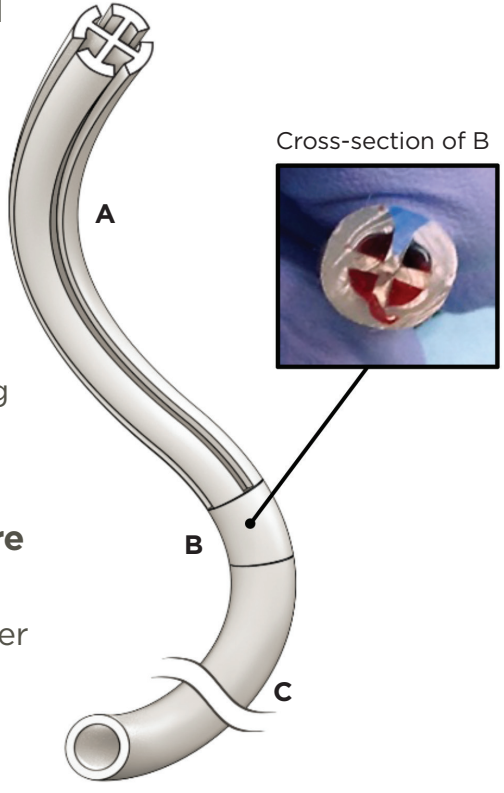
“The Facts” About Channel/Blake Drains

Channel and Blake Drains Do Not Improve Drainage of Shed Mediastinal Blood vs. Conventional Chest Tubes.

- Clinical trials directly comparing channel drains with conventional chest drains have consistently shown that channel drains do not improve (are non-inferior) the evacuation of post-surgical blood compared to conventional chest tubes.[1,2,3]
- It was also noted that Blake drains were not superior to conventional drains when considering pain at removal.[4]
- Blake drains and Channel drains are just as prone to clogging as conventional chest tubes.[4,5]

The “Achilles heel” of Channel/Blake drains is section B, the transition point, where there are 4 tiny channels that are highly prone to clogging.

- Each of these tiny channels are made up of less than a quarter of the internal tube diameter and are easily clogged with thrombus which can shut off the evacuation of blood from the chest.



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.

- Smoother chest tube with the PleuraFlow ACT System with FlowGlide® may reduce patient pain at removal.
- The PleuraFlow ACT System minimizes chest tube occlusion and is quicker and easier to manage than conventional chest tubes.[6]
- 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.[6,7,8]

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. Isoda, S., et al. Lung injury resulting from fluted silastic soft drain extraction under negative pressure suction. ***Open Journal of Thoracic Surgery***. 2013.(3):73-75. 2. Bjessmo, S., et al. Comparison of three different chest drainages after coronary artery bypass surgery: a randomised trial in 150 patients. ***European Journal of Cardiothoracic Surgery***. 2007. (31):372-375. 3. Frankel, T.L., et al. Silastic, P.J. Drains vs conventional chest tubes after coronary artery bypass. ***Chest***. 2003. (124):108-113. 4. Clark, G., et al. Small size new silastic drains: life-threatening hypovolemic shock after thoracic surgery associated with a non-functioning chest tube. ***European Journal of Cardiothoracic Surgery***. 2007. 31(3):566-8. 5. Moss, E., et al. A randomized trial of early versus delayed mediastinal drain removal after cardiac surgery using silastic and conventional tubes. ***Interactive CardioVascular and Thoracic Surgery***. 2013. (17): 110-115. 6. Perrault, L.P., et al. The PleuraFlow Active Chest Tube Clearance System: Initial Clinical Experience in Adult Cardiac Surgery. ***Innovations***. 2012. Vol.7 (5):354-358. 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. 8. 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.

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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