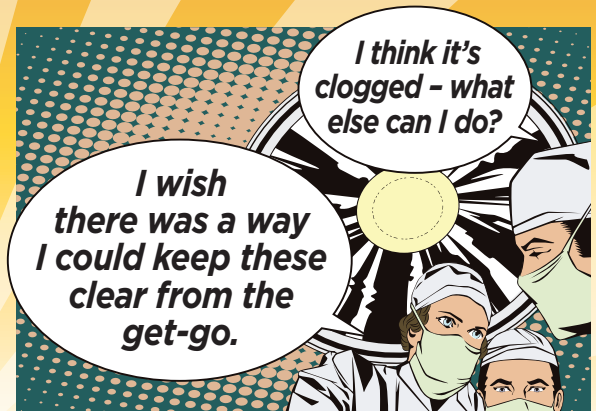


# THE FACTS

## About Milking and Stripping

- “‘Milking’ or ‘stripping’ an occluded chest tube is no longer recommended because it increases the negative pressure in the intrathoracic cavity, which could damage lung tissue.”<sup>1</sup>  
-**Association of periOperative Registered Nurses (AORN) Journal**
- “... stripping chest tubes may significantly increase negative intrathoracic pressures that could cause harm (e.g. tissue entrapment, increased bleeding, left ventricular dysfunction), thereby further impairing patients’ postoperative recovery.”<sup>2</sup>  
-**American Journal of Critical Care**
- “We conclude that due to possible tissue damage and lack of demonstrable benefit, in most patients drainage tube manipulation should not be performed.”<sup>3</sup>  
-**Interactive Cardiovascular and Thoracic Surgery**
- “... the body of current knowledge may be summarized as representing ‘Class III’ evidence ... Chest tube manipulation did not show any clear benefit in enhancing chest tube patency.”<sup>2</sup>  
-**American Journal of Critical Care**



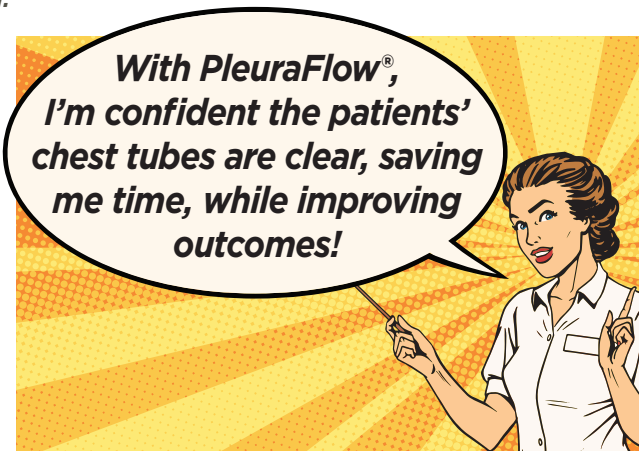
# THE SOLUTION

**The PleuraFlow® Active Clearance Technology® System is the only FDA cleared device indicated to proactively maintain chest tube patency while preserving the sterile field.**

*The PleuraFlow® ACT® System can provide the confidence of ongoing chest tube patency maintenance in the ICU as well as a way to respond quickly when a chest tube occlusion with tamponade is noticed.*<sup>4</sup>

Study showing time spent on managing chest tubes in the first 24 hours of postoperative ICU care <sup>5</sup>		
	First 4 hours post-op	First 24 hours post-op
Standard/Conventional Chest Tubes	7 MIN	29 MIN

Estimated time spent on maintaining chest tube patency in the first 24 hours of postoperative ICU care		
	First 4 hours post-op	First 24 hours post-op
PleuraFlow® ACT® System	3 MIN	10 MIN



**To learn more, please request a CE course at [www.clearflow.com/education](http://www.clearflow.com/education)**

1. Durai, R., et al. Managing a Chest Tube and Drainage System. *Association of periOperative Registered Nurses (AORN) Journal*. 2010. Vol. 91(2); 275-283. 2. Halm, M.A., To Strip or Not to Strip? Physiological effects of chest tube manipulation. *American Journal of Critical Care*. 2007. Vol. 16(6): 609-612. 3. Day, T.G., et al. Is manipulation of mediastinal chest drains useful or harmful after cardiac surgery? *Interactive Cardiovascular and Thoracic Surgery*. 2008. 888-890. 4. Vistarini, N., et al. Tamponade Relief by Active Clearance of Chest Tubes. *Annals of Thoracic Surgery*. 2016. 101:159-163. 5. Cook, M., et al. Nurse and patient factors that influence nursing time in chest tube management early after open heart surgery: A descriptive, correlational study. *Intensive and Critical Care Nursing*. (2017), <http://dx.doi.org/10.1016/j.iccn.2017.03.008>

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