

Spontaneous Pneumothorax

**Accident and Emergency
Department**

Patient Information Leaflet

Introduction

This leaflet explains what a pneumothorax is and how it is managed. Please feel free to ask our team any questions you have about the information below.

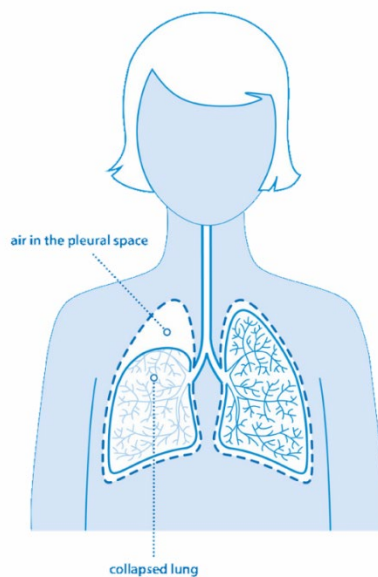
A pneumothorax is an abnormal collection of free air in the chest, caused by the escape of air from the outer part of the lung.

The air enters this space either from the lung itself or from outside the body, this is often confirmed on a chest x-ray. They can be from traumatic or non-traumatic causes.

There are two types of non-traumatic pneumothorax:

A **Primary Spontaneous Pneumothorax** develops for no apparent reason in otherwise healthy individuals. Often results from a small tear to the lung allowing air to become trapped between the lung and the chest wall. This is often seen in younger individuals and is the most common type of pneumothorax.

A **Secondary Spontaneous Pneumothorax** is seen in those with lung conditions such as Chronic Obstructive Pulmonary Disease (COPD), Lung cancer, Tuberculosis, and Cystic fibrosis.



Symptoms

The most common symptoms experienced with a pneumothorax are those of:

- Breathlessness.
- Sharp chest pain on breathing.
- Other symptoms: bluish skin, fatigue, rapid breathing and heartbeat, a dry cough, a sensation of clicking or bubbling in the chest, a feeling of crunching when the skin on your chest is pressed.

Treatment

Given that your condition is safe and stable, the doctors have decided to discharge you.

Your lungs should slowly absorb any remaining air trapped in the chest, but this can take several weeks. Any symptoms you still have should therefore continue to improve.

We will continue to review you and repeat chest X-rays to ensure you are improving as expected. This takes place in our Respiratory Assessment Unit (RAU). Your first follow up appointment is booked for:

Time	Date	Location

If your symptoms get worse **YOU MUST RETURN TO A&E IMMEDIATELY**. The pneumothorax may be getting larger. This is uncommon.

Warning Signs

Once you have been discharged back home there can be risk of complications or re-occurrence of a pneumothorax.

- If you develop sudden breathlessness, chest pain or difficulty with your breathing **CALL 999** immediately and let them know of your recent condition.
- Develop a worsening cough or cough up any blood then seek an urgent review in **Accident & Emergency** department.
- If develop an on-going cough or fever seek review with the **GP**, **Urgent Care Service** or **111** service.

Life after discharge

Once you have been discharged back home your body will need time to recover.

- **You should avoid** activity's involving extreme exertion or physical contact until advised to do so in a follow up clinic or by your GP.
- **You must not travel by air** until at least one week after the lung has fully healed. This will be confirmed on chest X-ray and by your healthcare provider.
- **You must never scuba dive** unless you have had surgery to fix the pneumothorax with confirmation that the surgery was successful. The consequences of another pneumothorax when swimming deep underwater could be fatal - please ask your doctor for further clarification.
- We strongly advise you not to **smoke**. There is strong evidence that smoking makes a further pneumothorax more likely. The most effective way to quit smoking is with professional help – let us know if you would like to be referred to stop smoking services.
- You can **return to work** once all symptoms have resolved and you have spoken to your GP or hospital doctor.
- Patients with **certain jobs** (e.g. airline pilot, diver, military personnel) are classed as high risk for further episodes and may be managed differently. Please inform us if you would like to discuss your work circumstances further.

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

Accident and Emergency Department – within weekdays and office times will be best for non-urgent questions enquiries

Russell's Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

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

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 vă 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۔