

Thopaz Drain

Cardiothoracic

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

Introduction

- To tell you more about the Thopaz chest drain which your Surgeon / Nurse has already explained to you
- To help you understand what will happen to you
- To explain the possible risks using Thopaz
- To explain alternatives if you do not wish to use the Thopaz
- To make sure you know as much as possible about the procedure before you agree to it

What is a Chest Drain?

Chest drains are used after all types of lung surgery to:

- Re-inflate the lung after surgery
- Assist with drainage of air from the space between the lung and the chest wall
- Assist with drainage of fluid from the space between the lung and the chest wall

What is Thopaz Chest drain?



Thopaz is a complete, extremely efficient portable chest drainage system. It is comprised of a machine, recharging base unit, disposable containers, and tubing. The set-up and handling of the machine is very easy to use.

The Thopaz system will be connected to the chest tube which the Surgeon inserts at the end of the operation. This chest tube will be securely sutured in place to prevent it from dislodging / falling out. You will have a small dressing around the insertion site.

The Surgeon may ask for suction to be applied to the drain to aid the drainage of air / fluid. Thopaz allows suction to be applied to the drain whilst allowing you to continue to mobilise. Some patients are allowed home with the Thopaz chest drain.

Why do I need to have the Thopaz Chest drain?

Your Surgeon has recommended this treatment because there is still an air leak present or there is too much fluid that requires draining and the chest tube cannot be removed. The Thopaz will allow you to mobilise around the ward. Your Nurse will tell you how much you can do. You may be considered for discharge home with the Thopaz drain in place (strict criteria for discharge home must be met).

What are the risks and benefits?

Risks:

There are no additional risks in using Thopaz when compared with the underwater seal chest drain. You will be required to use either one of these after surgery until your lung has re-inflated, fluid drainage has reduced and air drainage has stopped.

Benefits:

Thopaz allows you to mobilize while continuous suction is applied to your chest tube. Mobilisation will help to prevent other complications which are associated with all types of surgery (deep vein thrombosis, chest infection, pressure ulcer formation, constipation, loss of appetite, low mood).

Enhanced privacy and dignity as you can go to the bathroom etc

The Thopaz shows the pressure and air flow continually on the machine. The Surgeon / Nurse can assess more accurately from the air flow when the chest tube can be removed.

How to use the Thopaz Drain

The Nurse will show you how to use the Thopaz drain and recharging base unit. You will be able to carry the machine around with you. The base unit will be plugged in to the mains electricity supply and placed on the floor at your bedside. When you are sitting on or by your bed, place the machine back onto the base unit. A blue light will show on the base unit to indicate the machine is charging. The machine will BLEEP once each time you have lifted or replaced the machine from / onto the base unit. The machine will recharge whilst sitting on the base unit. The charge will last for 10 hours when fully charged.

What are the alternatives if I choose not to use the Thopaz System?

If you choose not to use the Thopaz, the alternative is to continue using the traditional type of chest drain which is connected to the suction controller by your bed. This limits your mobility from bed to chair and the length of time you can spend in the bathroom etc is reduced. You will need to remain in hospital until the drain is removed with this type of wall suction.

Your Surgeon has recommended Thopaz and they will explain to you individually the reasons for this and your options if you choose not to have this procedure. Please take this opportunity to ask questions and discuss any concerns you may have.

Going Home with Thopaz?

Your Doctor / Nurse will discuss with you if you are suitable to be considered for discharge home with the Thopaz drain.

You must fulfill ALL of the following criteria:

- The Thopaz Drainage system must have been used for a minimum of 48hrs on the ward prior to discharge
- A chest X-ray will be performed and reviewed prior to discharge
- The anchor suture holding the chest tube will be checked and a new dressing applied
- You must be alert and orientated and mobile
- You must be independent with mobility
- You must not live alone
- You and your carer must feel confident to go home with the Thopaz drain
- You must have access to transport to attend the ward / wound clinic when necessary

Going Home Advice

Before leaving the ward the Doctor / Nurse will give instructions to you and your carer about available support, follow-up arrangements and contact details while you are at home with your Thopaz chest drain.

- An appointment will be made in Cardiothoracic Wound Clinic for follow-up with your Surgeon within one week of discharge home. Further appointments will then be arranged as requested by your Surgeon
- A referral to your District Nurse will be organised if required to change the dressing around the chest tube. The dressing will need to be changed at least twice weekly dependent on leakage from the site
- A copy of your discharge letter will be given to you with your supply of current medication
- You will be shown how to record level of drainage and amount of air flow on the chart at the back of this booklet. It should be recorded daily when you get up in the morning. The Surgeon will review these details when in clinic so please bring the booklet with you
- The drain will be removed in clinic once your Surgeon is happy that your lung has re-inflated, fluid drainage has reduced and air drainage has stopped
- You will need someone to drive you home, you should not drive whilst you have the chest drain in place

If your chest drain falls out at any time day or night you must apply a firm dressing and contact the ward immediately to arrange a review.

If you become increasingly short of breath / suddenly short of breath you must call 999 and request to be taken to the Cardiothoracic Ward at New Cross Hospital or your nearest A&E for urgent review.

Ensure this booklet is with you at all times whilst you have the Thopaz drain.

When you are at home

Find a suitable place to plug in the base unit during the day and at night. Remember to place the machine on the base unit when you are sitting down watching TV, reading and whilst you are in bed.

You will have to consider what side of the bed to sleep on which will depend on what side of your chest the tube is in place to minimise the risk of pulling on the drain tube. For example, if your tube is on the left hand side, you should sleep on the left hand side of the bed so that the tube is nearest to the side / end of the bed.

The suction on the Thopaz is minus Kpa (this is shown on the display screen on the top of the pump).

Monitoring Air Flow & Drainage whilst on Thopaz

Please record the Air Flow and amount / type of drainage in the canister at 8am each day on the chart below. It is normal for the flow rate to vary during the day.

Date	Time	Air Flow (see screen on top of pump)	Amount in canister	Colour of fluid (clear yellow- pink-red)	Comments

If the Thopaz machine makes an alarm sound, **DO NOT PANIC** as this is a safety feature. Note down any message / fault number on the display and contact us.

Trouble Shooting Tips

Battery does not charge

1. Check if the docking station is connected to mains power
2. Check connections between docking station and Thopaz
3. Contact Cardiothoracic Ward who will swap the charger / plug or change the Thopaz unit

'Internal fault' is displayed repeatedly

1. If 'Internal fault' is displayed, Thopaz must be turned off and on again using the Power button
2. If the fault occurs repeatedly, contact the Cardiothoracic Ward

Are you safe if the Thopaz turns off or has a fault?

Yes – the system will work the same as a water seal drain when turned off.

Thopaz Quick Card



This Quick Card does not replace the instructions for use REF 200.6841 and refers to firmware 1.01

Switch on



1. Switch Thopaz⁺ on
2. Confirm whether a new patient is connected or not



3. Check detected canister size (Wrong detection: Dispose canister)
4. Thopaz⁺ is ready for functional check

Adjust pressure during operation



1. Press simultaneously



2. Set desired pressure



3. Confirm with "OK"

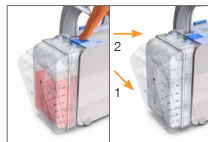
Replace canister



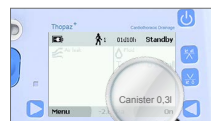
1. Prepare sterile canister
2. Clamp off tubing



3. Switch Thopaz⁺ to Standby (Press for 3 seconds)



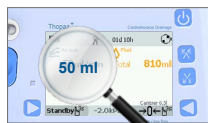
4. Replace canister



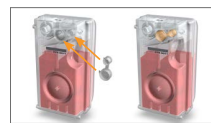
5. Check detected canister size (Wrong detection: Dispose canister)



6. Press "On" and unclamp tubing



7. Check credibility of air leak value



8. Seal and dispose canister according to internal hospital guidelines



1. Press simultaneously to mute the acoustic alarm



2. Follow advice on screen

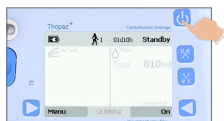
Switch off Thopaz*



1. Clamp off catheter
2. Clamp off tubing



3. Switch Thopaz* to Standby
(Press for 3 seconds)



4. Switch Thopaz* off
5. Remove and seal canister
6. Dispose of canister and tubing according to internal hospital guidelines
7. Clean and disinfect Thopaz* according to Instruction for Use REF 200.0681 (general cleaning guidelines)

How to Contact us

Cardiothoracic Ward

2nd Floor
Wolverhampton Heart and Lung Centre
New Cross Hospital
Wolverhampton
West Midlands
WV10 0QP
Telephone 01902 694306 / 694307

Cardiothoracic Wound Clinic

1st Floor / Outpatient Department
Wolverhampton Heart and Lung Centre
New Cross Hospital
Wolverhampton
West Midlands
WV10 0QP
Telephone 01902 307999 ext 6731
(Monday – Friday, 9.00am – 4.00pm)

Additional Information is available from:

Patient Advice Liaison Service (PALS)

New Cross Hospital

Tel: 01902 695362

Email: rwh-tr.pals.nhs.net

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。