

Thoracoscopy

Lung Investigation Service Patient Information Leaflet

Introduction

The purpose of this leaflet is to answer any questions you may have about having a thoracoscopy. If you are unsure of anything, please do not hesitate to ask the doctors and nurses caring for you.

What is thoracoscopy?

A thoracoscopy involves putting a small telescope into your chest through a little hole (about one centimetre wide). This allows us to see inside your chest. We can then drain away any fluid and we may also take samples from the lining of your ribcage. The procedure is carried out under sedation, using local anaesthetic. We have been providing this service since March 2008.

Why do I need a thoracoscopy?

It is to make a diagnosis – to find out what is causing your chest symptoms. It also allows us to drain any fluid from around your lungs.

What are the benefits?

It will allow your consultant to find out what is causing your chest symptoms and drain the fluid around the outside of your lungs.

What are the risks of having a thoracoscopy?

Thoracoscopy is generally very safe. We have done hundreds of procedures without complications over the years. As with all procedures, there are some risks. It is important that we tell you about these risks so that you have the information you need to decide about the procedure.

- Pain – although you are given painkillers and local anaesthetic, some people do experience pain during or after the procedure. You can have more painkillers if you need them so please ask the doctor or nurse.
- Bleeding – a small amount of bleeding around the site is normal and this usually stops quickly without treatment. Serious bleeding is very rare (less than one in 300 people may get this). If you have serious bleeding or damage to other organs in the chest, you may need surgery.
- Infection – there is a slight risk of introducing infection into the chest (five in 100 people may get this). We minimise this risk by carrying the procedure out under sterile conditions. However, if you get an infection, we might need to leave the chest drain in for a few more days.
- Very occasionally, we are unable to draw off any fluid from around the lungs. In this case, we are unable to carry on with the procedure.

Safety

The sedating drugs we use are very safe. There are trained nurses with you at all times who will monitor you during the procedure and in the recovery area afterwards.

However, there are some potential complications with sedation. These are rare but can include:

- feeling or being sick
- small particles of food falling into the lungs and triggering an infection (aspiration pneumonia)

The risk of complications from sedation is slightly higher in the elderly or those with chronic chest or heart disease.

What are the alternatives to a thoracoscopy?

We can sometimes take a sample of the lining of the chest wall by using a test called a CT-guided pleural biopsy. This is also carried out using a local anaesthetic, but unlike a thoracoscopy we cannot look inside the chest, and we cannot drain away any fluid.

As with all tests, it is your decision as to whether you have the thoracoscopy. Your doctor will discuss the options with you. If you have any questions or concerns, please ask the doctors and nurses looking after you.

Do I take my usual tablets?

Yes, you should continue to take all your usual medication unless advised not to by your doctor. **If you take Apixaban or Rivaroxaban you will need to stop taking it 48 hours before the procedure. If you take warfarin or clopidogrel tablets, you will need to stop taking these one week before your thoracoscopy.**

What happens on the day of the thoracoscopy?

You must not have anything to eat or drink for **four hours before** the thoracoscopy because it is safer for you if your stomach is empty for the procedure.

Occasionally you may have to stay in hospital afterwards for two days so please bring a dressing gown, nightwear, slippers, toiletries etc. and any medication you are currently taking.

Will I be put to sleep for the test?

No, you will not need a general anaesthetic. The test is carried out under sedation, using a local anaesthetic to numb the area.

We will put a cannula (a tiny plastic tube) into your hand on the same side as the doctor will be taking fluid out of your lungs. This is to give you sedative medicine to make you feel relaxed and sleepy before the test. Sometimes the sedative is called pre-medication or pre-med.

We will also give you pain-relieving medicine through the cannula.

How is the thoracoscopy performed?

The thoracoscopy is performed in the endoscopy room. We will ask you to lie on your 'good' side and use an ultrasound scan to find the ideal spot to put the camera in. This is usually in the area below the armpit. This area will be marked with a pen. The skin around this area will be cleaned with antiseptic and covered with sterile drapes.

We will give you oxygen, and a sedative to help you relax and make you feel sleepy. Once you are comfortable, we will inject some local anaesthetic into the little mark on your skin to numb the chest wall.

When the chest wall is numb, the doctor will make a small cut in your skin. This is used to pass a small, hollow metal tube into your chest. You may feel some pushing at this stage.

The doctor will pass a small pipe down the hollow tube and drain away all the fluid around your lung. This will leave a space between your chest wall and lung. The doctor will pass a thin rigid camera down the hollow tube to examine the space. Next, they will take biopsy samples of the lining of your ribcage, if it appears abnormal.

Sometimes we try to stop the fluid coming back. This is called pleurodesis. To do this, the doctor will spray purified talc powder down the hollow tube into the space between the lung and the ribcage to try and stick the lung to the ribcage. The talc acts like a glue by causing scar tissue to form between the lung and ribcage over the next few days.

The hollow tube is then removed and replaced with:

a) either a small, semipermanent flexible tube called an indwelling pleural catheter (see IPC leaflet), which the patient goes home with
b) or occasionally a chest drain which stays in for a few hours to drain any leftover fluid.

How long does it take?

The whole procedure takes about 40 to 60 minutes.

What happens after the thoracoscopy?

Afterwards the nursing staff will look after you. They will record your blood pressure and pulse at regular intervals. You will need to have a chest X-ray in Recovery area of the GI Unit.

Due to the sedative:

- You may not remember information given to you afterwards by

your doctor. Your memory may be affected for up to 24 hours after the procedure.

- The effect of the sedation may be prolonged by other drugs you are taking.

How long will I be in hospital?

Most people can go home the same day.

What happens when I go home?

- You will need to arrange for a responsible adult to take you home, either by car or taxi. You will not be able to go home on public transport.
- Someone should stay with you overnight.
- You cannot, by law, be in charge of a motor vehicle or moving machinery for 24 hours afterwards.
- You should not sign legally-binding documents for 24 hours afterwards.
- Do not drink alcohol for 24 hours afterwards.

You will have stitches in the wound that will need to be removed 10-14 days after the procedure.

- **When will I get the results?**

The biopsy samples are sent to the pathology lab for analysis. It normally takes 10-14 days to get the result. We will make an appointment to see you in the clinic to discuss the results.

Useful telephone numbers

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

GI Unit

01384 456111 ext. 2113 or ext. 2390 (9am to 5pm, Monday to Friday)

Dr Chaudri's secretary

01384 456111 ext. 1305 (9am to 5pm, Monday to Friday)

Dr Azam's secretary

01384 456111 ext. 5283 (9am to 5pm, Monday to Friday)

Lung nurse specialists

01384 456111 ext. 2752 (9am to 5pm, Monday to Friday)

This leaflet can be downloaded or printed from:

<http://www.dgft.nhs.uk/services-and-wards/respiratory-medicine/>

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

ਇਹ ਪਰਚਾ ਵੱਡੇ ਅੱਖਰਾਂ, ਬੋਲ ਕੇ ਰੀਕਾਰਡ ਕੀਤਾ ਹੋਇਆ ਅਤੇ ਦੂਸਰੀਆਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਵੀ ਪ੍ਰਾਪਤ ਹੋ ਸਕਦਾ ਹੈ, 0800 073 0510 ਤੇ ਫੋਨ ਕਰੋ ਜੀ।

Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru vă rugăm sunați la 0800 073 0510.

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