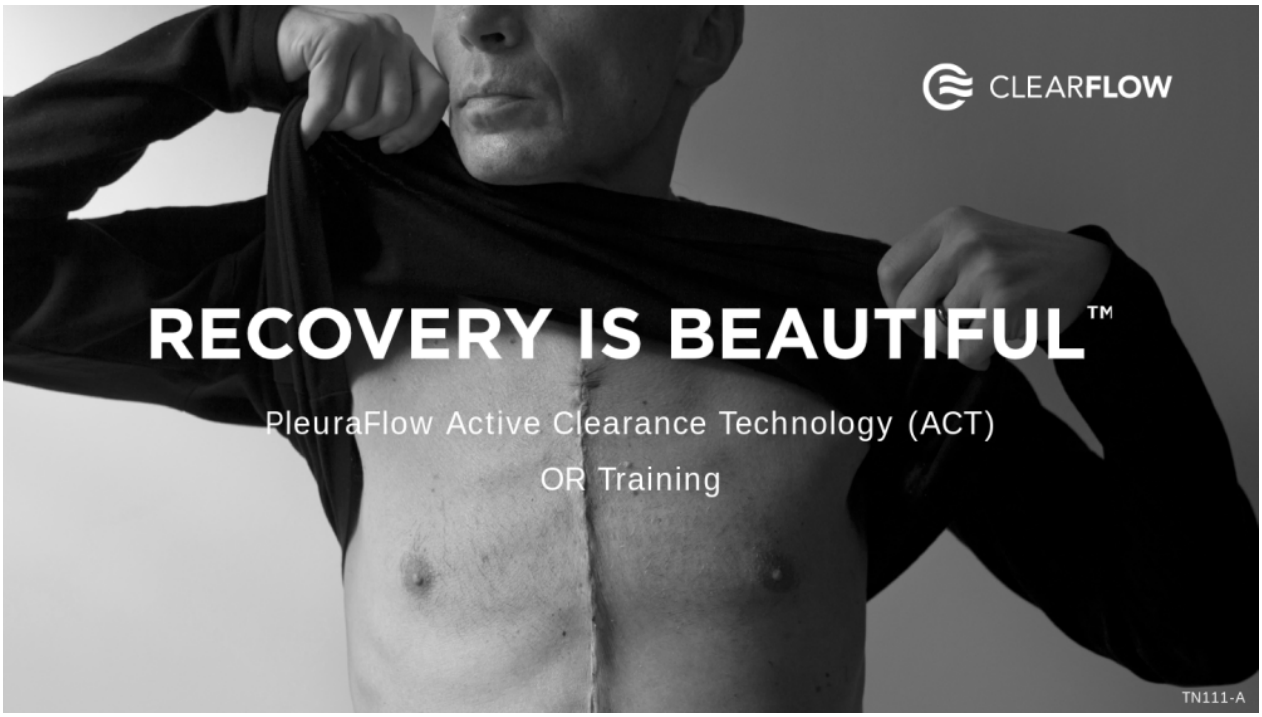
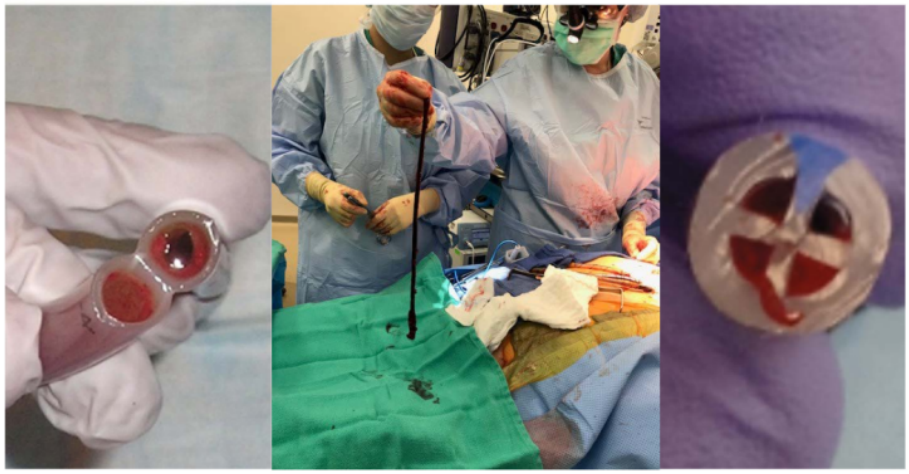
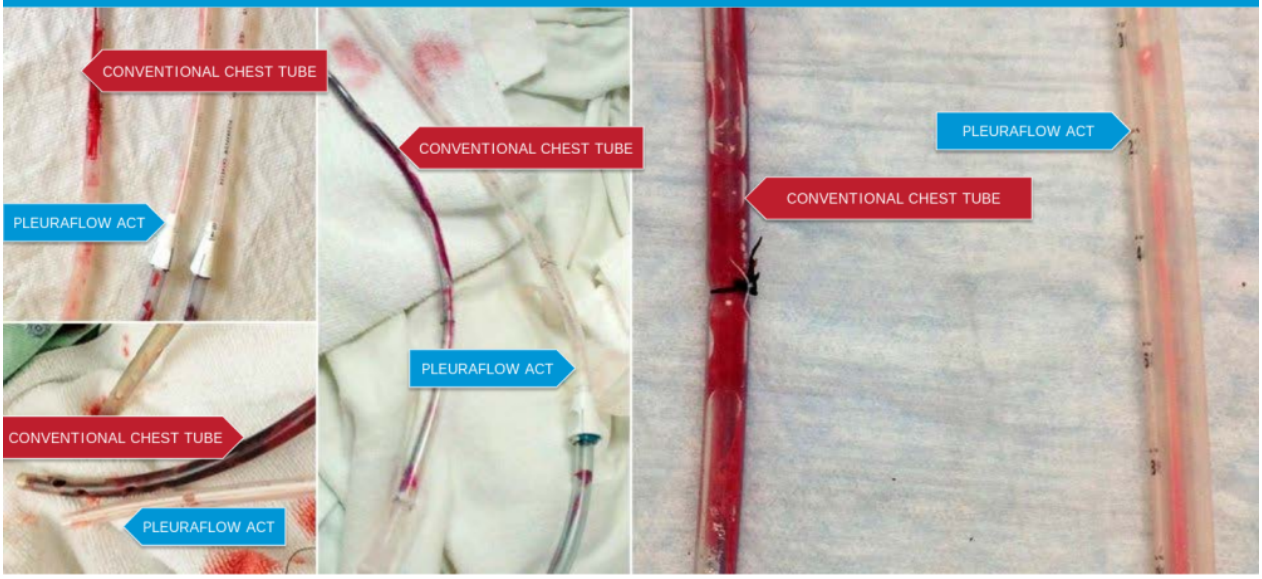


CHEST TUBES CLOGGING – A FAMILIAR PROBLEM



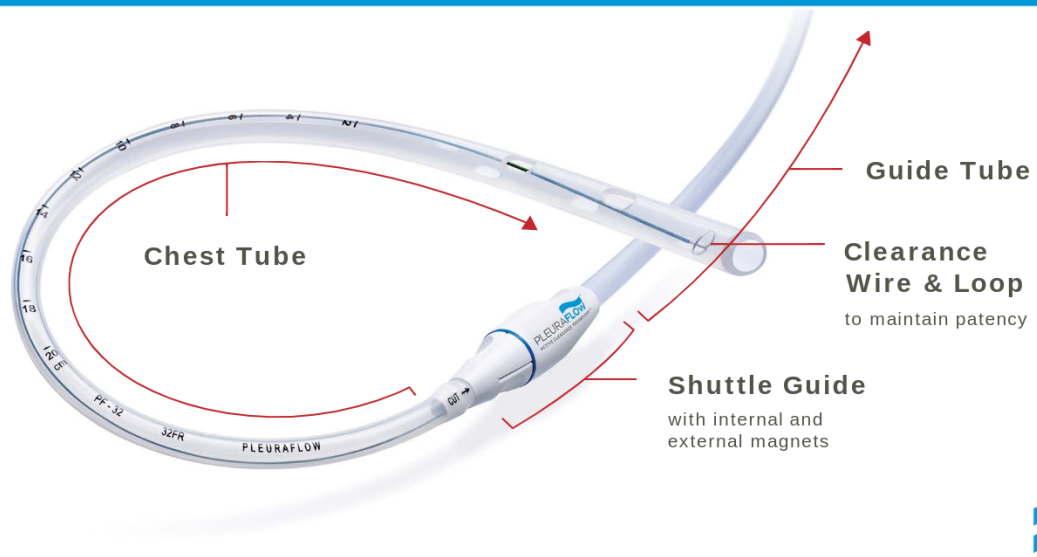
PLEURAFLOW ACT MAINTAINS CHEST TUBE PATENCY



Find a partner & locate training materials

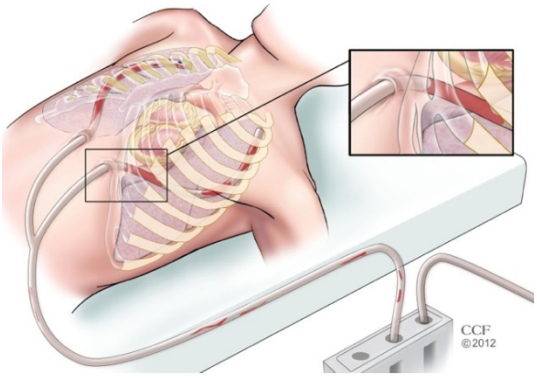
SYSTEM & COMPONENTS

THE PLEURAFLOW ACTIVE CLEARANCE SYSTEM

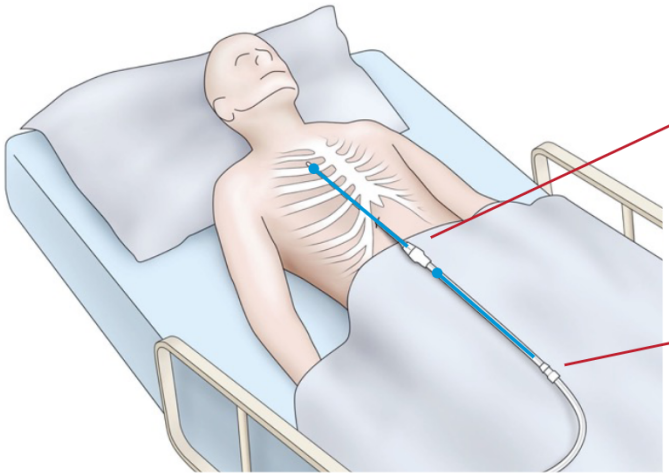


STANDARD CHEST TUBE PLACEMENT METHODS

Pleural or mediastinal placement is performed according to standard methods



PLEURAFLOW SYSTEM IN USE

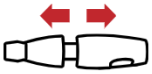


Proximal End – Parked Position

Closest to Patient

Clearance Wire & Loop are inside **Chest** Tube

Distal End – Withdrawn Position



Farthest from Patient

Clearance Wire & Loop are inside **Guide** Tube

AVAILABLE IN VARIOUS SIZES & CONFIGURATIONS

Straight

20, 24, 28, 32 FR

Long (XDL)

20, 24 FR

Pediatric (SEDL)

20 FR SEDL

Right Angle (RA)

24, 28, 32 FR

As with selection and placement of any chest tube, care must be taken to ensure that the tube drainage eyelets remain contained within the chest cavity for the duration of application.

IMPORTANT TO KNOW!

1	PLEURAFLOW ACTIVE CLEARANCE TECHNOLOGY	The PleuraFlow System is ONLY compatible with the PleuraFlow Chest Tube (included in package)
2		The PleuraFlow Guide Tube and Chest Tube cannot be mismatched
3		The system connects to any drainage canister
4		The system is NOT MRI compatible

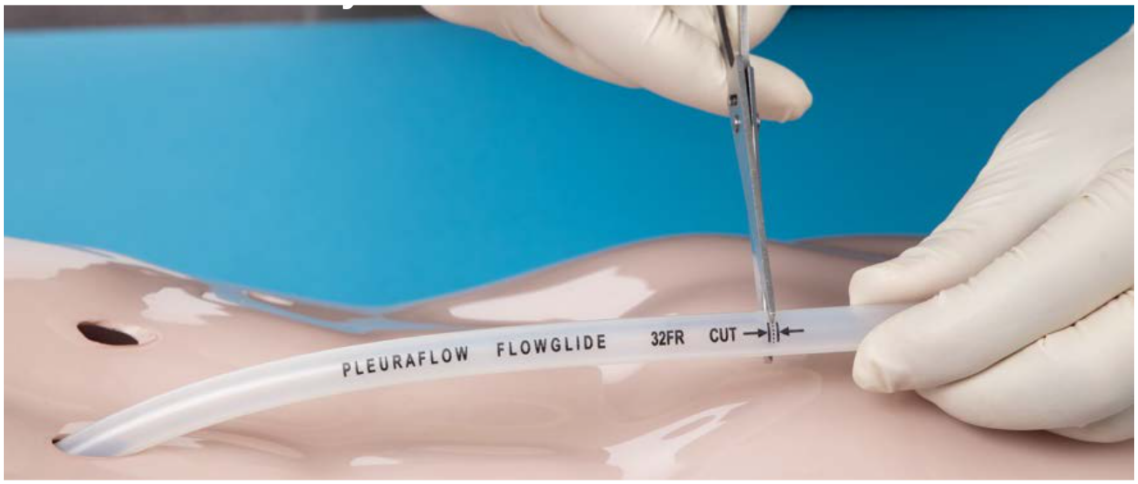
SYSTEM FUNCTION & USE

PleuraFlow Active Clearance **Guide Tube**

PleuraFlow **Chest Tube**

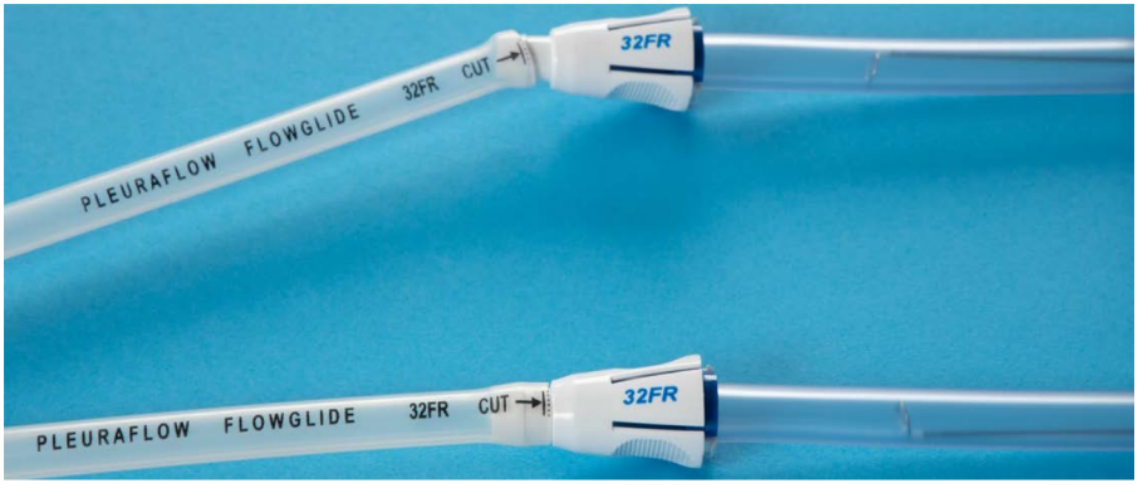
EXERCISE

ASSEMBLE THE SYSTEM



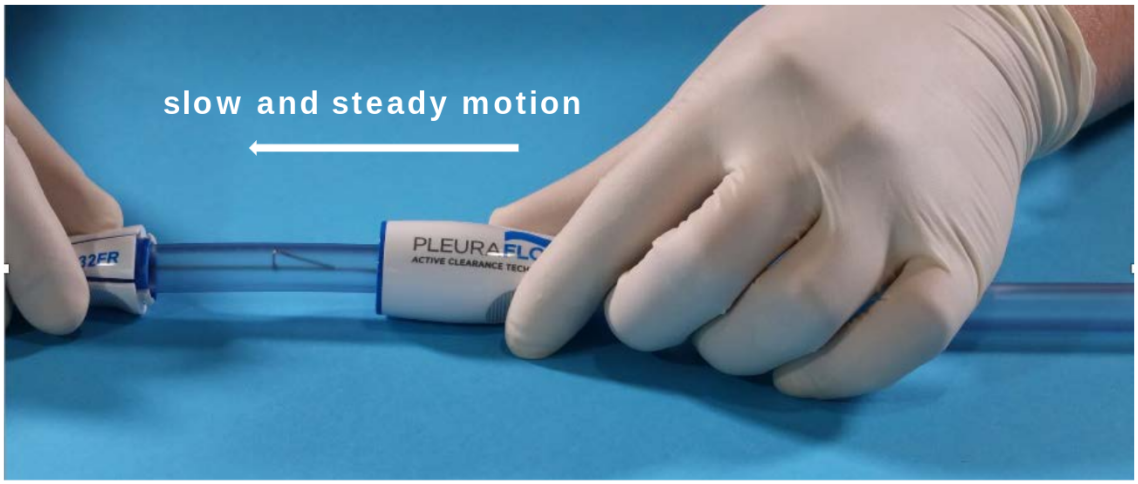
To assemble the PleuraFlow System, start by cutting the Chest Tube.
ALWAYS cut at the **cut line**. Never shorter.

15



Next, connect Chest Tube to proximal end of Guide Tube.
Ensure **straight & flush connection.**

16

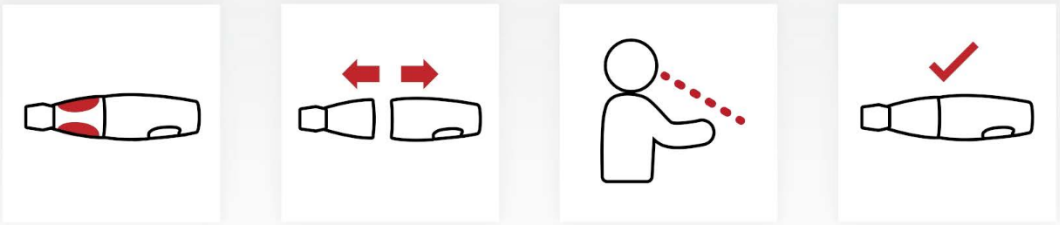


Move Clearance & Wire Loop into Parked Position.

Ensure **a slow and steady motion.**

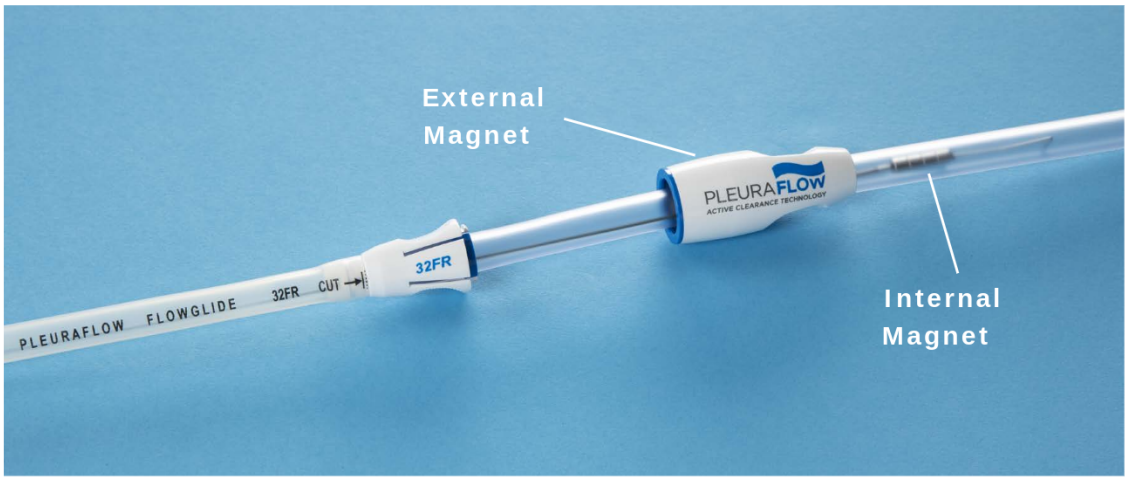
S-W-A-P

Squeeze **W**ithdraw **A**ssess **P**ark



EXERCISE

ACTUATE THE DEVICE

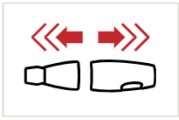


Magnetic Release – An Important Safety Feature

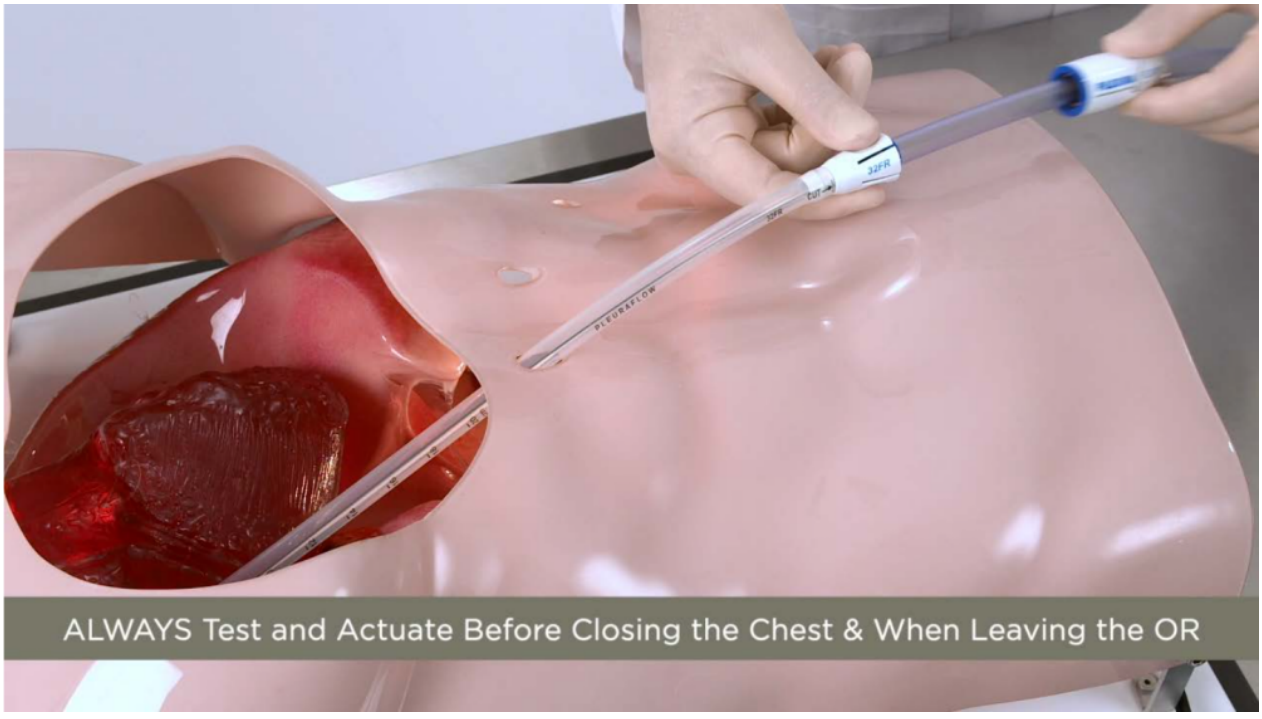
EXERCISE

MAGNETIC RELEASE

MAGNETIC RELEASE – COMMON CAUSES IN THE OR

1.  **Incision site too small** – constricting the chest tube
2.  **Suture is too tight** – constricting the chest tube
3.  **Kinks or bends** – obstructing Clearance Wire movement
4.  **Actuating too rapidly (most common cause)**


PLEURAFLOW
Do Not Tie Securement Suture Too Tightly

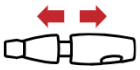
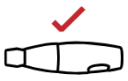

ALWAYS Test and Actuate Before Closing the Chest & When Leaving the OR

OR RECOMMENDED ACTUATION SCHEDULE

Phase	Recommended Timing
Prior to chest closure	Confirm initial advancement into Parked Position
Prior to ICU transfer once PleuraFlow System is connected to drainage canister and suction	Every 15 minutes
	Once prior to leaving the OR

* This should be repeated as necessary to keep the tube patent and free of any occlusions.

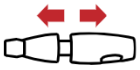
BEFORE LEAVING THE OPERATING ROOM

1.  Actuate one last time
2.  Leave Shuttle Guide in **Parked Position**
3.  Alert ICU about PleuraFlow placement and last actuation time
4.  Communicate any Magnetic Release issues

ADDITIONAL CONSIDERATIONS

SILICONE INTOLERANT	Contraindicated for patients with a history of intolerance to implantable silicone materials
6”	Do not place the Shuttle Guide within 15 cm (6 inches) of an implanted pulse generator such as pacemakers or implanted defibrillators
MR	The PleuraFlow System is **NOT** MRI Compatible
LATEX FREE	The PleuraFlow System is Latex Free

PLEURAFLOW SYSTEM – OR KEY TAKEAWAYS

1		Always cut on the Cut Line
2		Confirm advancement of Clearance Wire & Loop and actuate every 15 minutes
3		Leave in Parked Position prior to leaving OR
4		Inform the ICU about PleuraFlow placement


CLEARFLOW