



The Dudley Group
NHS Foundation Trust

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 a local anaesthetic.

We have been providing this service since March 2008.

Why do I need a thoracoscopy?

~~There are several reasons why a thoracoscopy may be required. In most cases,~~ 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 ~~if you have any fluid around your lungs, we can drain the fluid around the outside of your lungs is out.~~

What are the risks of having a thoracoscopy?

~~A~~Thoracoscopy is generally very safe. ~~We have done hundreds of procedures without complications over the years. A but~~ 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 ~~make a decision~~ 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 clopridegel/clopidogrel tablets, you will need to stop taking these one week before your thoracoscopy.**

Formatted: Font: 16 pt

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 youMost people **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.

Formatted: Font: 16 pt

Formatted: Indent: Left: 0.75 cm, Space Before: 0 pt

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 (~~the telescope~~) 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.

~~Usually 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 -a small, semipermanent flexible tube called an indwelling pleural catheter -chest drain(see IPC leaflet), which the patient goes home with -is stitched to the skin b) or occasionally a chest drain. The other end is connected to a bottle on the floor. The chest drain will usually need to which stays in for a few hours couple of days to drain to drain any leftover fluid.

How long does it take?

The whole procedure takes about 40 to 60 minutes.

Formatted: Indent: Left: 0.75 cm, Right: 0.74 cm, Space Before: 0 pt

Formatted: Indent: Left: 0.75 cm, Right: 0.79 cm, Space Before: 0 pt

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 and will be taken to Ward C5, the respiratory ward.~~

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, after two days.

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.

~~Before you leave hospital, the nurse will give you instructions about caring for your wound. You will have stitches in the wound that will need to be removed 10-14seven days after the procedure. We will give you a referral letter for your GP practice so that you can arrange for one of the nurses there to remove them.~~

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

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

Reference

Rahman NM, Ali NJ, Brown G, Chapman SJ, Davies RJ, Downer

Formatted: Indent: Left: 0 cm, First line: 0.75 cm

Formatted: Bulleted + Level: 1 + Aligned at: 0.75 cm + Indent at: 1.39 cm

Formatted: Indent: First line: 0.63 cm

Formatted: Indent: Left: 0.12 cm, First line: 1.27 cm

Formatted: Bulleted + Level: 1 + Aligned at: 0.75 cm + Indent at: 1.39 cm

Formatted: Indent: Left: 0.87 cm, First line: 0.52 cm

Formatted: Bulleted + Level: 1 + Aligned at: 0.87 cm + Indent at: 1.5 cm

Formatted: Indent: Left: 0.98 cm, First line: 0.52 cm

Formatted: Bulleted + Level: 1 + Aligned at: 0.87 cm + Indent at: 1.5 cm

Formatted: Bulleted + Level: 1 + Aligned at: 1.39 cm + Indent at: 2.02 cm

NJ, Gleeson FV, Howes TQ, Treasure T, Singh S, Phillips GD; British Thoracic Society Pleural Disease Guideline Group (2010). Local anaesthetic thoracoscopy: British Thoracic Society Pleural Disease 2010. *Thorax* 65 Suppl 2:ii54-60.

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. ~~13053429~~ (9am to 5pm, Monday to Friday)

Dr ~~Azam~~Brammer's secretary

01384 456111 ext. ~~52832568~~ (9am to 5pm, Monday to Friday)

Lung nurse specialists

~~Maxine Palmer and Kim Homer~~

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

~~Russells Hall Hospital switchboard number: 01384 456111~~

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.

للحصول على هذه النشرة بحجم أكبر، وعلى شكل إصدار صوتي و بلغات أخرى، الرجاء الاتصال بالرقم 08000730510.

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 va rugăm sunați la 0800 073 0510.

یہ کتابچہ آپ کو بڑے حروف کی لکھائی، سمعی صورت اور دیگر زبانوں میں مہیا کیا جا سکتا ہے۔ برائے مہربانی فون نمبر 08000730510 پر رابطہ کریں۔