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LETTERS

MANAGING CHEST DRAINS ON MEDICAL WARDS

Helping non-specialist doctors to manage chest drains

James H Campbell *retired respiratory physician*

Grantham NG23 5GZ, UK

Millar and Hillman's review on the management of chest drains on medical wards is clear, practical, and timely.[1]

In many hospitals, chest drains for non-trauma patients are inserted by the local specialist teams (often a combination of respiratory specialists, thoracic surgeons, and radiologists). This undoubtedly improves success rates and reduces complications but has the unintended consequence of reducing general medical trainees' experience in both inserting and managing drains. As the authors point out, these non-specialist doctors are often still the first to be called to the ward when something goes wrong.

They have provided clear instructions on how to approach common complications. I would add that, although subcutaneous emphysema may be self limiting (requiring only reassurance to both patient and attending staff), it can be extremely distressing and potentially life threatening to patients with a large air leak (often occurring in secondary pneumothorax). In these patients the chest drain is often too narrow to allow the free passage of air, causing air to pass instead into the subcutaneous tissues. The solution is to put in a bigger drain.

Inexperienced doctors called to see a sick patient with a malfunctioning chest drain should find Miller and Hillman's guidance helpful, but if it doesn't resolve remember your local friendly respiratory team is only a phone call away—don't be afraid to pick up the phone.

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1 Millar FR, Hillman T. Managing chest drains on medical wards. *BMJ* 2018;363:k4639. 10.1136/bmj.k4639 30463935

campbelljim3@btinternet.com