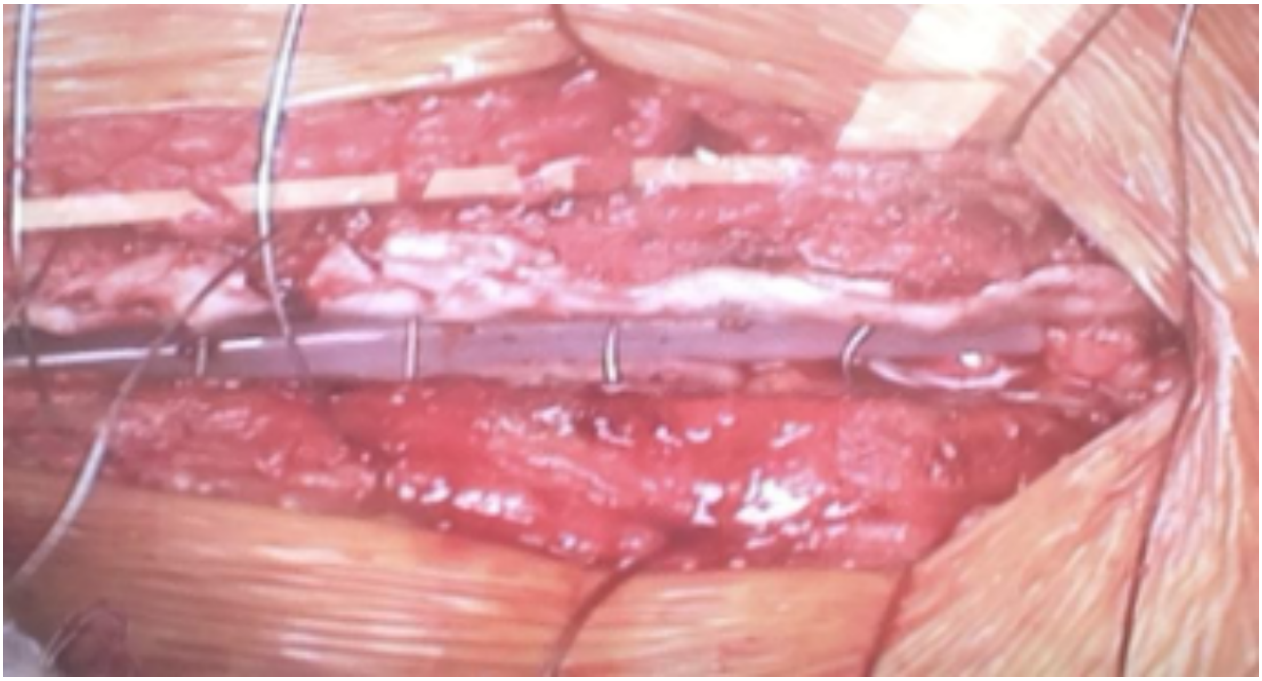
Chest Tube Compressed by Sternal Wires

Visualize the chest tube placement for compression due to sternal wires. If possible, adjust chest tube position to reduce/prevent compression. The Clearance Wire and Loop can continue to be used even if the Shuttle Guide does not fully click into the Parked Position.



Chest Tube Displaced or Kinked

The Chest Tube may be misaligned or kinked. If possible, reposition the chest tube and test actuation to verify resolution.

Tips

If the internal and external magnets become uncoupled, advance or retract the Shuttle Guide over the internal magnet to recouple. Retaining elements set on the internal magnets will keep the internal magnets and wire from exiting the Guide Tube, thus encouraging recoupling of the magnets.

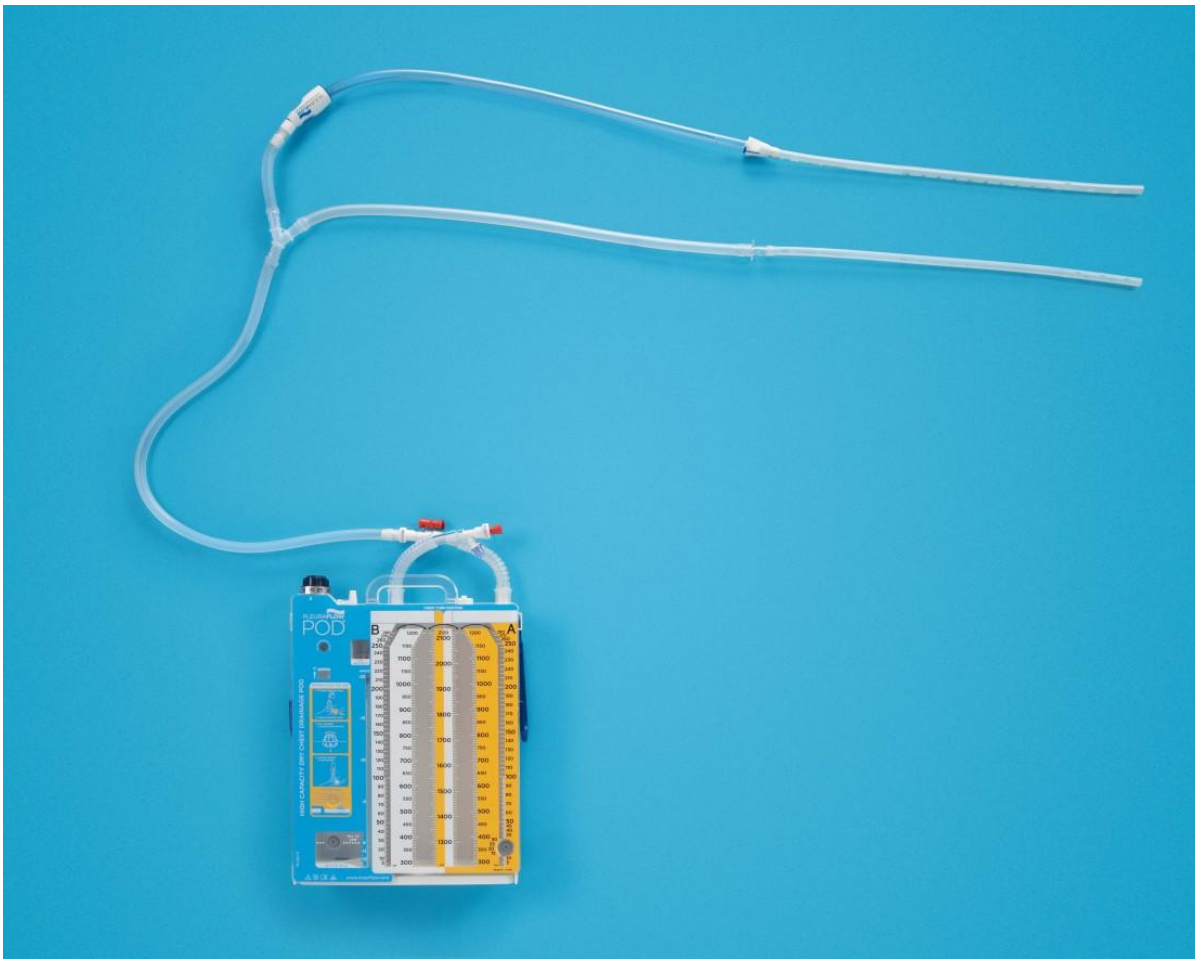
If decoupling occurs when the Clearance Wire and Loop are in proximity to the Parked Position, the Clearance Wire and Loop can continue to be used even if the Shuttle Guide does not fully click into the Parked Position.

If after several attempts the magnets remain uncoupled, the PleuraFlow Guide Tube may be disconnected from the PleuraFlow Chest Tube. The Chest Tube may then be connected to the drainage tubing and canister in the standard fashion.

If decoupling occurs when the Clearance Wire and Loop are in proximity to the parked position, continue using the device if:

- It is not possible to click the Shuttle Guide into the proximal barb housing to park the Clearance Wire and Loop in the proximal end of the Chest Tube, and;
- There is no resistance to wire movement inside the chest tube distally to the point of decoupling.

If a "Y" connection is utilized, additional drainage tubing may be used to compensate for length discrepancies.



Advancing/Parking: If decoupling persists during advancement, slide the shuttle guide over the internal magnet to recouple and retract the clearance wire out of the chest tube, leaving it in the guide tube. Notify the ICU of the position of the Shuttle Guide and communicate the location of decoupling.