

Potential dangers of chest drains: response to case report by Drs Jayathissa and Dee

The case report by Dr Jayathissa and Dr Dee published in the 23 September 2011 issue of the *Journal* is an important reminder of the potential dangers even small bore chest drains can pose to patients.¹

In recent years the availability of Seldinger chest drains has seen a move away from large bore tubes inserted by blunt dissection. While this is generally considered to be a positive thing for our patients, one might question whether their relative ease of insertion has led to them being overused by junior staff.

In general terms there are only three indications for the insertion of an indwelling chest tube, whatever the size: treatment of pneumothorax where aspiration has failed; management of pleural infection or empyema; and when the intention of draining the fluid is to perform a medical pleurodesis.

In almost all other clinical scenarios, including the one in the case presented, if the goal is to relieve dyspnoea then a simple thoracocentesis is all that is required. Whether this is done using an intravenous cannula, or a pre-packed thoracocentesis kit, the risk of complications is much lower than with drain insertion.

Even in patients with large effusions, the aspiration of just a litre of fluid is usually enough to make them more comfortable. The authors have thoroughly highlighted all the key features associated with the safe insertion of chest drains, but I would also emphasise an even earlier decision: is a chest drain required at all?

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Reference:

1. Jayathissa S, Dee S. How safe is the 'safe triangle'? N Z Med J. 124(1343). <http://journal.nzma.org.nz/journal/124-1343/4882/content.pdf>