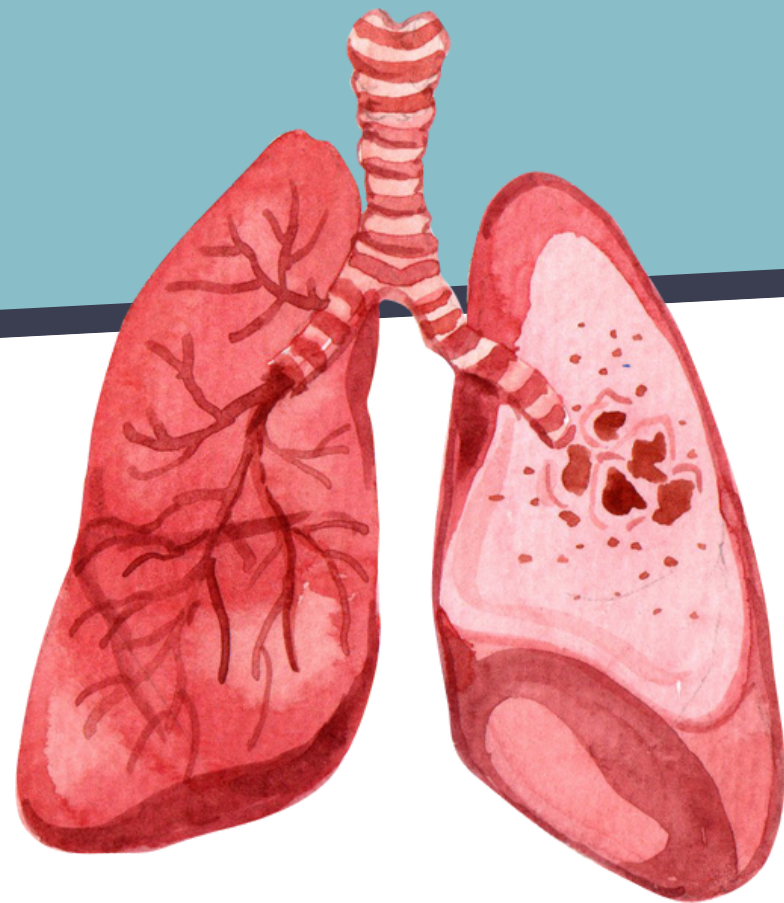
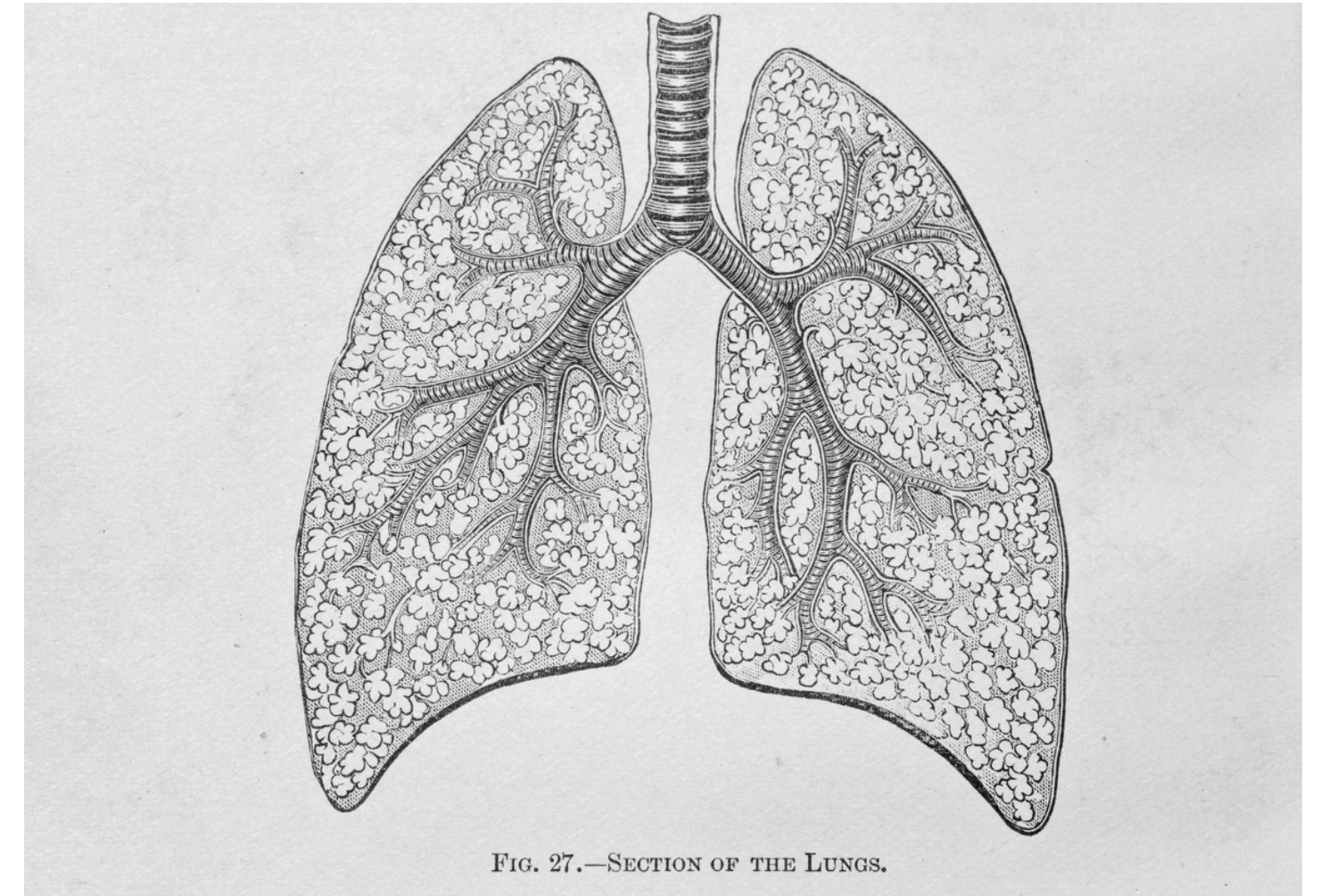


VIDEO-ASSISTED THORACIC SURGERY (VATS)



101

- Video-assisted thoracic surgery (VATS) is a minimally invasive surgical technique used to diagnose and treat problems in the chest. During a VATS procedure, a tiny camera and surgical tools are inserted into the chest through one or more small cuts in the chest wall.
- During the procedure One Lung Ventilation (OLV) is utilized to surgically induce a pneumothorax.
- Because it is minimally invasive, it comes with reduced pain, length of hospital stay and morbidity than that of an open thoracotomy.



INDICATIONS

- Treat pleural cysts, blebs and effusions
- Biopsy mediastinal masses
- Wedge resection
- Lobectomy
- Lung volume reduction
- Cervical sympathectomy
- Pleurodesis
- Pericardial effusion
- Decortication

CONTRAINDICATIONS

- Severe COPD
- Hypoxia
- Severe pulmonary hypertension
- Severe adhesions in the pleural cavity
- airway mass
- unable to tolerate lung isolation (OLV)



PLEURODESIS

- Treats recurrent pleural effusions and spontaneous pneumothorax
- A chemical agent (sometimes Talc) is applied to the pleural layers, causing them to adhere to one another.
- When the layers adhere there is no longer space for the accumulation of fluid, air, etc.

WEDGE RESECTION

- Removal of a wedge shaped section of lung, possibly diseased, containing a tumor, or for diagnosis of chronic lung disease.

DECORTICATION

- Surgical removal of the surface layer of the pleura once it has become thick and fibrous from chronic disease.
- Once this inelastic cover is removed, the lung should be able to expand more easily.



POST-OPERATIVE CARE

1. Pain control

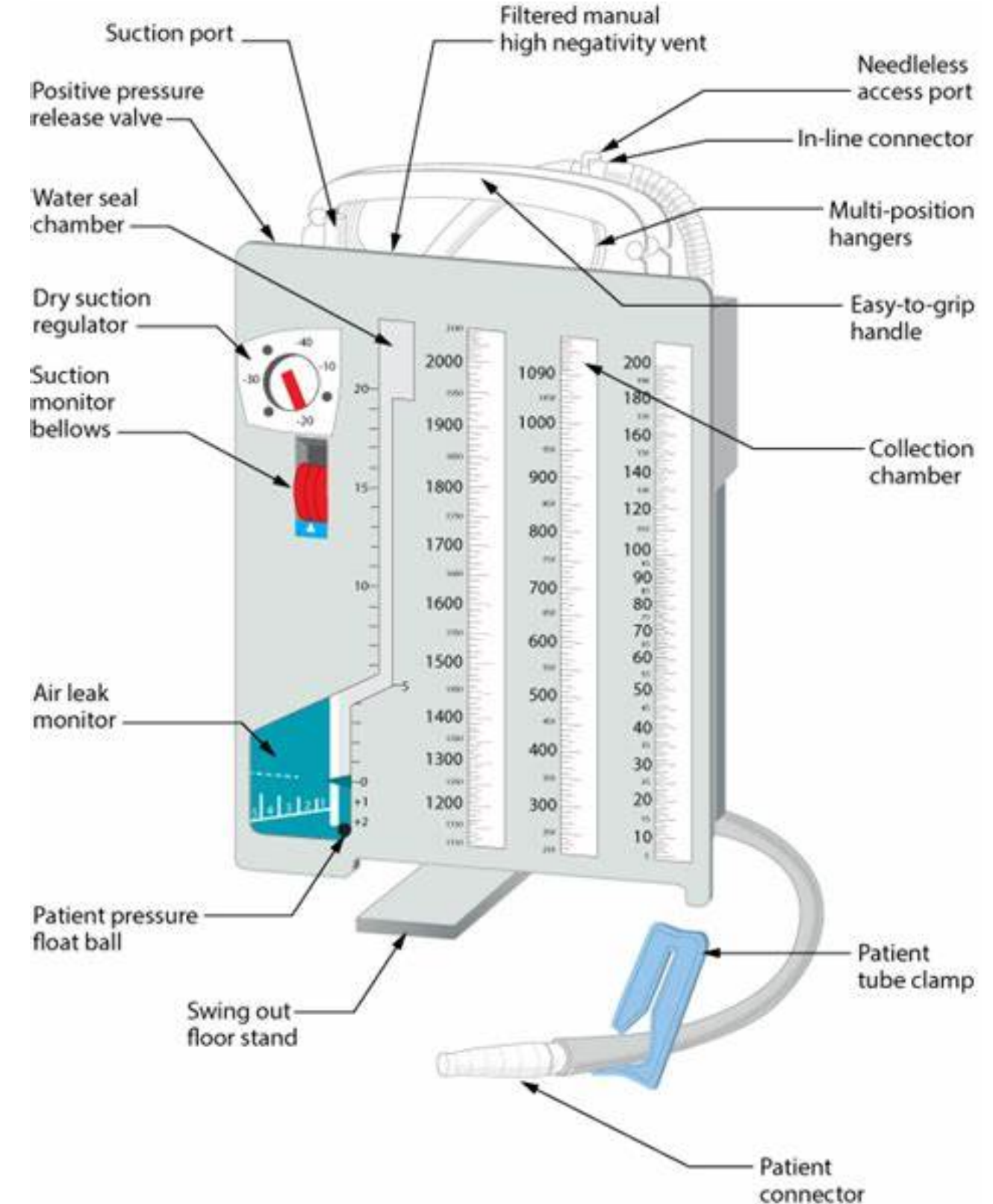
- Pain control with PRN medications is very important.
- The patient may have a nerve block placed in the OR

2. Respiratory Care

- Monitor for hypoxia
- Prevent atelectasis (deep breathing and Incentive spirometry)
- closely monitor lung sounds

2. Chest tube maintenance

- Closely Monitor output and patency
- The chest tubes are usually removed within a few days post operatively.
- The patient may go home with a smaller chest tube drainage system to help them manage an effusion outside of the hospital.



Drainage instructions

PleurX™ catheter system

Getting started: Have all drainage supplies ready and then thoroughly wash your hands.



1 Open all packaging. Unfold blue wrapping. Place bottle near wrapping and lay access tip on blue wrapping.

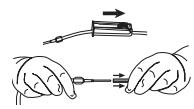


2 Pick up each glove by the wrist cuff and put both of them on.

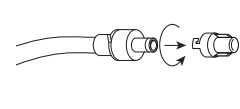


3 Tear open alcohol pads. Lay open alcohol pad pouches on blue wrapping a short distance from sterile items.

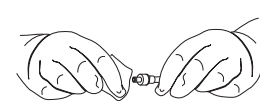
Connecting the drainage bottle: Be sure to keep the end of the catheter and access tip clean.



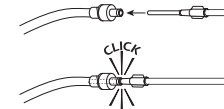
4 Close roller clamp completely by rolling the wheel on roller clamp toward bottle. Remove access tip cover by twisting and pulling gently. Set access tip on blue wrapping.



5 Take valve cap off catheter.

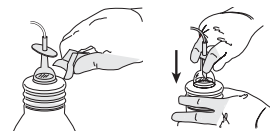


6 Clean around valve opening with first alcohol pad.

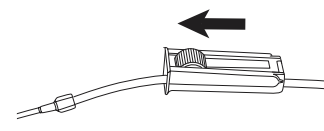


7 Insert access tip into catheter valve.

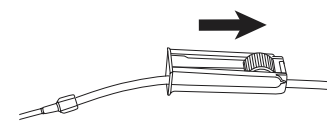
Draining fluid: Do not drain more than 1,000 mL from your chest or 2,000 mL from your abdomen at any one time.



8 Remove support clip from top of drainage bottle and push down T plunger.

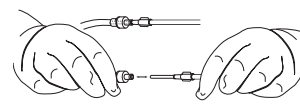


9 To begin draining, roll the wheel on the roller clamp away from vacuum bottle.

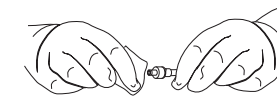


10 When finished draining, completely close the roller clamp by rolling the wheel on roller clamp toward bottle.

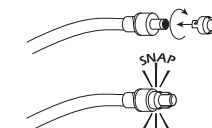
Final steps and disposal: If you have any questions or concerns, contact your doctor or nurse.



11 Pull access tip out of the valve; set drainage line down.



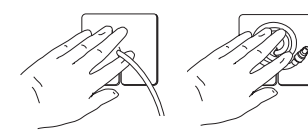
12 Clean around the valve opening with second alcohol pad.



13 Place new cap on catheter valve and twist it until it snaps into its locked position.



14 Clean around catheter site with third alcohol pad.



15 Place foam catheter pad around catheter and wind catheter on top of pad. Cover catheter with gauze pads.



16 Apply self-adhesive dressing over gauze pads.



17 Push down T plunger and move the plunger in a circular motion to further puncture foil seal so fluid can be poured out.



1 Remove flexible cap and drainage line from bottle.
8 Empty bottle into toilet. Place bottle in a plastic bag, seal tightly and discard.

1

9

These instructions are to be used only as a supplemental reference. Read the *Instructions for Use* that come with the drainage kits and watch the drainage video for more detailed instructions.

BD, Vernon Hills, IL, 60061, U.S.

bd.com

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PATIENT GUIDE

Please consult the Aspira System or Drainage System Patient Guide for warnings, cautions and full instructions for use.

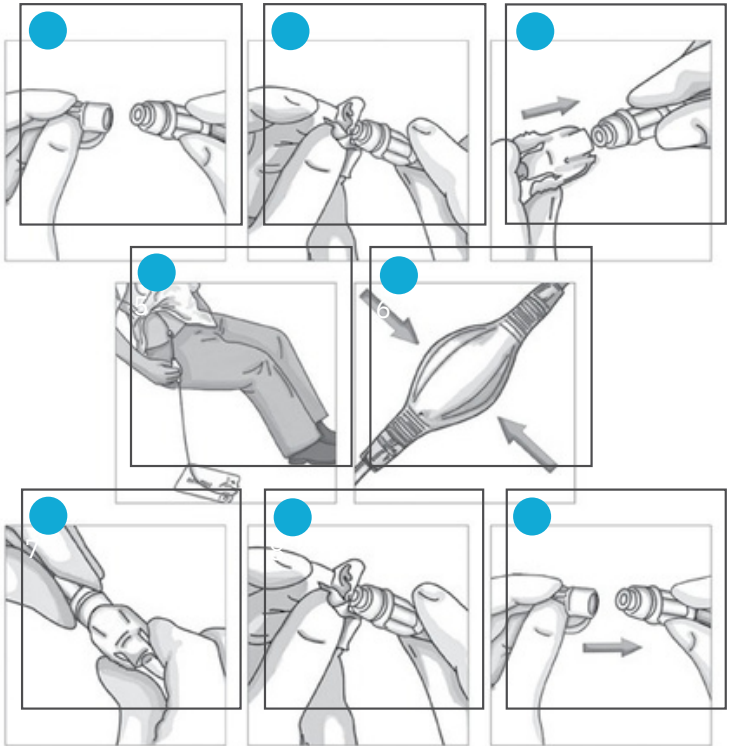
STEP 1: Prepare the Workspace

- 1 Clear space on table.
- 2 Clean surface with disinfecting wipe.
- 3 Wash hands with warm soapy water. Scrub for one full minute. Dry with a clean towel.
- 4 Place supplies on cleaned area.

STEP 2: Drainage Procedure

NOTE: If the catheter is taped to the skin with tape strips, remove the tape.
NOTE: If the catheter is damaged, place the slide clamp (in kit) between the catheter damage and the exit site. Contact your doctor.

- 1 Peel open the pouch with the drainage kit.
- 2 Remove and discard valve cap from catheter valve.
- 3 Wipe catheter valve with alcohol pad.
- 4 Connect drainage line to catheter. You should hear or feel a click when secure.
- 5 Place bag on a flat surface at least arms length below chest or abdomen.
- 6 Squeeze pump one time. Let fluid drain until bag is full or fluid stops flowing. If fluid does not flow, refer to troubleshooting section.
- 7 When fluid stops or bag fills to 1,000 mL from the chest or from the abdomen, disconnect drainage line from catheter.
- 8 Wipe catheter valve with new alcohol pad.
- 9 Place new valve cap on catheter valve.



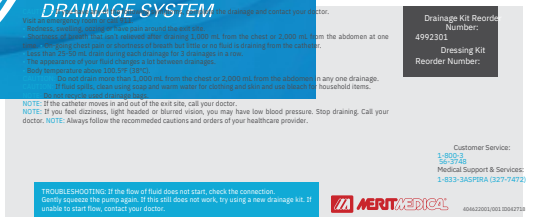
For additional information, please visit:
www.myaspira.com
www.merit.com

Remove dressing only if:

1. It has been one week since you changed the dressing.
- OR -
2. Your doctor recommended changing the dressing at every drainage.
- OR -
3. The area under the dressing is moist.

Aspira® DRAINAGE SYSTEM

QUICK REFERENCE

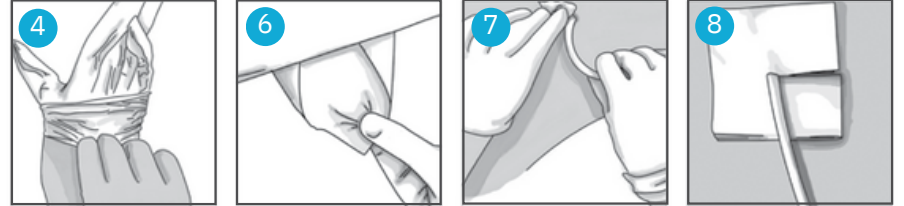


STEP 3: Dressing Procedure

If it is not time to change your dressing, tape the catheter to the skin and skip to step 4.

NOTE: Look at the exit site and skin around it. If you notice any redness, swelling, oozing or have pain at the exit site, finish draining and call your doctor.

- 1 Peel open the pouch with the dressing supplies.
- 2 Remove the gloves from the pouch.
- 3 Pick up glove at cuff end and place on hand.
- 4 Pick up second glove with the gloved hand and place it on your other hand.
- 5 Remove sterile sheet from the pouch and place it on prepared workspace.
- 6 Lay sheet flat so you can see dressing supplies.
- 7 Clean skin around exit site with alcohol pad.
NOTE: Make sure exit site and skin are dry before proceeding.
- 8 Place split gauze pad on skin around catheter.



Dress At Every Drainage

- 1 Coil catheter on top of split gauze pad. Place gauze on top of the catheter.
- 2 Place clear dressing over catheter and gauze.

Dress Weekly

- 1 Place gauze on top of catheter. Place clear dressing over catheter and gauze.
- 2 Tape exposed catheter to skin.

STEP 4: Discarding Fluid and Used Supplies

- 1 Over the toilet, tear or cut the corner of drainage bag.
- 2 Empty fluid into toilet.
- 3 Throw drainage bag and used supplies into trash. Wash hands.
- 4



NOTE: If the catheter is damaged, place slide clamp provided in drainage kit between the damage and catheter exit site. Call your doctor.

