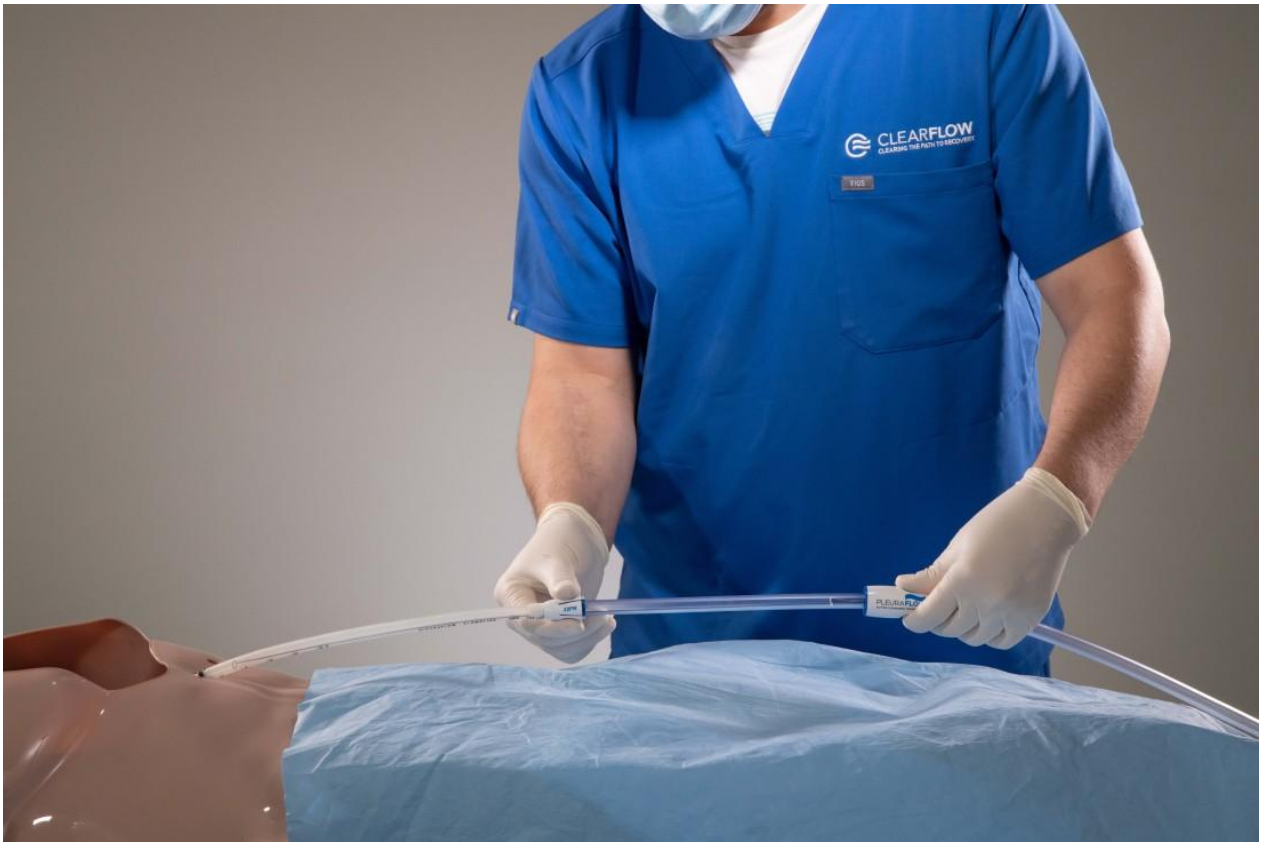
Guide Tube Path Not Straight

Ensure the Chest Tube and Guide Tube are as straight and parallel to the patient's body as possible when actuating. Ensure the proximal end of the guide tube is not elevated when attempting to actuate.

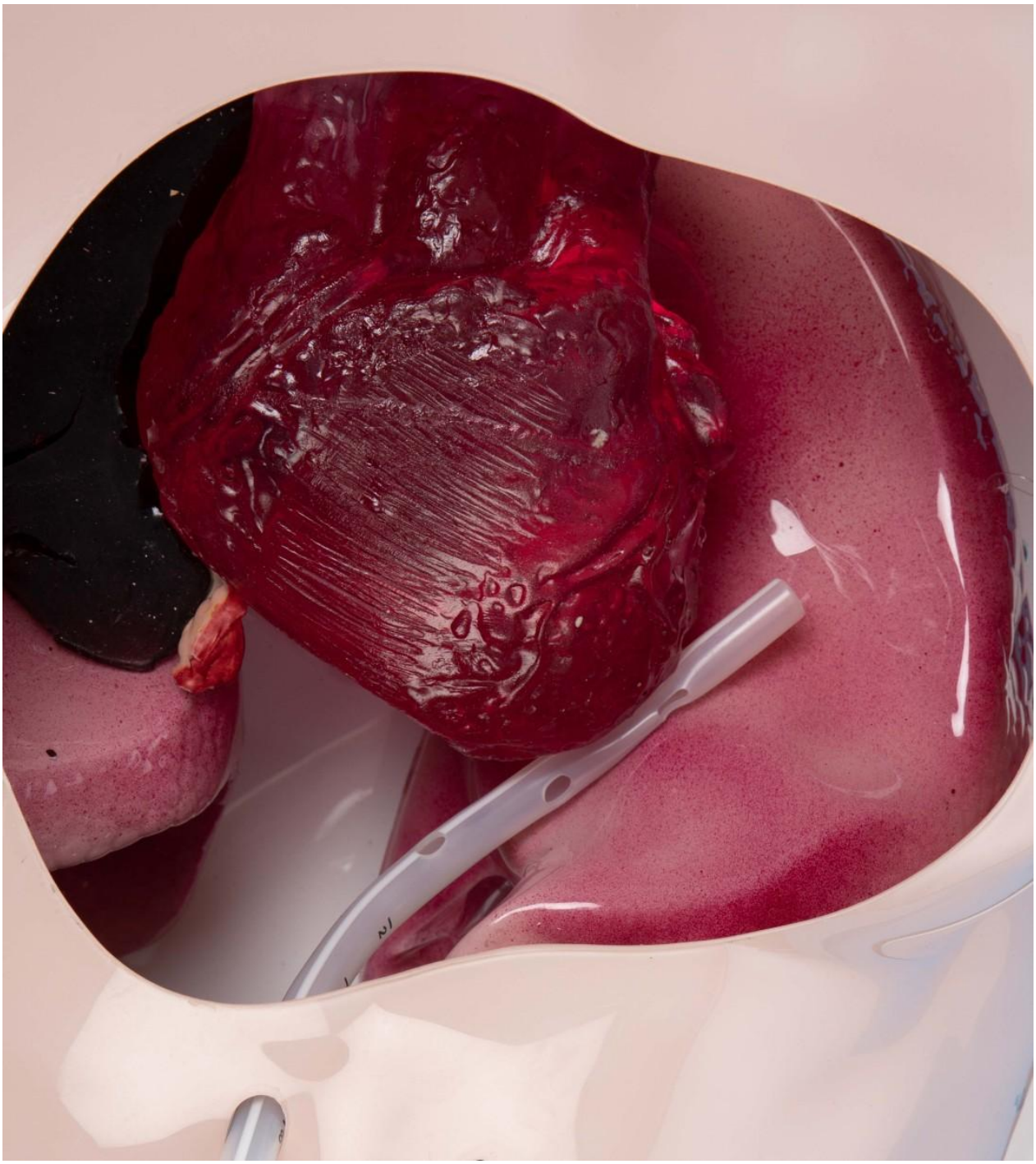


Actuated Too Fast

The Clearance Wire and Loop may be encountering some resistance from clot which may require slower movement.

Consider Patient Positioning

The Chest Tube may be compressed by swelling inside the chest cavity or encountering resistance due to patient positioning. Reattempt actuation when the patient has been repositioned (supine to semi-fowlers, semi-fowlers to supine, sitting to supine/semi-fowlers).



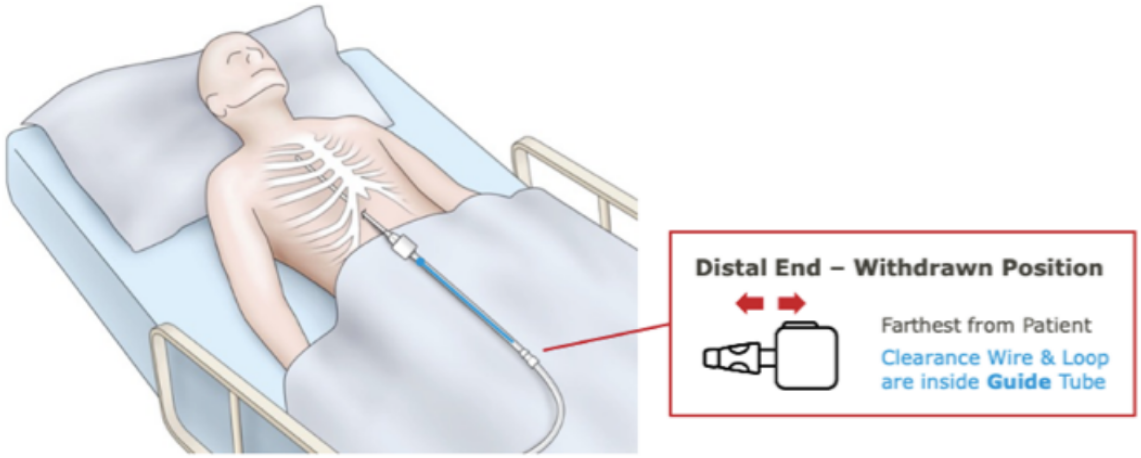
Possible Clot Formation

If considerable time has passed since the last actuation, a clot may be occluding normal passage of the clearance wire and loop.

Tips

If decoupling occurs when the shuttle guide is in proximity of the parked position, the shuttle guide can continue to be used, even if not fully clicked into the parked position. Proceed with the actuation schedule.

If decoupling occurs when the shuttle guide is not in proximity of the parked position, the shuttle guide can be retracted toward the distal barb and actuations discontinued; or



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PleuraFlow Clearance Apparatus 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.