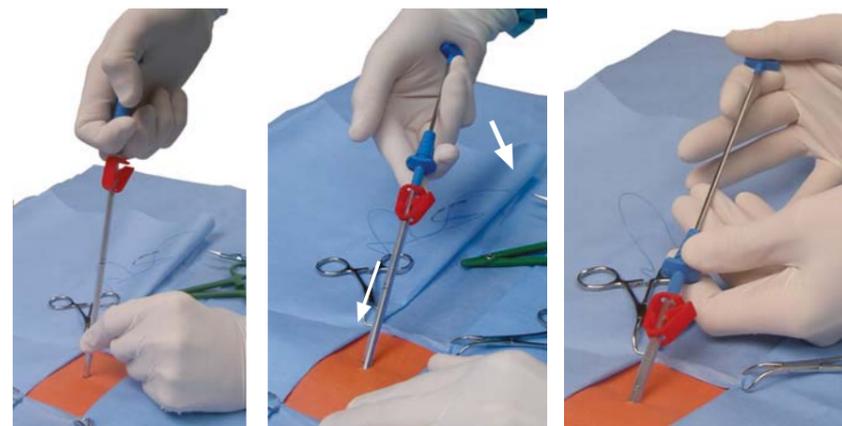
The same technique applies whether using a needle-free sets, or plain trochar combined with a needle-free drain connector.

The guide shows placement of a drain with a 20 Fr connection. 12-16 Fr sizes just require attachment of a needle-free valve to the luer.

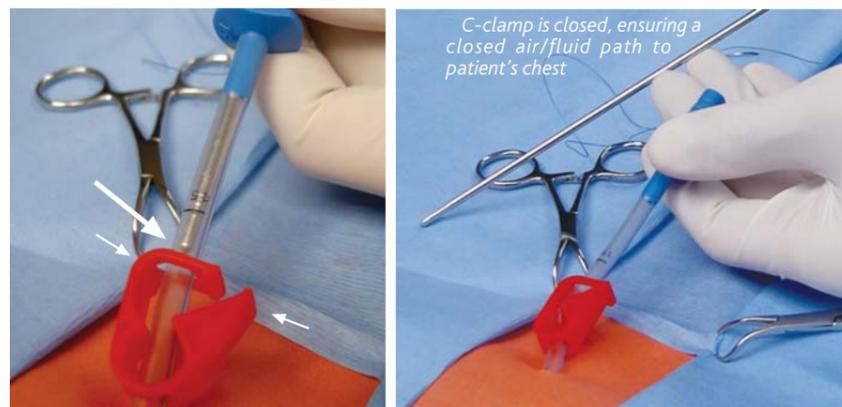
Please contact us if you need more information before ordering or using our chest drains. A slide show is also available on CD-ROM with further details, descriptions and pictures of placement.



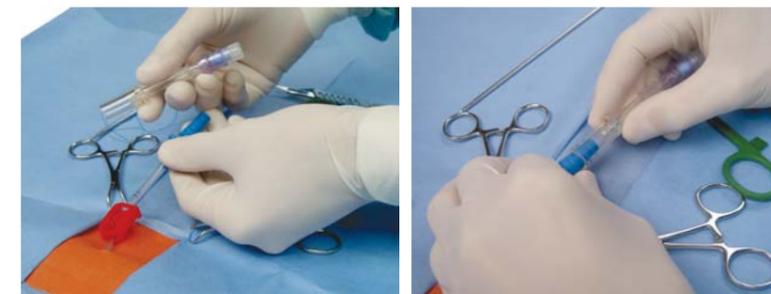
Place the C-clamp in the desired position prior to incision. With a non-scrub assistant pulling thoracic skin forward 2-3 rib-spaces, identify the best location for thoracic puncture. Incise skin. It helps placement to pull the drain connector into the palm of your hand. This also ensure an integral connection.



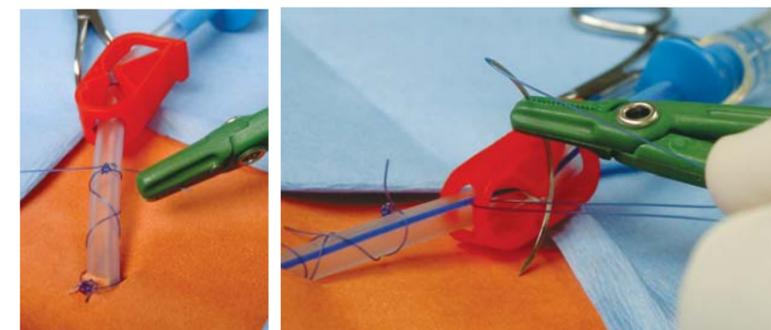
Place the trochar tip into the incision site and advance with a rotational movement. Steady the distal tip with your free hand to minimise untoward trochar movement. Once into thoracic cavity, angle the trochar into the preferred direction. Advance the drain off the trochar in that direction ensuring that the movement is not restricted.



Continue to advance the drain off the trochar until you reach the correct predetermined depth. Reposition the clamp close to the skin. At the correct depth, begin to back the trochar out of the drain tube until it is just free of the C-clamp (large arrows). CLOSE the C-clamp by pinching the free ends (small arrows), then remove the trochar completely.



For 18+ Fr sizes, attach the needle free connector to the drain end with CYANOACRYLATE glue. For 12-16 Fr sizes, simply screw the valve directly to the female luer. Chest drain closure is now complete and secure. You may commence drainage immediately, provided you take precautions to prevent drain migration.



A Chinese Finger Trap suture (CFT) is placed, as the main fixation point, cranial to the cutaneous drain exit point to secure the drain tubing in place. A similar securing suture can be used on the C-clamp. When closed, the C-clamp now provides a good anchor point and helps protect the Chinese Finger Trap (CFT) suture from stress.



NEVER rely on the C-clamp suture as your primary drain fixation point. The C-clamp can also be reversed to give a more robust fixation point if required



This suture should be anchored on the skin first, passed through the bottom of the U-bend and then secured.

Remove the protective cap and connect a syringe to the needle-free valve.

Drain or aspirate as normal. Leave needle-free valve in place, swab when disconnecting, cap if required.

Re-swab the valve prior to each subsequent activation. The cap prevents gross contamination only, and does NOT keep the valve surface sterile.



The finished drain placed and connected. The needle-free valve is the main point of drain closure, with the c-clamp included for additional security.

Tubing can be folded back on itself to make the connection more compact. Dress or protect both the drain and entry point in a suitable manor.