

Medical Thoracoscopy

Information for patients



Leeds Centre for
Respiratory Medicine

This information leaflet is for patients with a pleural effusion (fluid around the lung) who are planning to have Thoracoscopy.

Your doctor or nurse specialist should have discussed the information included in this leaflet with you in clinic. If you have any questions about the contents of this leaflet, please discuss them with your doctor or nurse specialist. Contact details for the medical and nursing teams are given below.

My consultant is:

My nurse specialist is:

**Secretary for Dr Callister, Dr Kennedy, Dr Paramasivam,
Dr Robson, Dr Rodger and Dr Gracie**

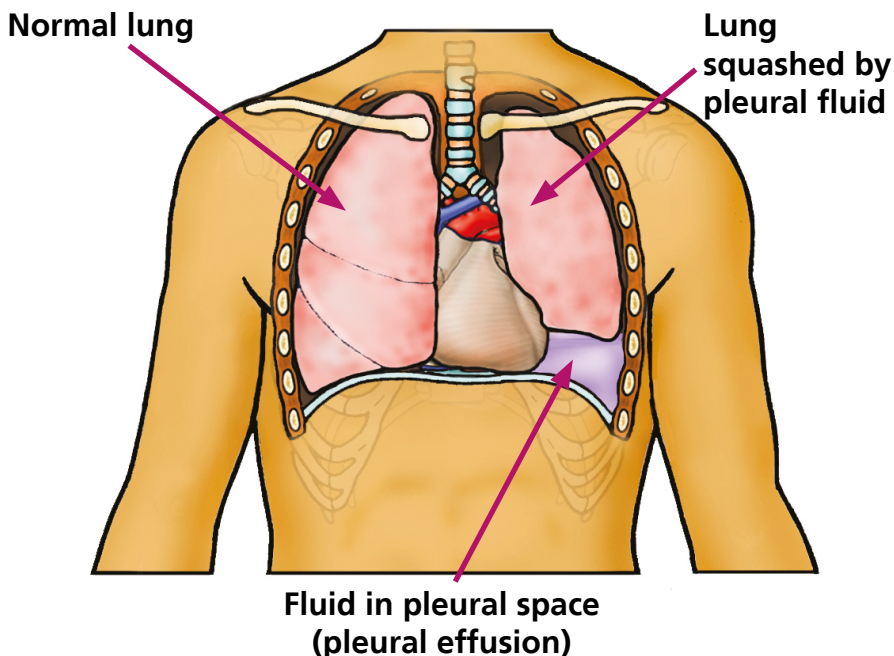
Telephone: 0113 206 4159

Lung Nurse Specialist

Telephone: 0113 206 7916 (Answerphone)
(Or your own Specialist Oncology Nurse)

What is a medical thoracoscopy?

Fluid has formed in the space between your lung and the chest wall (pleural space). A medical thoracoscopy is a procedure using a scope which is passed through the chest wall. The fluid can be drained and also biopsy samples can be taken from the inside of the chest. This allows the doctors to try to find out why the fluid has formed in case any further treatment is needed.



How to prepare?

If you are taking any blood thinners such as Warfarin, Clopidogrel, Ticagrelor, Rivaroxaban or Apixaban you will be asked to stop them before your procedure. **Please let the medical or nursing staff know if you are taking these medications.** You will have had swabs taken to check for MRSA at your clinic visit. As we all carry bacteria on our skin please have a shower or bath the day before the procedure.

What will happen on the day?

You will normally have been admitted to the respiratory ward the night before the procedure. **Please bring your medications with you.**

You will be asked to fast from midnight. At about 08:30 am you will be brought down to the bronchoscopy /pleural suite in the David Beevers Unit and will be greeted by the nursing staff there. They will check some medical details with you. The doctor performing the procedure will then discuss the procedure again and go through the consent form with you. You can ask any further any questions that you might have at this time.

A cannula (small plastic needle) will be inserted usually in the back of your hand to give a sedative and pain relief during the procedure. You will then be taken through to the procedure room and will be asked to lie flat on your side on a bed. You will have pillows around you to make you as comfortable as possible. Your blood pressure, pulse and oxygen levels will be recorded throughout the test and extra oxygen can be given if needed. An ultrasound will be used to locate the fluid to make sure there is still enough to continue with the procedure.

What does the procedure involve?

- Your skin will be cleaned and a sterile drape placed over the area. You will be given some pain relief medicine and a sedative. We then use local anaesthetic to numb the area where we will make the small (1-2cm) incision in the side of your chest through which the scope (thin tube with camera) is then inserted.
- The fluid is then drained out and biopsies are taken. This part of the procedure takes about 30 - 40 minutes.
- After the fluid is drained, and we can see the lung more clearly, we can then decide how to finish the procedure.

- If the lung looks like it **will reflate** (after being squashed by the fluid) we put in a temporary drain. This will drain the rest of the fluid out over the next day or so. If we think the fluid is likely to come back at a later date we will also put in a special medical talc to stick the lung up and try to stop this from happening.
- If the lung looks like it **will not reflate** then we will put in a long term drain to treat the fluid long term (please see patient information form about 'tunnelled indwelling pleural drains').

What happens after the procedure?

You will be taken to the recovery area and given a drink and biscuits before being taken back to the ward. You may have some discomfort after the local anaesthetic has worn off so you will be prescribed some pain relief on the ward.

If you have had a temporary drain placed this will be removed when the fluid has stopped draining and then you can go home - this can be after a day or so. If you have a long term drain you can usually go home the next day. Any stitches should be removed by the district nurses after about 7 days for temporary drain and 14 days for long term drain.

What are the risks?

- The procedure is normally very safe. You may experience some discomfort during or after the procedure but you will be given pain relief to minimise this.
- Infection occasionally happens (about five people in 100) which usually resolves with simple measures such as antibiotics but rarely can require an operation.

- An air leak may develop into the skin, if this were to happen you may need an extra drain to treat this but usually it settles by itself over a few days.
- If medical talc is used it is quite common to develop a fever after the procedure which usually settles with paracetamol. Rarely the talc can cause a reaction in the lung and cause breathlessness.
- Bleeding or damage to internal organs rarely happens but occasionally needs an operation to treat this.
- Any medical procedure carries a small risk to life and very rarely there may be a death (less than one person in 1000) because of complications from the procedure.
- All necessary safety measures are taken to try to minimise any potential risk or complication.

Are there any alternatives to this procedure?

A similar procedure may be done by the thoracic surgeons called a VATS (Video Assisted Thoracoscopic Surgery).

For this you would need to meet the surgeons in clinic and get a theatre date for the procedure. It would also require a general anaesthetic which may not always be suitable if you have other significant medical conditions.

When do I get my results?

You will be given an appointment to come back to clinic about 2 weeks after you are discharged for the results of your biopsies. We can then decide if you need any further treatment. Only very occasionally does the biopsy not give us enough information and another test or xrays may be needed.

Contact details

**Secretaries for Dr Callister, Dr Kennedy, Dr Paramasivam,
Dr Robson, Dr Rodger and Dr Gracie:**

Telephone: 0113 206 4159

Lung Nurse Specialists

Telephone: 0113 206 7916

David Beevers bronchoscopy and pleural suite

Telephone: 0113 206 6653

Ward J9

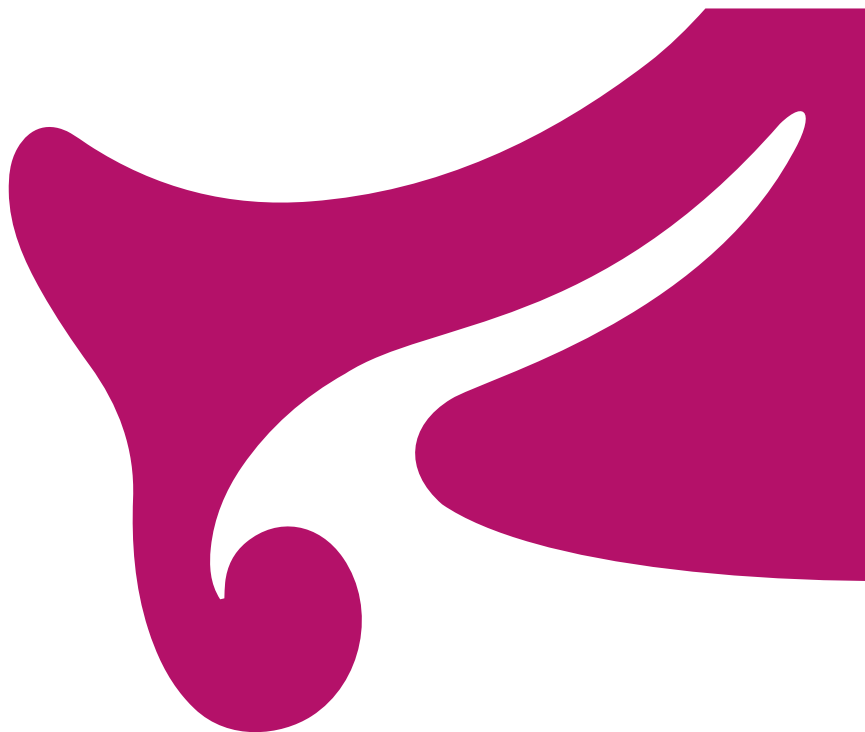
Telephone: 0113 206 9109

Ward J10

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