Neglected impact of chest drainage therapy

As medicine has advanced over the last decades the habit of remaining with underwater seal systems becomes a significant issue impacting the overall therapy success. Interestingly enough health care practitioners have only hesitantly adopted the advantages of modern chest drainage systems to preserve respiratory function and hemodynamic stability.



Frequently used underwater seal chest drainage systems impose great variability amongst practices and do not allow for evidence based decision making adding clinical risks to patients.



Evidence Based Research

2005

patients



Paving the way for **progressive**

chest drain management

Santhora (TDS) Thopaz Designed to mobilise Designed to change the clinical practice

Thopaz+ Designed to allow comprehensive and standardized care

days luration of

chest tube

cement after

racic surger

Medela's continued technological leadership

And here is the kicker

Clinical applications of predictive algorithms for chest drainage management have shown to be feasible by facilitating enhanced recovery of patients, improved discharge planning, saving costs and by preventing adverse events.

onary Air Leak resolution Using Transpleuro

Medical Vacuum Technology for Healthcare Professionals

Please contact us or your local Medela representative for details.

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Based on a predictive model on 1419 therapies from APAC. EU and the US

> 50% of all patients reached a global pull the drain criteria @ 6h post-operatively

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Local contact

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Precious life, progressive care



Millions of chest drainage therapies are performed annually, sometimes even saving lives

Clinical decisions are based on patient data & economic drivers of healthcare systems



NEW treatment schemes like ERAS ask for

minimized recovery time, reduced complications, enhanced mobility and faster patient independence. Ref: ERAS Society **DIGITAL** is recommended

Collaborative proposal by ESTS, AATS, STS and GTSC

"Most important feature of digital devices is their capability to store information allowing for bedside analysis and instantaneously decision making on when to remove the chest tube, eventually leading to discharge of the patient."

Ref.: Brunelli et al. Eur J Cardiothorac Surg. 2011 Aug;40(2):291-7

Canadian Agency for Drugs and Technologies in Health (CADTH) note a

"[...] consistent decrease in duration of chest tube placement and length of hospital stay compared to traditional chest drainage systems, [...] associated by reduced hospital costs [...]"

Ref.: CADTH Rapid Response Rep

AWMF guideline

German societies DGT, DGP, DRG, DGIM recommend digital drainage for treatment of primary and secondary PNX and for patients with intermittent air leaks.

Ref.: AWMF S3-Leitlinie

ERAS® Society / ESTS guidelines on enhanced recovery

The use of digital drainage systems is recommended as one of 45 perioperative measures for optimal patient care as part of a standardized procedure for enhanced recovery after lung surgery.

Ref.: Batchelor et al. Eur J Cardiothorac Surg.2019; 55)1: 91-115

NICE recommends Thopaz⁺ portable digital chest drainage device

"The case for adopting Thopaz⁺ for managing chest drains is supported by the evidence. Thopaz⁺ can reduce drainage time and length of stay in hospital, and improves safety for people with chest drains. Its use may also improve clinical decision-making through continuous, objective monitoring of air leaks and fluid loss."



Allows for **cost savings** of up to £ 550 per patient

Improves safety for patients with chest drains





Shortens hospital stay due to shorter chest tube duration