

Shirley Wound Drain: AN30



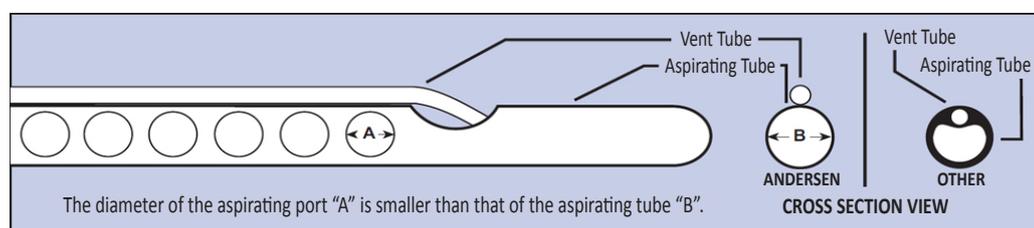
Dr Andersen first invented the Shirley Wound Drain, biluminal tube, as a way to provide a simple, visual check that the tube is working correctly.

“If it’s bubbling, it’s working!”

A vented, biluminal drainage tube designed to quickly aspirate the content of a fresh surgical wound. It is engineered to remove the blood oozing from the walls of the wound cavity before blood clots form.

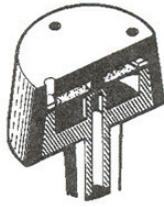
Features of the Shirley Wound Drain:

- **Separate vent tube controls vacuum preventing high suction causing tissue damage.**
- **Burr free edges** to aspirating ports prevents fibrin attachment and plugging.
- Round **aspirating ports have slightly smaller diameter than the aspirating tube**, so that particles too large to pass through the aspirating tube are screened by aspirating ports.
- **24 aspirating ports**; smaller percentage reduction in drainage if a port does become blocked.
- Vent tube is attached to aspirating tube by a slender web: maximises cross sectional area of aspirating tube, to **outperform conventional tubes** many times its size.
- 0.5 micron **antibacterial filter** prevents airborne contaminants from entering the system.
- **Constant wash action** of bacteria-free air through the system removes blood from the tube long before it can clot and clog it.
- **Soft vinyl material** reduces pressure necrosis.
- **No latex**, avoids allergic reactions.
- **Phthalate free.**
- **Radio-opaque vent tube**, allowing x-ray to confirm positioning.
- **Clear aspirating tube** allows positive visual evidence that the vacuum source and drain are working: **“If it’s bubbling, it’s working.”**
- Label covering yellow filter, prevents siphoning up the vacuum control tube before it is attached to an aspirator.
- Each drain is **vacuum packed** in two plastic envelopes. Ten of these are placed in an Andersen Sterijet package, **vacuum-sealed and sterilised**. A glance at the package gives visual confirmation that it has not been damaged in handling. If it is vacuum-tight, it is still sterile.

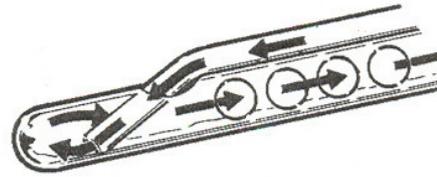


Shirley Wound Drain

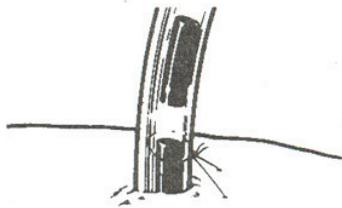
Placement of the Shirley Wound Drain:



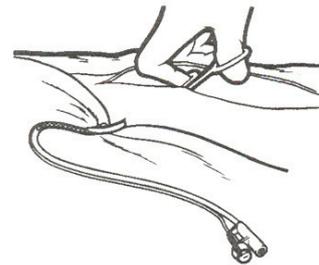
The cross-sectional rendering of the air vent tube reveals how air is filtered by a 0.5 micron antibacterial filter as it is drawn into the drain. Because of the pressure gradients designed into the system, the air is confined to the tube. No air enters the wound.



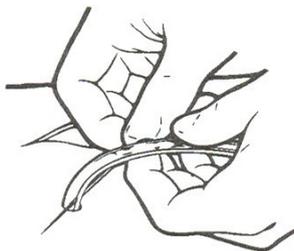
As the vacuum increases in the aspirating tube, more air is drawn through the filter and down the vent tube. The vent tube helps prevent suction in the aspirating tube increasing to a level which damages tissue.



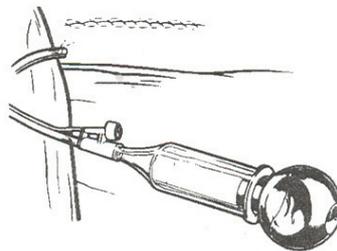
The vent tube is radio-opaque, but the aspirating tube is clear so that the aspirant is visible. If it's bubbling, it's working!



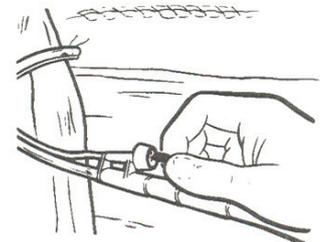
To place the Shirley Wound Drain, make a stab wound through the skin near the site to be drained. Push forceps out through the stab wound and grasp the tip of the drain. Draw the drain into the wound. Place the perforated tip of the drain in the most dependent part of the wound.



To suture the drain in place, pass a suture through the web between the two tubes. Tie the suture around the large tube and secure it to the skin.



As the wound is closed, initiate suction by connecting a compressed bulb syringe to the wound drain.



In the recovery room, remove bulb syringe and immediately connect collection container drain tube. A continuous suction device may be used. When suction had been established, remove the tab from the Shirley Wound Drain.

Shirley Wound Drain Indications:

Radical Neck Resection, Cholecystectomy, Open Reduction and Internal Fixation (Hip), Mastectomy, Miles Operation, Thyroidectomy, Colectomy, Gastrectomy, Appendectomy, and other surgical procedures where formation of haematoma might product complications.

The Shirley Wound Drain operates with wall suction as well as electrically-operated vacuum aspirators standard to wound drainage.