A Box is Not Just a Box

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Objective: Chest drainage units regulate intrapleural pressure and thus are therapeutic against postlung resection airleak. While a variety of models exist, the scientific investigation of their working principles is underdeveloped. We set out to compare important "safety" metrics of some of those that are clinically available.

Methods: Eight chest drainage units were tested using a Black-box to simulate a postoperative bronchopleural fistula of 3L/min, and coughing. Five units were fully digital (low-flow/lowvacuum pumps), 2 were hybrids (a combination of a water-seal and a low-flow/low vacuum pump), and 1 was a traditional three-chamber plastic disposable (water-seal wet-suction).

Results: Five units were highly restrictive to flow (peak-pressures > 50cmH2O - image A), 5 allowed the normally negative-pressure intrapleural space to instead remain positive at length (5 to 81s - image B) and 7 showed no capability to handle a 10L/min leak.

Conclusions: The traditional chest drainage unit outperformed each of the digital ones, which were too restrictive to flow and slow to react. These data highlight the need for clinical testing of new models against traditional ones, as new technology emerges.

AATS Patient Safety Meeting

