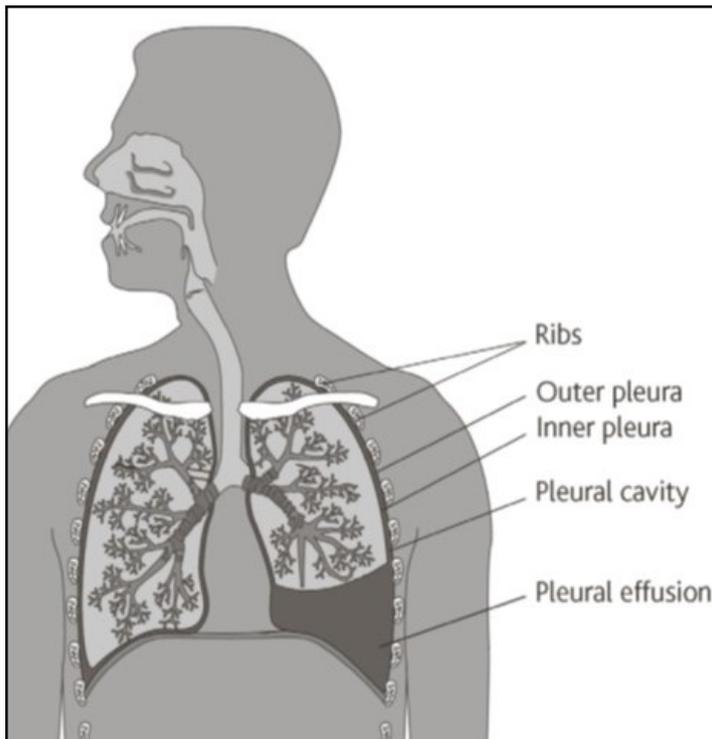


Therapeutic Pleural Aspiration

What is therapeutic pleural aspiration?

A pleural aspiration is a sterile procedure that involves placing a small drain through your skin into the space between your lungs and rib cage (the pleural space) to drain the fluid that has built up.



Who will be doing the procedure?

The procedure will be carried out by a qualified doctor with a suitable level of experience. Because this is a Teaching Hospital, the doctor performing the procedure may be supervised by a senior doctor.

The procedure will take place in the procedure room in EACU-Emergency Ambulatory Care Unit on Level 5 of the Thomas Kemp Tower at the Royal Sussex County Hospital.

How do I prepare for the procedure?

You may be asked to have a blood test a few days before you come to hospital, or on the day of the procedure. If it is on the same day, it will be a few hours before the procedure to make sure that there is no delay while we wait for your blood results.

To minimise risk of bleeding risk associated with the procedure, you may be advised to stop taking some of blood thinning medication by your doctor or from the hospital. **Please only stop taking your blood thinning medication once you have been advised to stop by your doctor or from the hospital.**

- If you take Clopidogrel, please stop taking it seven days before the procedure date.
- If you take Warfarin, please stop taking it five days before the procedure date. You will have an INR test on the day of the procedure to ensure it is at a safe level.
- If you take newer anticoagulants Rivaroxaban, Apixaban, or Dagibatran please stop

- taking it or injecting two days before the procedure date.
- High dose injection like Tinzaparin or Clexane injections will need to be stopped one day before the procedure.

You do not need to stop taking aspirin before the procedure.

Please contact your doctor or the medical team if you are not sure about stopping your blood thinning medication before the procedure. You may eat and drink as normal. Most patients will be asked to arrive in the morning and be able to leave an hour or two after the procedure.

What happens during the procedure?

You will be asked to lie down on a bed where the doctor will use an ultrasound machine to see where it is best to insert the drain. The ultrasound lets the doctor 'look' through the chest wall and also identify the safest site on the skin to carry out the procedure. It is painless and non-invasive. A cool gel is used on the skin first.

Then your skin will be cleaned and a local anaesthetic will be injected to numb the area.

The small drain will then be inserted between the ribs in the numb area. This is connected to a tube and one-way bag or drainage bottle containing water. The whole procedure will usually take up to one hour.

Will it hurt?

The local anaesthetic will sting at first but it will allow the needle to be inserted without causing too much discomfort.

How will the drain be attached?

The drain is held in place by adhesive dressing which holds it onto the skin. We rarely use stitches for therapeutic aspirations as the drain is likely to be removed in two or three hours.

However, please take care when moving as drains can still be pulled out.

How will the drain be removed?

This is straight forward and is done by the doctor or a nurse. Once all the dressings are removed the drain will be gently pulled out. You may be asked to hold your breath in a special way when this is done. It can be uncomfortable but only lasts a few seconds.

Are there any risks during the procedure?

There is a small risk of infection and bleeding but every effort is made to prevent this from happening.

Very rarely, air can sometimes leak into the pleural space during the procedure and cause lung to collapse. A larger tube will be inserted to allow the lung to re-expand. The risk is minimal these days as we use the ultrasound machine for the procedure.

Important things to know about your pleural aspiration

- Fluid will drain from the chest; this is usually clear but sometimes may be blood stained. This is not uncommon and you should not be alarmed.
- There is no need for you to be in pain but if you are please ask the nursing staff for painkillers.
- The drain may come out if pulled or twisted so please take care.

What happens afterwards?

Some people may have a little pain after the procedure which may be helped by painkillers. However, if you do have a lot of pain, difficulty breathing, or fever please tell a doctor or nurse so they can look for a cause and treat it.

Please do not hesitate to ask any questions at any time should you have any concerns

whatsoever.

With the results of the pleural fluid samples sent, you will be informed by the doctor once the results are available. It usually takes about one to two weeks for all the results to be available once received in the labs.

Who can I contact for more information and support?

Emergency Ambulatory Care Unit (EACU):
01273696955 (ext 64002)

www.bsuh.nhs.uk/services/respiratory
(online patient information leaflet link)

www.patient.co.uk

Your district nurse number (please write once known)

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