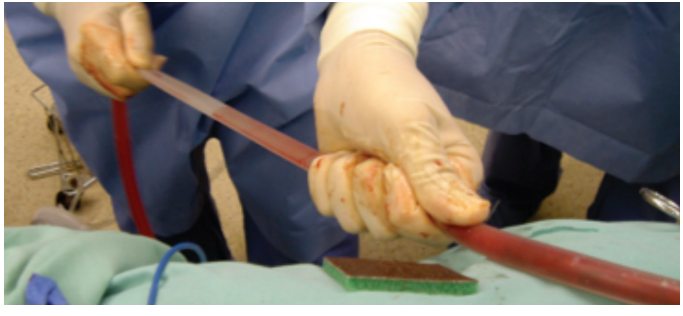
“The Facts” About Milking And Stripping

- “‘Milking’ or ‘stripping’ an occluded chest tube is no longer recommended because it increases the negative pressure in the intrathoracic cavity, which could damage lung tissue.”[1]
  – Association of periOperative Registered Nurses (AORN) Journal
- “... stripping chest tubes may significantly increase negative intrathoracic pressures that could cause harm (e.g. tissue entrapment, increased bleeding, left ventricular dysfunction), thereby further impairing patients’ postoperative recovery.”[2]
  – American Journal of Critical Care



- “We conclude that due to possible tissue damage and lack of demonstrable benefit, in most patients drainage tube manipulation should not be performed.”[3]
  – Interactive Cardiovascular and Thoracic Surgery
- “... 76 of 106 responding nurses (71.7%) asserted that stripping the chest tube was not allowed as a means to manage the clogged chest tube at their institution.”[4]
  – Journal of Cardiac Surgery
- “... the body of current knowledge may be summarized as representing “Class III” evidence...Chest tube manipulation did not show any clear benefit in enhancing chest tube patency.”[2]
  – American Journal of Critical Care

SOLUTION: The PleuraFlow® Active Clearance Technology® System proactively clears chest tubes of clots and prevents the retention of retained blood and fluids in the chest cavity.

- Multiple published peer-reviewed studies show data that would constitute Class I, Level B evidence demonstrating superiority of active clearance over conventional chest tube drainage.[5,6,7]

From the ***Journal of Thoracic and Cardiovascular Surgery (JTCVS):***

- Patients treated with the **PleuraFlow® ACT® System** experienced:
  - **43% reduction** in Retained Blood complications such as bloody pleural and pericardial effusions[7]
  - **33% reduction** in post-operative atrial fibrillation (POAF)[7]

1. Durai, R., et al. Managing a Chest Tube and Drainage System. ***Association of periOperative Registered Nurses (AORN) Journal***. 2010. Vol. 91(2); 275-283. 2. Halm, M.A., To Strip or Not to Strip? Physiological effects of chest tube manipulation. ***American Journal of Critical Care***. 2007. Vol. 16(6): 609-612. 3. Day, T.G., et al. Is manipulation of mediastinal chest drains useful or harmful after cardiac surgery? ***Interactive Cardiovascular and Thoracic Surgery***. 2008. 888-890. 4. Shalli, S., et al. Chest Tube Selection in Cardiac and Thoracic Surgery: A Survey of Chest Tube-Related Complications and Their Management. ***Journal of Cardiac Surgery***. 2009. 24; 503-509. 5. Maltais, S., et al. Active Clearance of Chest Tubes Reduces Re-Exploration for Bleeding After Ventricular Assist Device Implantation. ***American Society of Artificial Internal Organs (ASAIO) Journal***. 2016. 62; 704-709. 6. St-Onge, S., et al. Examining the impact of active clearance of chest drainage catheters on postoperative atrial fibrillation. ***Journal of Thoracic and Cardiovascular Surgery***. 2017. Vol. 154: 501-508. 7. Sirch, J., et al. Active Clearance of Chest Drainage Catheters Reduces Retained Blood. ***Journal of Thoracic and Cardiovascular Surgery***. 2016. Vol. 151(3): 832-838.

For more information about the PleuraFlow ACT System, please contact ClearFlow Customer Service: 1-714-916-5007, or visit www.clearflow.com/education

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