How to Operate the PleuraFlow® ACT™ System and Maintain Chest Tube Patency

This information assumes the users are trained on the use and troubleshooting procedures. Detailed information can be found in the Instructions for Use.

Actuate

(See recommended actuation schedule below)

Slowly slide the Shuttle Guide toward the distal connector (connects to drainage canister tubing) then advance Clearance Wire back into the Chest Tube. Repeat as necessary.

Park

Click the Shuttle Guide into the proximal connector during use (Clearance Wire and Loop are inside the PleuraFlow Chest Tube).

Wire Withdraw

Slide the Shuttle Guide toward the distal connector (connects to drainage canister tubing) and leave it when the patient is moved or sitting up.

Removal

**Remove the PleuraFlow Clearance Apparatus within 5 days. Remove the PleuraFlow Chest Tube within 2 weeks.

The Clearance Apparatus can be removed or discontinued in one of 2 ways:

1. The entire Chest Tube and Clearance Apparatus can be removed and discarded in one piece.
2. The Clearance Apparatus only can be removed and the Chest Tube can be connected to the drainage tubing.

Recommended Actuation Schedule

LOCATION	PHASE	RECOMMENDED TIMING	ACT FREQUENCY	CYCLES/HR
Operating Room (OR)	Chest Closure	1 time when PleuraFlow System is connected		
	Prep for transfer to ICU	1 time upon transfer from OR table to bed		
		Every 15 minutes (if there is a delay in transfer)*		
Intensive Care Unit (ICU)	Early Bleeding	0-8 Hours	Every 15 Minutes*	4 per hour
	Slowed Bleeding	8-24 Hours	Every 30 minutes*	2 per hour
	Serosanguineous Drainage	> 24 Hours	Every Hour*	1 per hour

It is most critical in the first 24 hours post-surgery.

* This should be repeated as necessary to keep the tube patent and free of any occlusions.

Key Points

Monitor all chest tubes for bleeding and/or clots and record assessments per local protocol.

The Magnetic Safety Release (MSR) is a safety feature to avoid forcing the Clearance Loop against a fixed obstruction; it is sensitive to patient position, tube angle or kinking, drainage character, and speed of actuation.

Slow actuation is sometimes more effective than rapid. Only actuate if Clearance Wire moves freely. If you are encountering resistance or the MSR is repeatedly activated, adjust patient position or recline patient to minimize potential for compression.

If obstructive clot is forming on the wire, steps should be taken to dislodge the clot or fibrinous material stuck to the wire. Do not strip or milk PleuraFlow Chest Tube when Clearance Wire and Loop are advanced inside the Chest Tube.

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