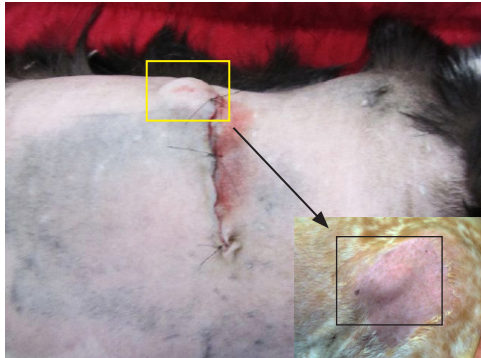


PleuralPort

accessing guide for permanent pleural drainage

this accessing guide is provided as an educational resource only and should not replace your veterinarians instructions

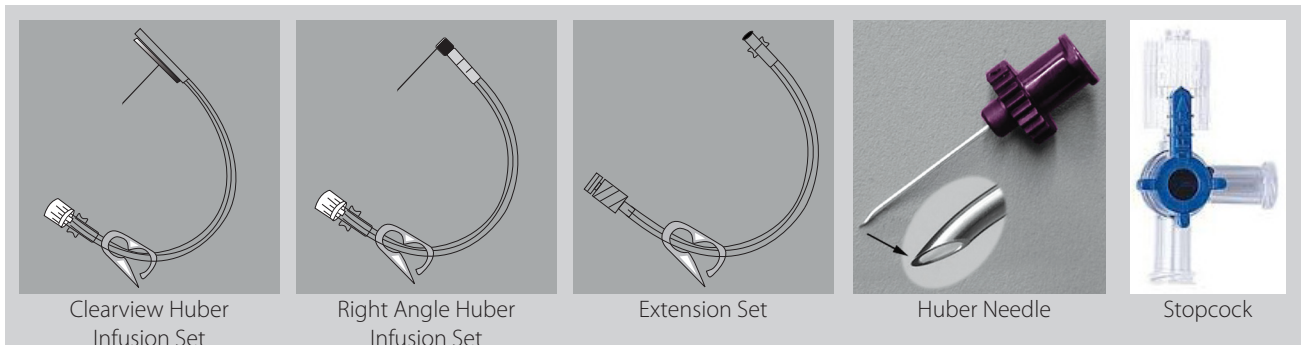


The pleural port is placed surgically and eliminates the need for repeat entry into the pleural space, eliminating inflammation and pain usually associated with repeated thoracocentesis. The subcutaneous location, minimizes the risk of infection and pulmonary damage. It is well tolerated, requires minimal maintenance and easily located by touch under the skin.

Access to the pleural cavity is by penetration of the port septum with a specially designed non corning Huber point needle. An aseptic prep is mandatory and the port site should not be palpated until hand hygiene has been accomplished.

1.draining the pleural space - the equipment required

A 60cc syringe, stopcock, an extension set and Huber needle. A right angle Huber infusion set may be used in place of a Huber needle and extension set.



A right angle Huber infusion set with a stopcock may be used in place of a Huber needle, extension set and stopcock by attaching the stopcock directly to the luer end of the Huber Right Angle or ClearView Infusion Set.

The stopcock can also be directly attached to a Huber needle without an extension tubing for drainage.

2.draining the pleural space - the prep



Locate the port site with your gloved hand by palpation of the perimeter. Wipe the site with a chlorohexidine based prep three times using different swabs each time.

Wipe outwards in a radiating concentric circles beginning at the center of the port site and working outwards for $\pm 2''$. Allow to air dry between wipes.

all photographs courtesy of Dr Alane Cahalane - VSH Hong Kong
whose video can be viewed at <https://vimeo.com/93215417>

PleuralPort

accessing guide for permanent pleural drainage continued

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3.draining the pleural space - the drainage procedure



Connect the Huber needle assembly to the stopcock and syringe and turn the stopcock so that it is **OFF** to the patient.



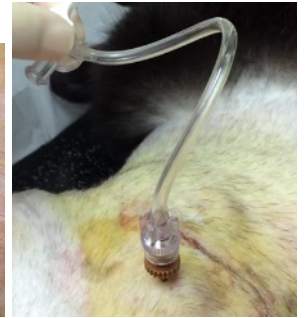
Locate the port site



Stabilize the port



Insert the needle



Locate and stabilize the port site with your thumb and forefinger of your dominant hand. Note that the position of the port septum is cranial to the suture line. With the stopcock in the **OFF** position, firmly insert the needle through the skin and the port septum until it contacts the bottom of the port reservoir. The needle is in the correct position when the tip touches the bottom of the port and you 'feel/hear a click'.

4.draining the pleural space - the withdrawal procedure



Withdraw the effusion



Discard the effusion

Turn the stopcock **ON** to the patient and withdraw the fluid.

Once the syringe is filled, turn the stopcock **OFF** to the patient and discard the fluid into a container.

Repeat the withdrawal procedure if necessary.

Once withdrawal is complete, turn the stopcock **OFF** to the patient and discard the syringe.



Flush with hep-saline



Remove the needle

Attach a new 10cc syringe containing a Heparin Saline lock solution to the stopcock. Turn the stopcock **ON** to the patient and infuse 4-5ml of the lock solution to fill the tubing.

Turn the stopcock **OFF** to the patient. Stabilize the needle between you thumb and forefinger as you remove the needle.

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