TRACOE

How to use the Tracoe Seldinger Pleural Drainage Set

The Seldinger pleural drainage catheter is used to drain serous, bloody-serous or bloody pleural effusions or to relieve a pneumothorax.

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For determining the puncture site and direction in the case of an effusion, sonography is the method of choice. In the case of a pneumothorax, the puncture site and direction are determined using a chest X-ray or CT scan.

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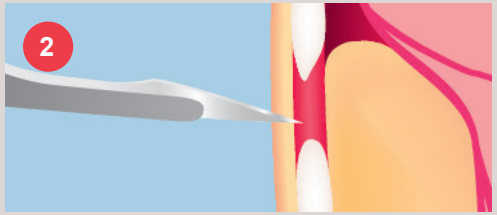

Perform the puncture at the upper edge of a rib to protect intercostal vessels below. After local anesthesia, make a small stab incision with a safety scalpel to ensure the skin fits tightly around the catheter, reducing bleeding and infection risk.

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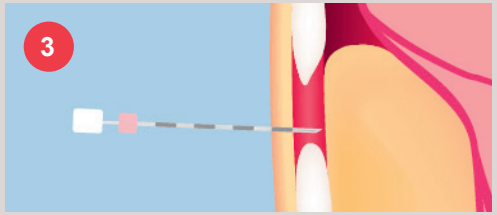

Insert the Tuohy needle through the skin into the subcutaneous fatty tissue. Remove the stylet and attach the syringe. A vertical puncture angle is recommended to ease subsequent dilation. The graduation shows the depth of the puncture.

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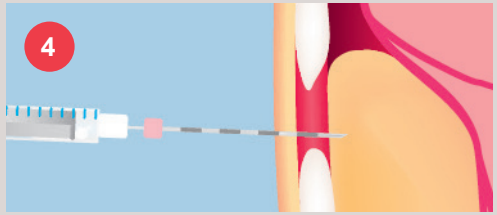

With continuous aspiration, the needle is advanced further towards the pleura. After aspiration of liquid or air, the needle should be advanced slightly further and aligned in the direction in which the guide wire is to run.

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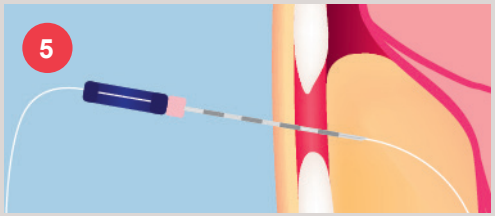

After confirming correct needle position by aspiration, introduce the Seldinger guide wire. After removing the syringe and before wire insertion, no air enters the thorax of spontaneously breathing patients, e.g., by sealing the opening with the thumb of the fixing hand.

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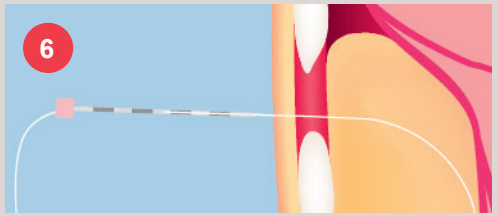

At the latest when the wire encounters resilient resistance, it should not be advanced any further. Cardiac rhythm control with an ECG screen is essential as pushing the guide wire forward might possibly trigger arrhythmias. As soon as the wire is in place, the Tuohy needle is removed, making sure that the wire remains in situ.

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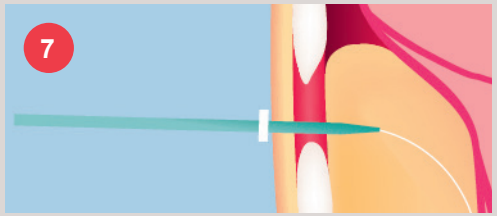

The access route is then dilated to the required diameter. The dilator is grasped just above the skin level and inserted with small rotational movements only as deep as is necessary for dilation to the pleura. It is important to check repeatedly that the wire runs freely in the dilator and is not kinked when the dilator is advanced.

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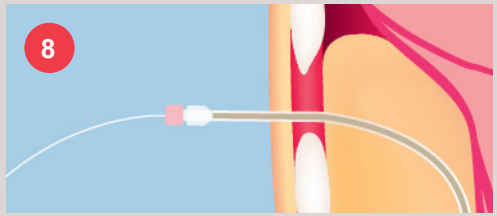

Now the dilator is removed, and the drainage catheter is instead inserted over the wire deep enough into the thorax so that the tip comes to rest in the desired area.

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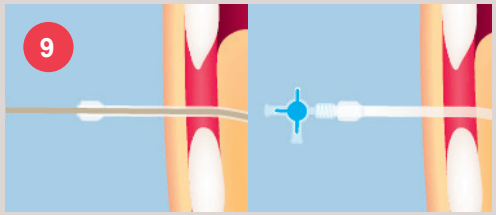
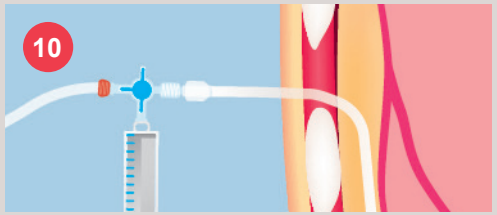
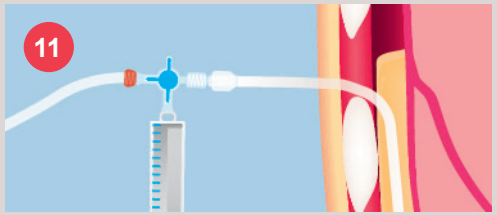


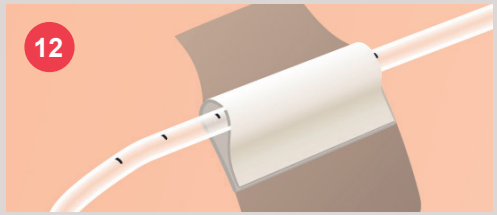
Remove the guide wire together with the inner stylet of the catheter and the enclosed 3-way stopcock is screwed onto the catheter in closed position. Make sure that no air can enter the thorax via the drainage catheter.



The effusion can be drained by aspiration using the enclosed syringe into the drainage bag. Alternatively, the drainage can be connected to a standard drainage system using the enclosed adapter. When relieving a pneumothorax, the drainage must be connected to a drainage system.



If necessary, the position of the drainage tip in the effusion or pneumothorax should now be optimized by withdrawing the catheter, as the catheter may get stuck in the pleural cavity if it is too deep. The depth marking on the catheter prevents the catheter from being pulled out too far.



Once the optimal position has been found, the enclosed plaster can be used for fixation; alternatively, suturing is also possible.
To check the correct position of the catheter and the success of the treatment, an X-ray of the thorax should be taken afterwards.

The catheter may be removed if daily drainage with effusion relief is under 300 ml, and should be removed if under 200 ml or if the insertion site shows clear redness. In pneumothorax, remove when fistula volume is reliably at 0 ml. Maximum stay: 28 days

Contraindications

The Seldinger pleural catheter is not suitable for draining a haematothorax with coagulated parts. When using the set in patients with coagulation disorders or under medication with anticoagulants, a careful risk-benefit analysis is required before use due to the potential risk of bleeding.

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PM39135-TcEN 202507