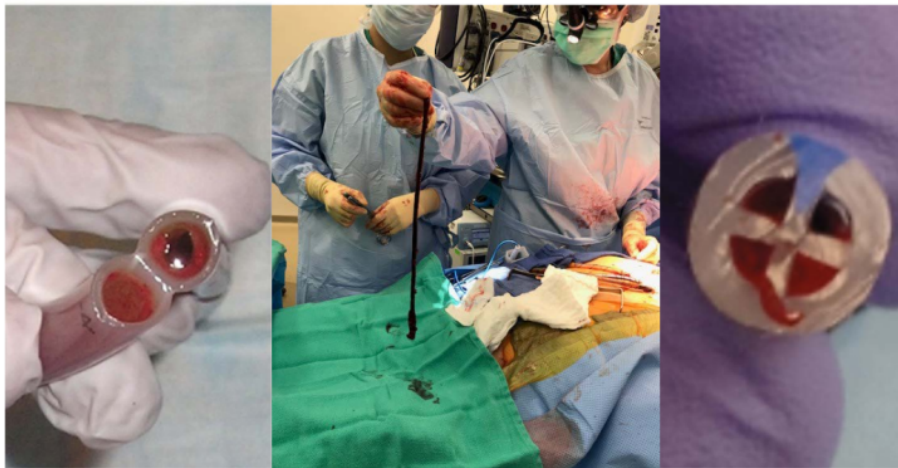


RECOVERY IS BEAUTIFUL™

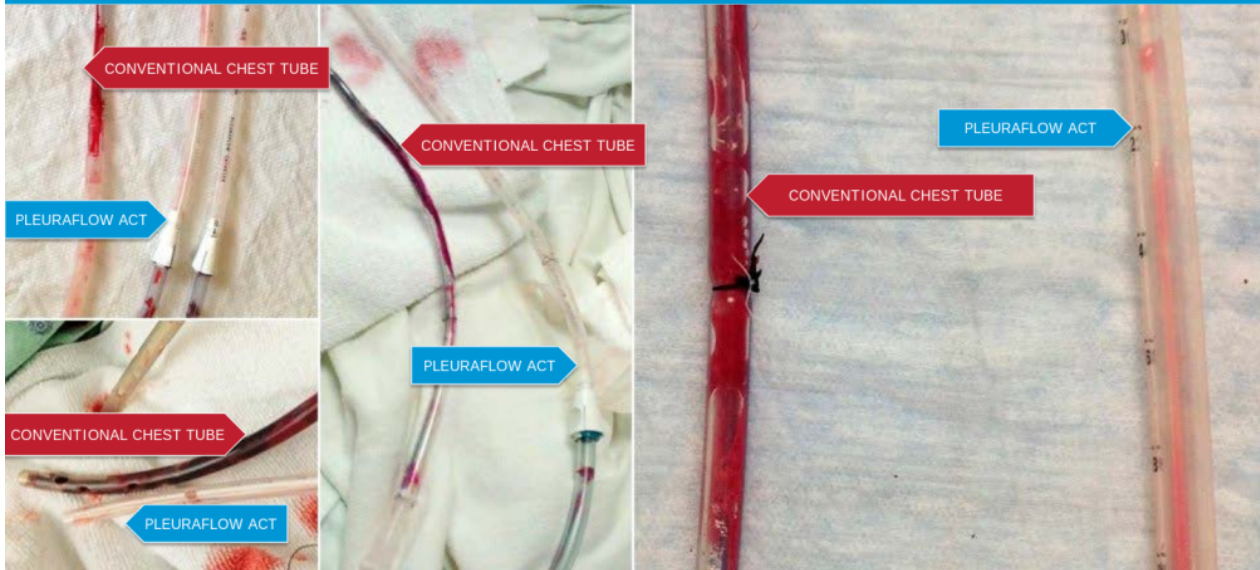
PleuraFlow Active Clearance Technology (ACT)
OR Training

TN111-A

CHEST TUBES CLOGGING – A FAMILIAR PROBLEM



PLEURAFLOW ACT MAINTAINS CHEST TUBE PATENCY



Find a partner & locate training materials

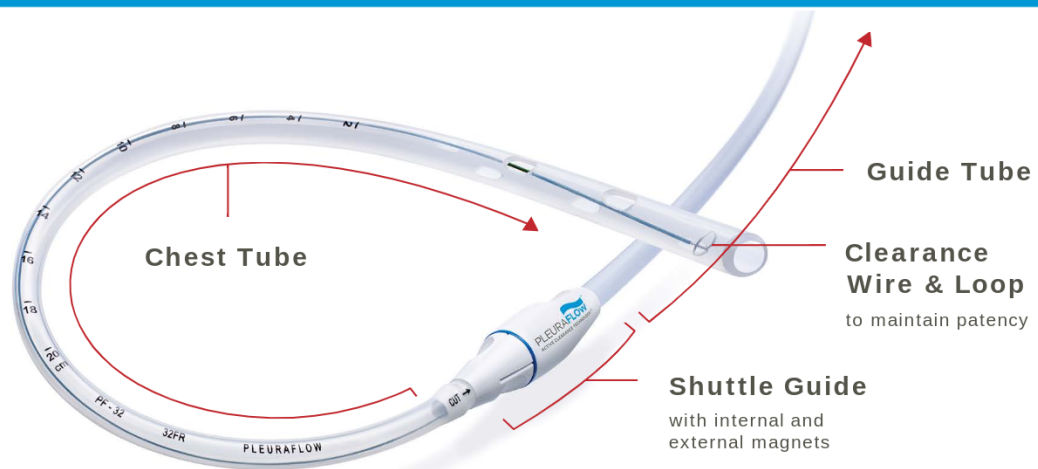


SYSTEM & COMPONENTS



5

THE PLEURAFLOW ACTIVE CLEARANCE SYSTEM

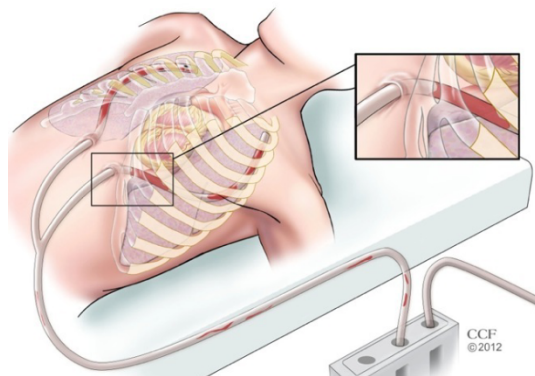


6

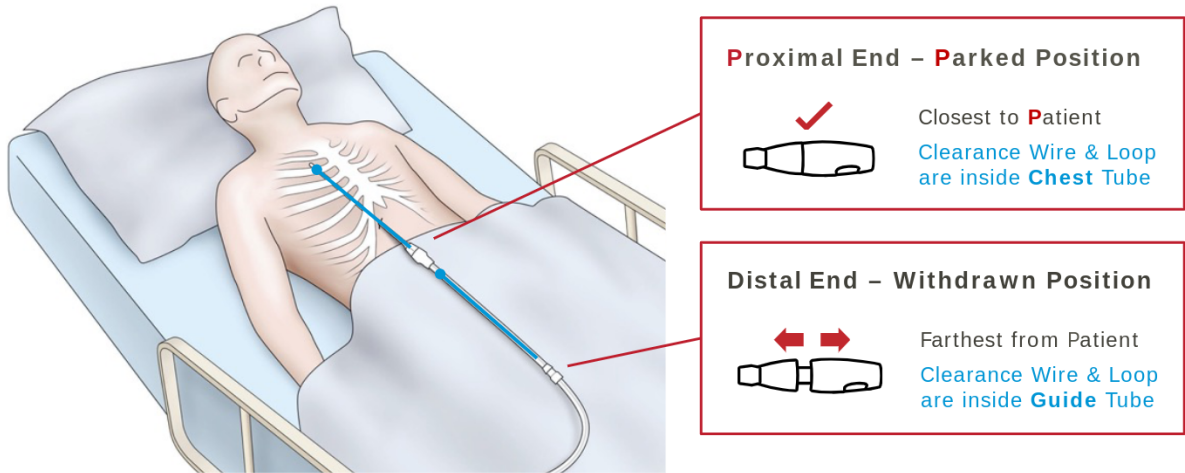


STANDARD CHEST TUBE PLACEMENT METHODS

Pleural or mediastinal placement
is performed according to
standard methods







PLEURAFLOW SYSTEM IN USE



9



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.

10



IMPORTANT TO KNOW!

-  The PleuraFlow System is **ONLY** compatible with the PleuraFlow Chest Tube (included in package)
-  The PleuraFlow Guide Tube and Chest Tube cannot be mismatched
-  The system connects to any drainage canister
-  The system is **NOT** MRI compatible

11

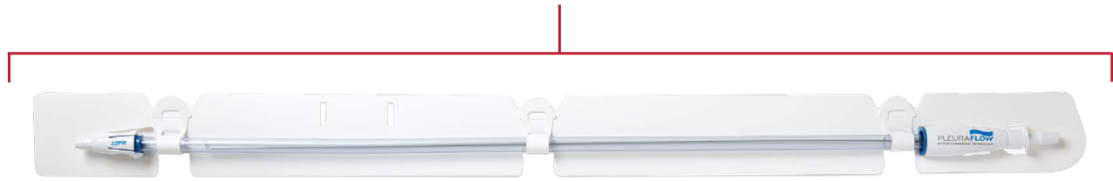


SYSTEM FUNCTION & USE

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PleuraFlow Active Clearance **Guide Tube**



PleuraFlow **Chest Tube**

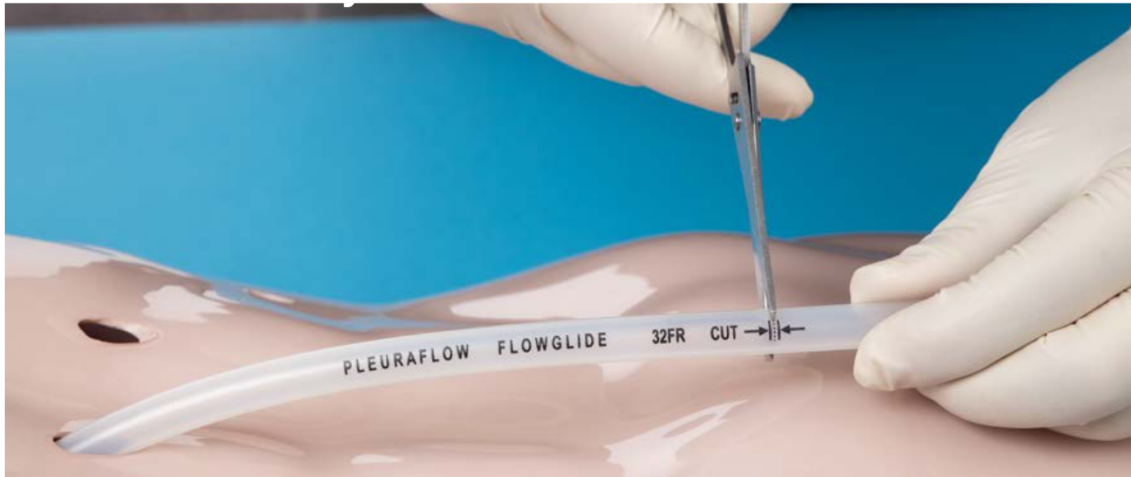


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EXERCISE ASSEMBLE THE SYSTEM





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



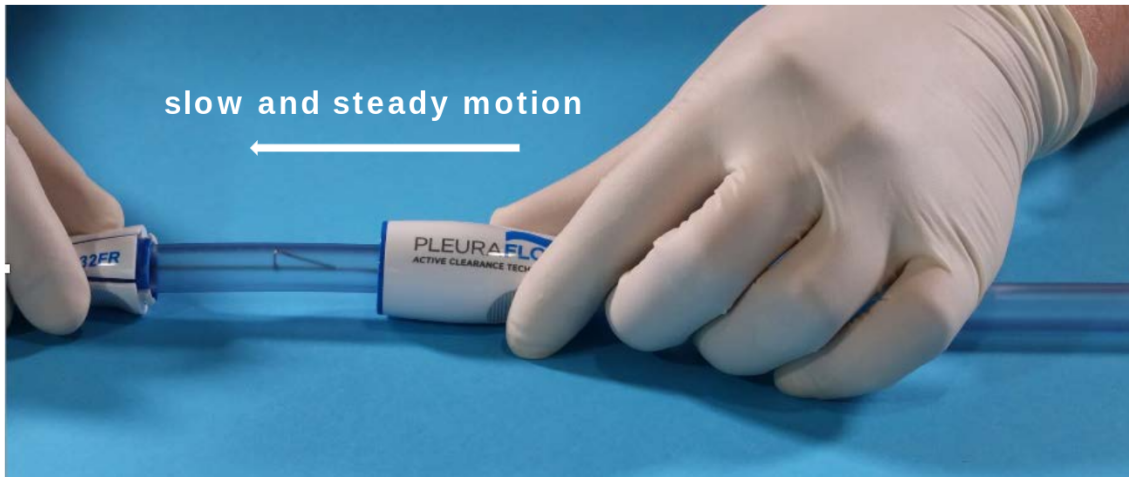
15



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**.

17



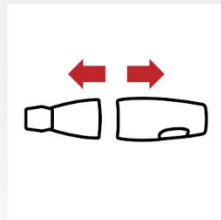
S-W-A-P



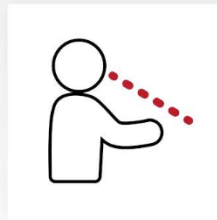
Squeeze



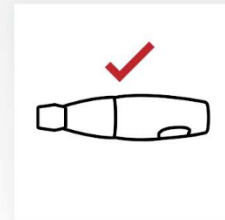
Withdraw



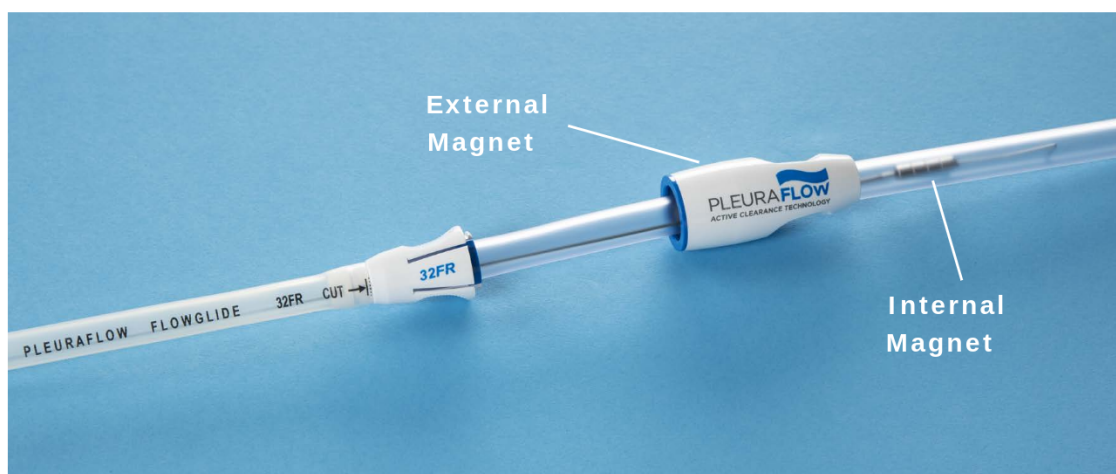
Assess



Park



EXERCISE ACTUATE THE DEVICE



Magnetic Release – An Important Safety Feature



Magnetic Release



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
- 

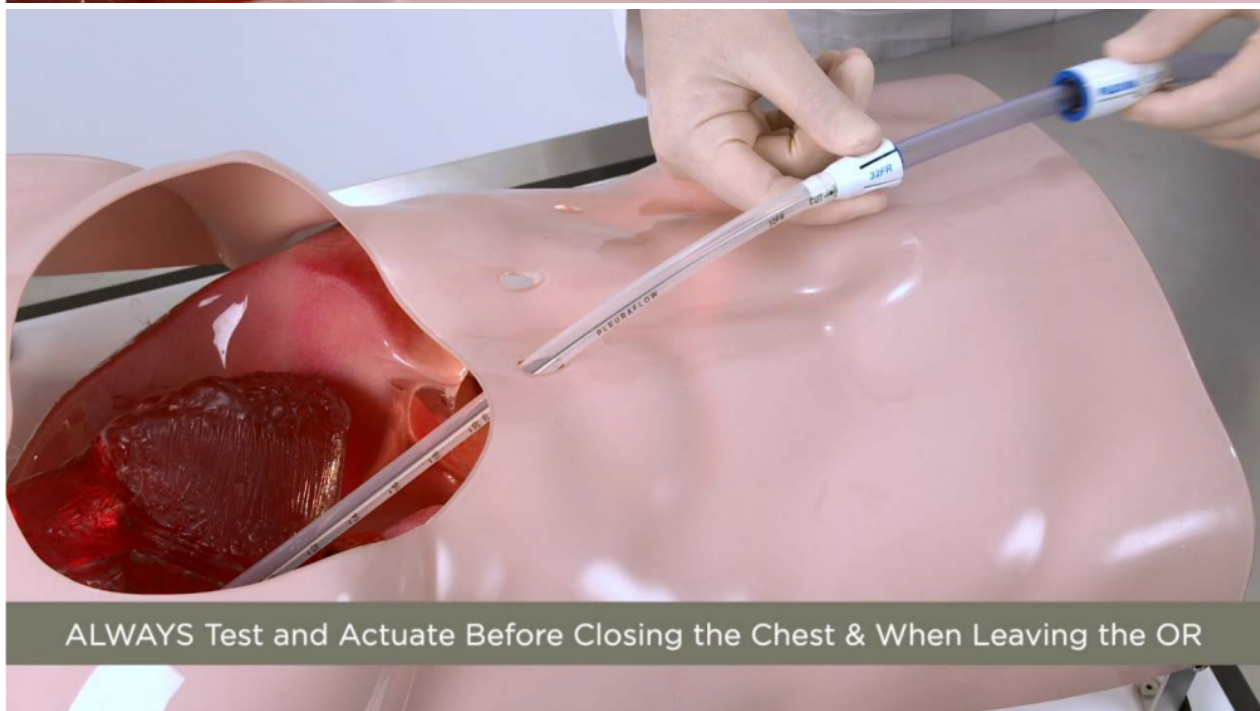
3 Kinks or bends – obstructing Clearance Wire movement
- 

4 Actuating too rapidly (most common cause)

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Ensure Adequate Size of Incision Tunnel



OR RECOMMENDED ACTUATION SCHEDULE

Phase	Recommended Timing
Prior to chest closure	Confirm initial advancement into Parked Position
Prior to ICU transfer <small>once PleuraFlow System is connected to drainage canister and suction</small>	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.

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BEFORE LEAVING THE OPERATING ROOM

- 1

Actuate one last time
- 2

Leave Shuttle Guide in **Parked Position**
- 3


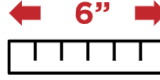

Alert ICU about PleuraFlow placement and last actuation time
- 4

Communicate any Magnetic Release issues

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ADDITIONAL CONSIDERATIONS


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


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PLEURAFLOW SYSTEM – OR KEY TAKEAWAYS

- 

Always cut on the Cut Line
- 

Confirm advancement of Clearance Wire & Loop and actuate every 15 minutes
- 

Leave in Parked Position prior to leaving OR
- 

Inform the ICU about PleuraFlow placement

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