Patient Information
L08

NHS Golden Jubilee

Pleurodesis

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Version 1

About this leaflet

The purpose of this booklet is to give you information on pleurodesis. It includes an explanation of what the procedure is, how it is carried out and the risks associated with this treatment. We hope it will help to answer some of the questions you may have but if you have any further questions, please speak to a member of your healthcare team.

What is pleurodesis?

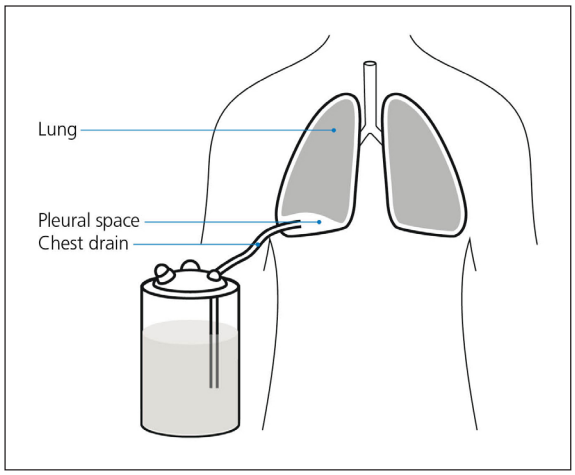
Pleurodesis is a procedure for people with recurring pleural effusions (fluid around the lungs) or air continually leaking from the lungs. It involves putting a substance into the space between your lung and chest wall (pleural space) through a chest drain tube to seal the space between the lung and wall of your chest to prevent more fluid (pleural effusion), or air, leaking out from your lung and causing air to build up around the lung (pneumothorax).

There are different substances that can be used in pleurodesis (blood, Talc, Doxycycline). and we will inform you which type of pleurodesis you will have before your procedure.

Who will carry out the procedure and where?

A doctor or a thoracic advanced nurse practitioner (ANP) will carry out the procedure at your bedside. As this is a teaching hospital, the doctor or ANP may be supervised by another senior practitioner.

Before surgery



You can eat and drink as normal.

We may need to do a chest x-ray on the day of your procedure to check your lungs and whether your chest drain is in the correct position. If you had a chest x-ray after your chest drain was inserted, we may not need to do another x-ray before the procedure.

We will insert a small flexible tube (cannula) into one of your veins.

We may also give you a dose of intravenous antibiotic before the procedure.

During surgery

We will place you on a bed in a suitable position to allow us to gain access to your chest drain.

For a blood pleurodesis, we will take between 60ml to 120ml of your blood from your cannula, insert it into your chest via your chest drain tube and then flush the tube through with sterile water.

For a Talc pleurodesis, a sterile, medicated, talc-like powder will be inserted into your chest via your chest drain tube.

For Doxycycline pleurodesis, a sterile, diluted dose of Doxycycline will be inserted into your chest via your chest drain tube.

You may experience some discomfort or pain during the procedure but this is perfectly normal and we can provide you with some pain relief if needed.

After surgery

We will either attach a chest drain extension tube or we will clamp the drain. We will ask you to change position every 20 minutes for a total of four hours. This will allow the talc or Doxycycline or blood to move around your pleural space and help the lung to stick.

The chest drain is usually left in position for at least 48 hours, but it may be left longer if the drainage of fluid or air continues. You will need to stay in hospital until the drainage has reduced and we decide that the drainage tube is no longer needed. Once the drain is removed, the procedure is complete.

This procedure can be repeated up to a maximum of 3 times, if necessary.

Risks

Most people undergo pleurodesis without any major problems. However, like all medical treatments, it does have some risks. These include:

- Pain around the site of your chest drain. Please let us know so we can give you pain relief.
- Fever for the first day or two after the procedure. This is usually controlled with paracetamol and is short-lived.
- Breathlessness due to inflammation in the lung. This usually settles down over a few days and you may need some oxygen treatment.
- Empyema is an infection of the space between your lung and the rib cage which may require a combination of antibiotics and surgical intervention to clear the infected fluid in your chest.
- Anaphylaxis. This is a type of severe allergic reaction to the material of pleurodesis (Talc or Doxycycline). This usually requires adrenaline and steroids to subside, but in some cases, it may require admission and support to an Intensive Care Unit (ICU).
- Recurrence of the primary problem. If the pleurodesis fails, this may require a more invasive approach to treat the underlying disease, possibly by performing a minimally invasive operation to your chest.

If you experience adverse symptoms, please let us know so we can help you.

Further information

- Management of a malignant pleural effusion:
  British Thoracic Society pleural disease guideline 2010
  http://dx.doi.org/10.1136/thx.2010.136994

- **www.healthline.com/health/pleurodesis**

Contact

If you need assistance or advice, please telephone Ward 3 West on **0141 951 5300.**

Adapted with kind permission from the Pharmacy Team, University Hospital of Southampton.

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