



Thopaz drain

- i** Information about using the Thopaz Drain.

**Thoracic ward contact
number: 0141 951 5300**

About this booklet

The purpose of this booklet is to give you information about using the Thopaz Chest Drain.

The aim of this booklet:

- to give you more information about the Thopaz Chest Drain after you have spoken to your surgeon or nurse;
- to help you understand what this involves and what will happen to you;
- to explain the possible risks of using the Thopaz Chest Drain;
- to explain other alternatives if you do not wish to use the Thopaz Chest Drain; and
- to make sure you have all the information you need before agreeing to the procedure.

What is a chest drain?

Chest drains are used after all types of lung surgery to:

- re-inflate the lung after surgery;
- assist with drainage of air from the space between the lung and the chest wall; and
- assist with drainage of fluid from the space between the lung and the chest wall.



What is a Thopaz chest drain?

- Thopaz is a complete, efficient, portable chest drainage system which is very easy to set up and handle. It is made up of a machine, recharging base unit, disposable containers, and tubing.
- The Thopaz system will be connected to the chest tube which the surgeon inserts at the end of the operation. The chest tube will be securely stitched in place to prevent it from dislodging or falling out. You will have a small dressing around the insertion site.
- Your Surgeon may ask for suction to be applied to the drain to aid the drainage of air or fluid. Thopaz allows suction to be applied to the drain whilst allowing you to remain mobile; in some cases patients are allowed home with the Thopaz Chest Drain.

Why do I need to have the Thopaz chest drain?

Your surgeon has recommended this treatment because there is still an air leak present or there is too much fluid that requires draining and the chest tube cannot be safely removed.

Using the Thopaz Chest Drain will allow you to be mobile around the ward: your nurse will tell you how much you can safely do during this time. You may be allowed to go home with the Thopaz Drain in place, however strict criteria for discharge must be met before this will be considered.

What are the risks and benefits?

Risks:

- There are no additional risks in using Thopaz when compared with the underwater seal chest drain. You will be required to use either one of these after surgery until your lung has re-inflated, fluid drainage has reduced and air drainage has stopped.

Benefits:

- Thopaz allows you to be mobile while continuous suction is applied to your chest tube. Mobilisation will help to prevent other complications which are associated with all types of surgery (deep vein thrombosis, chest infection, pressure ulcer formation, constipation, loss of appetite, low mood).
- Enhanced privacy and dignity as you can go to the bathroom alone.
- Thopaz shows the pressure and air flow reading continually on the machine, meaning your surgeon/nurse can more accurately assess when the chest tube can be removed.

How to use the Thopaz drain

The nurse will show you how to use the Thopaz drain and recharge the base unit, which will be plugged in to the mains electricity supply and placed on the floor at your bedside. You will be able to carry the machine around with you.

When you are sitting on or by your bed, place the machine back onto the base unit; a blue light will indicate that the machine is charging. The machine will bleep once each time you have lifted it from or placed it onto the base unit. The machine will recharge whilst sitting on the base unit. The charge will last for four hours when fully charged.

What are the alternatives if I choose not to use the Thopaz system?

If you choose not to use Thopaz, the alternative is to continue using the traditional type of chest drain which is connected to the suction controller by your bed. This limits your mobility from bed to chair and the length of time you can spend in the bathroom etc is reduced. You will need to remain in hospital until the drain is removed with this type of wall suction.

Your surgeon has recommended Thopaz and will explain to you individually the reasons for this and your options. If you choose not to have this system, please take this opportunity to ask questions and discuss any concerns you may have.

Going home with Thopaz

Your doctor or nurse will discuss with you whether you are suitable to be considered for discharge home with the Thopaz drain. You must meet **all** of the following criteria:

- The Thopaz Drainage system must have been used for a minimum of 48 hours on the ward prior to discharge.
- A Chest X-ray has been performed and reviewed.
- The anchor stitch holding the chest tube will be checked and a new dressing applied.
- You must be alert, aware of your situation and mobile.
- You must be independently mobile.
- You must not live alone.
- You and your carer must feel confident to go home with the Thopaz drain.
- You must have access to transport to attend the ward or wound clinic when necessary.

Going home advice

Before leaving the ward, your Doctor / nurse will give instructions to you and your carer about available support, follow-up arrangements and contact details while you are at home with your Thopaz chest drain.

- An appointment will be made in the chest drain clinic for follow-up by a nurse. Your surgeon may review your drain.
- A referral to your District Nurse will be arranged if required to change the dressing around the chest tube. The dressing will need to be changed at least twice weekly dependant on leakage from the site
- A copy of your discharge letter will be given to you with your supply of current medication.
- You will be shown how to record the level of drainage and amount of air flow on the chart at the back of this booklet. It should be recorded daily when you get up in the morning. Your Surgeon or nurse will review these details when in clinic, so please bring the booklet with you.
You will need someone to drive you home; do not drive while you have the chest drain in place.

If your chest drain falls out at any time, day or night, you must apply a firm dressing and contact the ward immediately to arrange a review.

If you become increasingly short of breath, or suddenly short of breath, you must call 999 and request to be taken to the Thoracic Ward at Golden Jubilee National Hospital or your nearest Accident and Emergency unit for urgent review.

Your drain will be removed in clinic once your surgeon is happy that your lung has re-inflated, fluid drainage has reduced and air drainage has stopped. Ensure you bring this booklet with you at all times whilst you have the Thopaz drain.

When you are at home

Find a suitable place to plug the base unit in during the day and at night. Remember to place the machine on the base unit when you are sitting down watching TV, reading and whilst you are in bed.

You will have to consider what side of the bed to sleep on, which will depend on what side of your chest the tube is in place, to minimize the risk of pulling on the drain tube. For example, if your tube is on the left hand side, you should sleep on the left hand side of the bed so that the tube is nearest to the side / end of the bed.

Monitoring air flow and drainage whilst on Thopaz

The suction on the Thopaz is minus Kpa (this is shown on the display screen on the top of the pump).

Please record the Air Flow and amount / type of drainage in the canister at 8am each day on the chart below. It is normal for the FLOW rate to vary during the day.

Date	Time	Air flow (see screen on top of pump)	Amount in canister	Colour of fluid (clear/yellow/ pink/red)	Comments

If the Thopaz machine makes an alarm sound, **do not panic**; this is a safety feature. Note down any message / fault number on the display and contact us.

Are you safe if the Thopaz turns off or has a fault?

Yes – the system will work the same as a water seal drain when turned off.

Troubleshooting tips

Battery does not charge

- Check if the docking station is connected to mains power.
- Check connections between docking station and Thopaz.
- Contact the Thoracic Ward, who will swap the charger or plug or, if necessary, change the Thopaz unit.

'Internal fault' is displayed repeatedly

- If 'Internal fault' is displayed, Thopaz must be turned off and on again using the Power button.
- If the fault occurs repeatedly, contact the **Thoracic Ward on 0141 951 5300**.

Thopaz Quick Reference Guide



This quick card in no way replaces the instructions for use



Do not switch Thopaz on if patient already connected

Switching on



click

no choose yes
therapy number unchanged

standby mode



therapy number

click

Change pressure during operation



Press simultaneously



Shortcut - simulates gravity conditions
-0.8 kPa/-8 cmH₂O /-8 mbar/-6mmHg



click

select

Replace canister

- Clamp patient tubing
- Press 'standby' for three seconds
- replace canister
- Press 'on'
- Open the tube clamp
- Check flow value
- Dispose of used canister

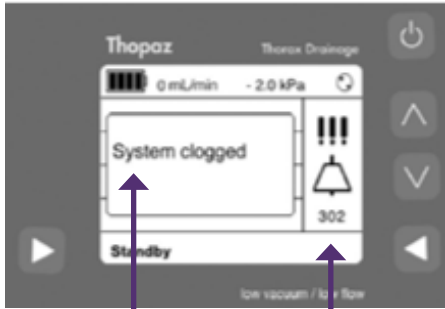


The internal hospital guidelines take procedures



The internal hospital guidelines take procedures

Alarm Management (e.g. system clogged)

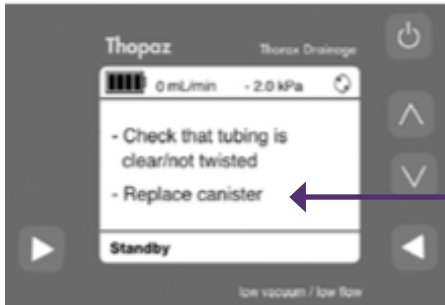


description of the problem

error number



press simultaneously



troubleshooting

Switching off

data mode



press >3 seconds

standby mode



click

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Tha gach sgrìobhainn againn rim faotainn ann an diofar chànanan, clò nas motha, Braille (Beurla a-mhàin), teip claidtinn no riochd eile a tha sibh airson a thaghadh.

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