

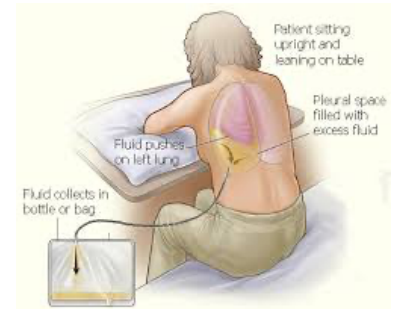
1. What an ICD?

An InterCostal drain is put between the ribs into the space located between the lung and the chest wall (pleural space). The chest tube drains air and fluid from that space.

Your medical condition will determine the position of the chest tube (side, back or front of the chest). The site where the chest tube goes is numbed with an injection of local anaesthetic. A small cut is made into the skin and the tissue so that the chest tube can be placed into the pleural space.

The chest tube is joined to a drainage tube and bottle. Stitches may be put into the skin to hold the chest tube in place. The tube may be painful, especially when you move, so you may require pain medication.

After the chest tube is inserted, a chest x-ray is taken to check that the tube is in the correct position.



The chest tube is connected to a drainage bottle wherein the air or fluid must drain. Sometimes the drainage bottle is connected to a suction valve on the wall. This helps suck out the air or fluid. Please tell the staff if you have any pain or shortness of breath.

The tube is removed when the air or fluid has stopped draining. When Dr Fourie removes the ICD she will tell you how to breathe while the tube is pulled out of the pleural space. The stitch that kept the ICD in place will be used to close the wound.

2. My Anaesthetic

This procedure might require Anaesthetic. You will be referred to the anaesthetist's office or the anaesthetist will come and see you in the hospital before surgery. He/She will supply you with an **Anaesthetic information sheet** about the anaesthesia and the risks involved. If you have any concerns discuss it with your anaesthetist.

3. What are the risks to this procedure?

In recommending this procedure Dr Fourie has balanced the benefits and the risks of the surgery against the benefits and the risks of no intervention. Dr Fourie believes there is a net benefit to you having this surgery. This is a very complicated assessment. There are risks and complications with this procedure. They include, but are not limited to the following:

Common risks and complications (>5%)	Uncommon risks and complications (1-5%)	Rare risks and complications (<1%)
<ul style="list-style-type: none"> The chest tube may become kinked or blocked: it might need repositioning or replacement 	<ul style="list-style-type: none"> Infection in the wound space around the lung: this will need antibiotics or surgery 	<ul style="list-style-type: none"> The ICD may damage the lung or heart, food pipe, muscle under the lung or the liver or spleen
<ul style="list-style-type: none"> Increased risk in obese people: wound infection, chest infection, heart and lung complications and thrombosis 	<ul style="list-style-type: none"> Congestion may occur in the lung after air or fluid is removed. You may feel short of breath soon after the chest tube is put in 	<ul style="list-style-type: none"> Emergency surgery due to complications with the procedure
	<ul style="list-style-type: none"> Irritation of the nerves between the ribs, which may cause pain or numbness of the chest wall 	<ul style="list-style-type: none"> Death as a result of this procedure is rare
	<ul style="list-style-type: none"> Bleeding from a damaged blood vessel in between the ribs 	

4. Post-Procedure Expectations

A chest tube stay inside the chest until the fluid or air is drained from around the lung and you can breathe easy. It might be that you need further procedures or even surgery to prevent this from happening again or to find the reason why it happened. While the chest tube is inside your chest you have to stay in hospital so that you can be monitored. When the chest drain is removed, you will have a suture to close the small hole, this suture can be removed by your GP 14 days after the removal of ICD.

Pain and numbness around the wound might continue for a few months after procedure. If this is this continues, make an appointment at Dr Fourie's rooms for an assessment.