



# **Chest Tube Insertion (Newborn)**

## **Procedure Information Sheet**

### Introduction

Chest tube is a tube (~3-4mm) being used to remove abnormal collection of air or fluid from the chest cavity. The tube will have to stay there for a number of days as advised by your doctor.

## The Operation / Procedure

- 1. Chest tube insertion is a minor surgical procedure.
- 2. Pain relief is provided by local injection of anesthetic solution with or without systemic sedative drugs.
- 3. A small skin incision is to be made below the axilla of the affected chest.
- 4. Certain length of the tube will stay inside the chest cavity. The external end of the tube is to be connected to a drainage system.
- 5. A stitch will be used to anchor the tube in positon.
- 6. Chest X-ray will be taken after the procedure to confirm the position of the chest tube.

## **Before the Operation / Procedure**

- 1. The doctor explain the procedure anesthetic drugs and complication risk to parents or guardians before the procedure.
- 2. Parents / guardians need to sign the consent.

## After the Operation / Procedure

- 1. Close observation of baby's vital signs.
- 2. Gently care for baby to avoid slippage of tube.
- 3. Skin closure with a stitch after chest tube removal.

### **Risks and Complications**

- 1. Pain, bleeding, bruises, bone injury and air leaking underneath skin plane.
- 2. Persistent collection of air / fluid (may require surgical operation).
- 3. Malpositioning of the tube (may require re-insertion of another tube).
- 4. Infection.
- 5. Air leakage after the removal of the tube (may require re-insertion of another).

### **Disclaimer**

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

#### Reference

Smart Patient Website by Hospital Authority: Chest Tube Insertion (2018)

|                                 |       | Patient's Label Patient Name: |
|---------------------------------|-------|-------------------------------|
| Signature of Parents/ Guardian: | Date: | Hospital No:Episode No:       |