



A Chest Tube is a Surgical Drain that is Inserted through the Chest Wall

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INTRODUCTION

A surgical drain known as a chest tube, also known as a thoracic catheter, a tube thoracostomy, or an intercostal drain, is inserted through the chest wall into the pleural space or the mediastinum to remove clinically undesirable substances from the intrathoracic space, such as air (pneumothorax), excess fluid (pleural effusion or hydrothorax), blood or pus drain or an intercostal catheter (ICC) is another name for an intrapleural chest tube. It can be a thin, flexible silicone tube or a larger, semi-rigid, fenestrated plastic tube with a flutter valve or underwater seal. Hippocrates first advocated the concept of chest drainage when he described the treatment of empyema by means of incision, cautery, and insertion of metal tubes. However, the method was not widely.

DESCRIPTION

Chest tube clogging is the most common problem with a chest tube. In surveys of surgeons and nurses that have been published, chest tube clogging is widely acknowledged. Chest tube clogging can result in retained blood around the heart and lungs, which can contribute to complications and increase mortality. If a chest tube clogs while the patient is still bleeding, they can become hypotensive from tamponade or develop a large hemothorax. Both of these outcomes can be fatal. Air leaks are a common complication that occurs in between 30% and 50% of patients following thoracic surgery. Pneumothorax occurs when a chest tube becomes clogged during an air leak. This can be life-threatening. Digital chest drainage systems can provide real-time information by continuously monitoring intra-pleural pressure and air leak flow. In the early postoperative period, it is essential for the team caring for the patient to be vigilant about chest tube clogging. Hemorrhage, infection, and reexpansion pulmonary edema are the most common in-

sertion-related complications. Injury to the liver, spleen or stomach is conceivable assuming that the cylinder is set mediocre compared to the pleural cavity. Heart and thoracic aorta injuries are also possible. Antibiotics lower the likelihood of infectious complications following the placement of chest tubes as a result of either blunt or penetrating trauma. A subcutaneous hematoma or seroma, anxiety, shortness of breath, and cough (after removing a large volume of fluid) are minor complications. After the chest tube is removed, most pain caused by it goes away; however, chronic pain caused by scarring of the intercostal space caused by the chest tube is not uncommon. If a patient has subcutaneous emphysema, it is likely that their chest tube is not draining, and it should be considered if it should be unclogged or if another tube should be placed so that the air leaking from the lung can be adequately drained.

CONCLUSION

Subcutaneous emphysema is a sign of backpressure caused by untrapped air. It can be a thin, flexible silicone tube or a larger, semi-rigid, fenestrated plastic tube with a flutter valve or underwater seal. Hippocrates first advocated the concept of chest drainage when he described the treatment of empyema by means of incision, cautery, and insertion of metal tubes. However, the method was not widely. Chest tube clogging is the most common problem with a chest tube.

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CONFLICT OF INTEREST

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