Managing Pigtail Drains Safely

Background
A number of incidents have been reported in NSW involving the use, management and removal of pigtail drains. A pigtail is a sterile, thin, long, universal catheter with a locking tip that forms a pigtail shape. The drain is used to remove unwanted body fluids from an organ, duct or abscess and is inserted under strict radiological guidance to ensure correct positioning. The pigtail end is created by gently pulling a string from the exposed end of the catheter which is wrapped around the end of the catheter and kept in place by a rubber stopper. The thread-like string is often mistaken for a suture.

Other Contributing Factors
- Availability of local procedures for staff reference.
- Handover between health professionals in relation to the drain.
- Access to medical product information brochures at the time of insertion.

Suggested Actions
Development of local procedures for staff reference that includes the following information:
- Pigtail drains must be inserted under strict radiological guidance
- Pigtail drains MUST be uncoiled prior to removal once a medical order is issued by the specialist.
- To uncoil the drain prior to removal, gently remove the drainage/collector appliance as per manufacturer’s instructions, and then cut the catheter to release the string that coils the drain in a pigtail formation. Please refer to manufacturers instructions regarding distance from the chest wall and for specific cutting instructions.
- Once the pigtail drain has been cut to uncoil the ‘pigtail’, the catheter can be removed gently and a dressing applied to the drain site as appropriate.
- Failure to uncoil a pigtail drain prior to removal can cause severe pain and internal tissue damage to the patient.
- Clear insertion, management and drain removal procedures, including post referral observations, should be available for staff reference in all areas where the drain may be used.

References

Suggested Actions by Area Health Services
1. Ensure that this safety notice is distributed to all clinical staff involved in insertion, management and removal of pig tail drain devices.
2. Ensure staff members new to areas are made aware of the risks and understand the importance of close patient observations after drain removal.
3. Develop local procedures and ensure staff competency on pig tail drain care and removal.