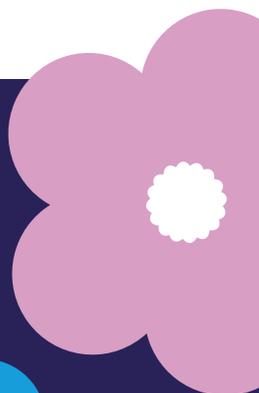


Indwelling Pleural Catheter



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What is a Indwelling Pleural Catheter (IPC)?

An IPC is a small tube designed to drain fluid from around your lungs easily and painlessly whenever needed. It avoids the need for repeated injections and chest tubes every time fluid needs to be drained.

IPC tubes are soft, flexible, and thinner than a pencil. They remain inside the chest and pass out through the skin. There is a valve at the end to prevent fluid leaking out.

The drainage can be performed either by you, your carer or by a district nurse.

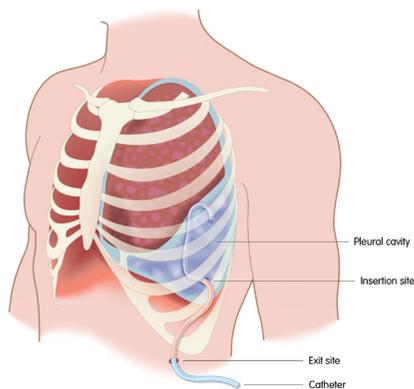
Why does fluid build up?

The area around the lungs (pleural space) consists of two thin membranes – one lining the lung and the other lining the chest wall. Between these layers there is usually a very small space which is almost dry. In your case fluid has collected in this space so that the lung cannot expand properly. This makes you short of breath.

Why do I need an IPC?

Draining away the fluid helps relieve breathlessness for a time, but the fluid can return making you short of breath again.

Indwelling Pleural Catheter



a way of allowing fluid to be drained as often as required in your own home without the need for any needles. Some people prefer this solution to their fluid problem.

How is the IPC put in my chest?

It is possible to have the fluid drained repeatedly, by coming to hospital and having a doctor or nurse pass a needle between the ribs under local anaesthetic to draw the fluid off.

However, repeated trips to hospital and repeated drainage procedures can be inconvenient and uncomfortable. The IPC is

The IPC will be put into your chest in a special procedure room. You will be asked to lie in a comfortable position. Usually the doctor will examine the chest with an ultrasound scanner to identify the best place to insert the IPC.

The ultrasound scan is not painful. It involves having a probe covered with jelly

moved over your skin. The jelly is wiped off your skin at the end of the scan.

Some sedative medication may be given through a needle in your arm to make you sleepy. This is not an anaesthetic and it is common for you to remember some of the procedure despite this sedative injection. Some people choose to have the procedure without a sedative injection.

Once you are resting, your skin will be cleaned with an antiseptic fluid. This often feels cold. A local anaesthetic is then injected into the skin to numb the area where the

IPC will go. This can sting and feel mildly uncomfortable but this feeling passes quickly.

Your doctor will then make two small cuts in the numb area of skin and create a path for the IPC. This should not be painful although you may feel some pressure or tugging. One cut is for the IPC to pass through the skin, and the second is for it to be passed into the chest. The IPC is then positioned into the chest.

Will it be painful?

The local anaesthetic means you should not feel the IPC going in.

Indwelling Pleural Catheter

Painkilling medications may also be given to control any discomfort. At the end of the procedure the chest may feel bruised or sore for about a week. The medical staff will provide you with painkilling tablets to relieve this discomfort.

How long do I have to stay in hospital?

The procedure may require a short stay in hospital or can sometimes be done as a day case. If you have had a sedative for the procedure, someone will need to drive you home because it would be unsafe for you to drive for 24 hours.

Similarly, you should not operate any dangerous machinery or enter into any legally binding agreements within 24 hours of having a sedative.

How does the drain stay in position?

IPCs are designed to be a permanent solution to the problem of pleural fluid (although they can be removed if they are no longer needed). There is a soft collar around the IPC which sits under the skin. The skin heals around the collar and keeps it securely in position. This prevents the IPC from falling out.

Are there any risks with insertion?

In most cases the insertion of a IPC is a routine and safe procedure. There are some problems associated with IPC insertion, including:

Pain: most people get some discomfort from their IPC in the first week. You will be provided with painkilling medication to control this.

Bleeding: during the insertion, the doctor may accidentally damage a blood vessel and cause bleeding. The use of an ultrasound scan immediately before

insertion reduces this risk. In the largest reported study of IPC, 1 in 125 patients had some bleeding following IPC insertion.

Are there any risks associated with long term IPC use?

Sometimes IPCs can become infected but this is uncommon (affecting about one in 50 patients). Your doctor will thoroughly clean the area before putting in the chest drain and you will be taught how to keep your IPC clean.

You will be given telephone numbers of who

Indwelling Pleural Catheter

to contact should you have any problems, for example, fever, increasing pain or redness around the IPC area.

Sometimes the cancer can affect the area around the IPC, causing lumps to form under the skin around the IPC. These may be uncomfortable or painful in some patients.

Sometimes radiotherapy is used to help prevent this. Please let your doctors know if you develop a lump, or any pain, around your IPC. If this problem does develop your doctor will advise you on appropriate treatment.

Can I wash and shower normally?

Initially after insertion there will be a dressing on the IPC. You will be asked to keep this dry until the stitch is removed seven days later. Providing the site is then clean and dry you will be able to bath and shower normally. After a month it is even possible to go swimming.

When is the IPC taken out?

IPCs are designed to remain in position permanently.

However, sometimes the fluid in the chest dries up and the IPC is no longer needed. In this situation the IPC can be removed as a day-case procedure.

Your feedback is encouraged

If you would like any further information about this procedure or if any problems arise, please contact your doctor or nurse.

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