

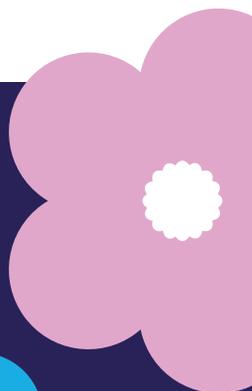
Local Anaesthetic Thoracoscopy



MESOTHELIOMA UK

www.mesothelioma.uk.com

0800 169 2409



Local Anaesthetic Thoracoscopy

What is a local anaesthetic thoracoscopy?

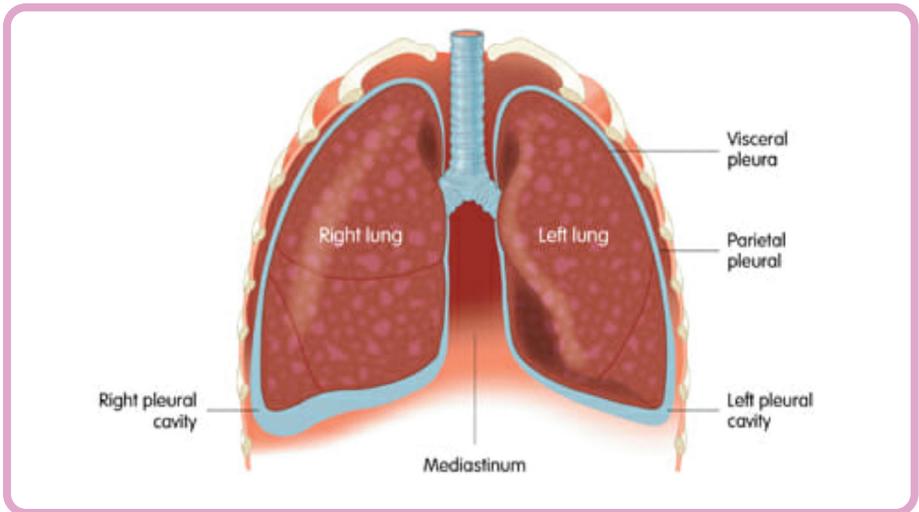
A local anaesthetic thoracoscopy lets the doctor look at the area around your lungs (pleural cavity) using a camera at the end of a thin tube (thoracoscope).

The doctor makes one or two small cuts in the side of your chest to access the

pleural cavity. The procedure is carried out under local anaesthetic to numb the area.

The doctor may take small samples (called biopsies) from the lining of the lungs (pleura) and drain any fluid that has collected.

In addition to collecting biopsies, the doctor may also try to prevent the fluid or air collecting again.



This could be through a simple procedure called talc pleurodesis or an indwelling pleural catheter (IPC) may be inserted to control the fluid.

Why do I need a local anaesthetic thoracoscopy?

Local anaesthetic thorascopies are performed to find out why fluid has collected in the pleural cavity. The procedure usually involves taking some samples from the pleura (the membrane lining the chest wall) using the thoracoscope. These samples are then looked at in a laboratory to help find out the cause of your problem and the best way

of treating it. Some of the fluid in the chest may also be sent to the laboratory for analysis.

What are the benefits of a local anaesthetic thoracoscopy?

A local anaesthetic thoracoscopy allows doctors to find out more about the cause of fluid or air in your pleural cavity and potentially help control your symptoms.

You do not have to have the procedure – you will be asked for your written consent before going ahead. If there is anything you are unclear about, or you have any questions about the procedure, please speak to your doctor or nurse.

Will it be painful?

A local anaesthetic will be injected into the chest wall so you will not feel the thoracoscope being inserted. You may have a sedative before which will make you feel sleepy and relaxed. A sedative is not a general anaesthetic, and although most patients have no memory of the procedure, some people do remember part or all of it.

You may still experience some discomfort. The local anaesthetic stings briefly and the chest tube put in at the end of the procedure can cause mild pain. You will be offered painkillers to help relieve this.

What are the risks of a local anaesthetic thoracoscopy?

Local anaesthetic thoracoscopy is generally a very safe procedure and major complications are uncommon. Main risks are of pain, bleeding, collapsed lung (pneumothorax), prolonged air leaks and infection. They are all treatable.

Any medical procedure carries a very small risk to life, but for local anaesthetic thoracoscopy this is extremely low.

Your doctor will be able to discuss these risks with you in greater detail.

Preventing fluid or air collecting again

As well as looking into the possible causes for the fluid or air build up, the doctor may also try to prevent it collecting again. This could be via an indwelling pleural catheter (IPC) or through a procedure called talc pleurodesis.

Indwelling pleural catheter

An indwelling pleural catheter (IPC) is a small silicone tube that can be inserted into the lining of your lungs where the fluid accumulates and that allows drainage of any fluid that accumulates. The catheter is fixed to the skin and stays in for as long as is required.

Sometimes talc can be inserted through the catheter, and your doctor will be able to discuss all the options with you.

Talc Pleurodesis

In some patients, sterile medical talc is puffed into the chest to help control abnormal collections of fluid or air. The talc causes the surface of the lung to stick to the inside of the rib cage, leaving no room for fluid or air to reaccumulate. If you need this procedure, your doctor will discuss it with you when you sign the consent form.

You may feel some chest discomfort after the procedure. If this happens, it can be treated with painkillers.

Local Anaesthetic Thoracoscopy

After discharge your chest will often remain sore for some time and you will be given painkillers to control this. For a few patients, occasional sharp “scar pains” can affect the chest for some months afterwards. These are usually very brief and not severe and do not suggest that anything has gone wrong with the procedure.

Before you come to hospital

Tests

Prior to coming into hospital, or on the day of the procedure, you may have the following tests:

- A covid swab
- Blood tests to check that you are not anaemic, and that your

liver and kidneys work normally. Another sample may also be taken to check the blood group in case you need a blood transfusion, although this is rare.

- An electrocardiogram (ECG) may also be performed to measure the electrical activity of your heart to detect any problems. This is a painless procedure.
- An ultrasound scan of your chest may be done. This is also a painless procedure where a probe covered with jelly is placed on the skin of your chest. This is to help the doctor locate the fluid and other structures in your chest.

Medications

Some routine medications may need to be adjusted or stopped before you can have a local anaesthetic thoracoscopy, especially ones which affect the clotting of the blood.

Please discuss this with your doctor or nurse.

Eating and drinking

You may be asked not to eat or drink anything apart from water for a period of time before your procedure. This is to prevent any sickness during or after the procedure. Your nurse or doctor will advise you about this.

What to bring with you

Any medicines that you are taking. Any belongings

you may need for a short stay in hospital.

What will happen on the day of the local anaesthetic thoracoscopy?

You will be given an appointment time by your hospital. You will be admitted to a ward and asked some questions about yourself, your general health and the medicines that you are taking. Your blood pressure, pulse, temperature and breathing rate will be checked. A needle will be put into a vein in the back of your hand this will allow medication to be given before and during the procedure.

Local Anaesthetic Thoracoscopy

You will then be taken to the thoracoscopy room and asked to lie down on the bed. To ensure that you have enough oxygen during the procedure, a small oxygen tube will be placed next to your nose and a probe attached to your finger. Usually an ultrasound scan of your chest will be performed to show the doctor the best place to insert the thoracoscope.

You may be offered a sedative injection which will make you feel sleepy. Once this has taken effect the doctor will inject local anaesthetic into the chest wall. This is where a small cut will be made to enable the thoracoscope to be inserted. The anaesthetic stings a little at first but

then numbs the area so you should not feel anything during the examination.

One, or sometimes two, small cuts are then made in the side of your chest. Any fluid that is present is drained away. The thoracoscope is then passed into the chest, allowing the doctor to see inside. Some specimens are usually taken from the lining of the rib cage. If required, talc is puffed into the chest cavity at the end of the procedure.

Finally a tube will be inserted through the cut to allow any remaining fluid or air to be drained from the chest. This tube is stitched into place. The procedure normally takes

less than an hour.

After the procedure

You may feel some discomfort from the chest tube, but your nurse will offer you painkillers to help with this. You will be taken back to the ward.

You will see that the tube coming out of your chest is attached to a bottle with fluid in it. When it is appropriate, the nurse will attach the bottle to some gentle suction to help the drainage. You may feel a little bit more discomfort from this but you can have more painkillers if you need them. You may be given some fluids by a tube into one of your veins (a drip) until you feel like eating and drinking.

The nurse will regularly record your temperature, pulse, blood pressure and breathing and also check your oxygen levels, the site of your chest tube and the amount of fluid in the bottle. Please tell the nurse if you feel any increased shortness of breath.

Some patients are able to go home on the day of the procedure. Your chest tube will be removed before you go home unless you have had an IPC inserted. An IPC usually stays in place for a few weeks.

The first day after the procedure

The chest drainage will usually be continue for

Local Anaesthetic Thoracoscopy

just a few hours but may last up to four days. Your doctors and nurses will be able to estimate how long this will be for you. You may be given heparin injections to help prevent blood clots forming while the chest tube is in position. A chest x-ray the day after the thoracoscopy is carried out to check that all the fluid and air that may have collected in your chest during the procedure has drained away and to help assess the success of the procedure.

Looking after your chest tube

Your doctors and nurses will look after your chest tube. However, to minimise any

complications, such as the chest tube being pulled out, keep in mind these points:

- Sometimes your chest drain is attached to suction to help drain any remaining fluid. In this case you will need to stay close to your bed unless a mobile suction unit is used.
- Keep the drainage bottle on the floor
- Do not swing the bottle by the tube
- Keep the bottle below the level of your waist
- Try not to knock the bottle over
- If your chest is painful, please tell your nurse
- If you feel your tube

may have moved or may be coming out, please tell your nurse

Removal of your chest tube

This is a simple procedure. It is mildly painful, but you will be offered painkillers to help.

The nurse removing the chest tube will encourage you to take a couple of deep breaths. They will then ask you to hold your breath, and while you are doing this, will gently pull the tube out. There will already be a stitch in place and a nurse will pull this to close the wound.

A dry dressing will be placed over the wound.

A chest x-ray is often (but not always) taken.

You should try to keep your dressing dry for the next 5 days. The stitch is usually removed by your GP or a nurse after 7 days.

When you go home

You will be advised who to contact should you have any problems once you have gone home.

Follow-up in outpatients

You will be given an appointment to come back to the outpatient clinic for the results of any biopsies that have been taken.

Mesothelioma UK

provides specialist, impartial, up to date support and information.



To sponsor or donate contact: Mesothelioma UK

CIO Registered Charity Number 1177039

Email | info@mesothelioma.uk.com

Freephone | 0800 169 2409

Website | www.mesothelioma.uk.com

Reviewed: October 2021 | Review due: October 2023 | MED-06-02

Download information from
www.mesothelioma.uk.com

To request a copy, freephone 0800 169 2409
or email info@mesothelioma.uk.com