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Pleural Aspiration

Department of Respiratory Medicine



- Infection in your pleural space. Treatment may involve draining any infected fluid. You will need to stay in hospital. Let your doctor know if you get a high temperature or feel unwell.

You should discuss these possible complications with your doctor if there is anything you do not understand.

How soon will I recover?

After the procedure you will be transferred to the recovery area where you can rest. Once you have recovered enough, you will be given a drink (usually after less than 30 minutes). You should be able to go home within a few hours. The healthcare team will discuss with you any treatment or follow-up you need.

The Results will not be available for a few days so the healthcare team may arrange for you to come back to the clinic for these results.

Once at home, if you have severe chest pain, continued vomiting, a high temperature lasting more than 12 hours, sudden shortness of breath or you cough up more than a tablespoon of blood, let your doctor know straightaway.

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email patient.advice@asph.nhs.uk. If you remain concerned, the team can also advise upon how to make a formal complaint.

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What complications can happen?

The healthcare team will try to make the procedure as safe as possible but complications can happen. Some of these can be serious.

The possible complications of a pleural biopsy and drainage are listed below.

- Pain. The local anaesthetic and painkillers should help to keep you comfortable. If you have any pain during the procedure, let your doctor know. If you still have pain when you are at home, take simple painkillers such as paracetamol or codeine.
 - Shortness of breath, chest tightness or worsening cough, which usually settles quickly.
 - Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.
 - Pneumothorax, where air escapes into the space around your lung. A pneumothorax is usually small and does not cause any problems. If a lot of air escapes, the air will need to be sucked out using a needle (aspiration) or let out by inserting a tube in your chest (chest drain).
- You will need to stay in hospital for one to two days. If you suddenly become short of breath or have severe chest pain while at home, call an ambulance.
- Bleeding from a biopsy site. Any bleeding usually stops on its own. However on rare occasions serious bleeding can require in-hospital stay and treatment.

Introduction

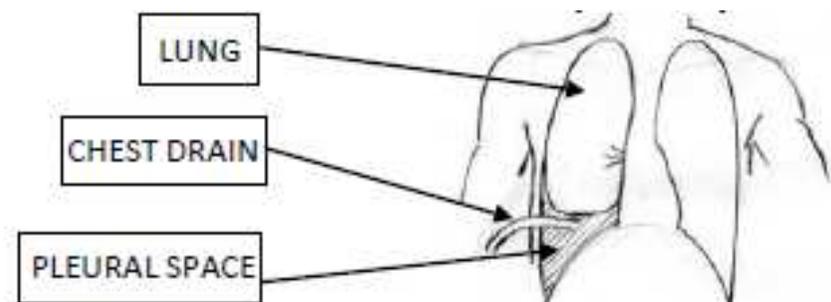
What is a pleural tap and drain?

A pleural cavity is the space between the two-layered membrane (pleura) that lines the outside of your lung and the inside of your ribcage. Your doctor may remove a sample of fluid from the space between the layers (pleural tap) (see figure 1). If a lot of fluid has collected, your doctor will drain the fluid.

A pleural tap (or aspiration) is done to try and find the cause of a pleural effusion, or to remove enough fluid or air to help you to breathe more easily. A pleural (or chest) drain is done to remove a larger volume of fluid or air by inserting a small tube in your pleural space. Occasionally the doctor may have to take a small piece of the pleura (pleural biopsy).

Your doctor has recommended drainage. However, it is your decision to go-ahead with the procedure or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your doctor or the healthcare team.



Pleural tap (figure 1)

What are the benefits of a pleural tap and drainage?

Your doctor is concerned that you may have a problem in your pleura or pleural space that is causing fluid to collect. The tissue and any fluid that your doctor removes will be examined under a microscope. The results of the examination may help to explain why there is a problem and to decide on any further treatment.

When fluid collects in your pleural space it can make it difficult for you to breathe. Draining the fluid may help you to breathe more easily.

Are there any alternatives to a pleural drainage or biopsy?

An X-ray or scan can show that you have a problem with your pleura. However, a fluid sample or biopsy helps to find out exactly what is causing the problem and may help your doctor to decide if you need further tests.

What will happen if I decide not to have a pleural biopsy and drainage?

Your doctor may not be able to confirm what the problem is. If you have fluid in your pleural space, you may continue to have difficulty breathing. If you decide not to have a pleural biopsy or drainage, you should discuss this carefully with your doctor.

What does the procedure involve?

• Before the procedure

If you take warfarin, aspirin, clopidogrel or other blood-thinning medication, let your doctor know at least **seven days** before the procedure. You will need special advice depending on the treatment you receive for your diabetes. The healthcare team

will carry out a number of checks to make sure you have the procedure you came in for and on the correct side. You can help by confirming to your doctor and the healthcare team your name and the procedure you are having.

The healthcare team will ask you to sign the consent form once you have read this document and they have answered your questions.

• In the treatment room

If appropriate, your doctor may offer you a small dose of Morphine to prevent pain during the procedure. The healthcare team will monitor your oxygen levels and heart rate using a finger or toe clip. If you need oxygen, they will give it to you through a mask or small tube in your nostrils.

A pleural biopsy, tap or drain usually takes 20-30 minutes. It involves inserting a needle through your chest wall and into your pleura.

Your doctor will use an ultrasound scan to help decide exactly where to take the samples from. Your doctor will inject local anaesthetic into the area where they will insert the needle. This stings for a moment but will make the area numb, allowing your doctor to perform the procedure with much less discomfort for you.

Your doctor will use the needle to take biopsies, remove samples of fluid or to insert a drain. If a lot of fluid has collected, your doctor may drain the fluid by inserting a small tube in your pleural space. They will usually remove the tube after about an hour and close the cut with a stitch. Your doctor may decide that the tube needs to stay in for longer and will discuss this with you. You may need to stay in hospital.