

**PATIENT
APPROVED** 

How to contact us:



0117 414 6337



www.nbt.nhs.uk

If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

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While in our care, you may be invited to take part in a research study.
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Medical Thoracoscopy

Please bring
this leaflet with
you when you
come for your
thoracoscopy



This box may be completed by your treating team

Please come to

On (date)

At (time)

Nothing to eat after.....

Medication changes.....

What is a thoracoscopy?

A thoracoscopy is a routine procedure that is performed by respiratory doctors. It is a way of looking inside the space between your lungs and rib cage (the pleural cavity) with a camera to diagnose or treat you.

Why do I need a thoracoscopy?

Your doctor has decided to recommend a thoracoscopy because he/she feels that this would be the best way to find out more about your current illness and/or to control your chest symptoms. This decision is taken carefully and with your best interests in mind. Nevertheless, it is up to you to decide whether you wish to have the procedure or not and it cannot be done without your informed consent.

Will a thoracoscopy help my chest condition?

A thoracoscopy will allow your doctors to learn more about your illness and the cause of the fluid or air in your chest. In addition, the thoracoscopy enables samples to be taken from the inside of your chest and any fluid that has collected there can be drained away. Sometimes the doctors can also do something to stop the fluid or air gathering in your chest again in the future.

Will it be painful?

You will be given some sedative medication before the procedure to make you sleepy. This is not a general anaesthetic and it is common for you to remember some of the procedure afterwards.

As well as using sedative drugs before the examination, a local anaesthetic will be injected into the examination site so that you do not feel the camera. You will also be given painkilling medication both during and after the procedure to control any pain.

Important instructions to follow before your thoracoscopy

- Please remember not to eat anything for at least six hours before the procedure is due to take place. You may have clear drinks for up to 2 hours beforehand. This is to prevent any sickness during or after the procedure.
- You may take your normal medications with a sip of water on the morning of the procedure unless you have been told not to by the doctor.
- If you are taking any medications that 'thin the blood', e.g. Rivaroxaban, Dabigatran, Apixaban, Edoxaban, Dalteparin, Clexane or heparin injections, Warfarin, or Clopidogrel, this must be discussed in advance with your hospital doctor so that he/she can provide you with further advice. In general, these medications must be stopped or withheld before a thoracoscopy can take place.

What will happen on the day?

On the day of your thoracoscopy you will be asked to come to hospital. Please bring with you any medication that you are taking and any belongings that you may need in the event of a few nights' stay in hospital.

- You will be met by a nurse who will ask you some questions about the medication that you are taking. She will also check your blood pressure, pulse, temperature and breathing.
- The doctor will meet you before the procedure and you will have a chance to ask them questions. If you are happy to proceed, you will be asked to sign a consent form.
- A small cannula will be put into the back of your hand, which will allow us to give you medication before and during the examination.

- You will be taken to the operating theatre and you will be asked to lie down on a bed on your side.
- A small oxygen tube will be placed into your nostril and a probe attached to your finger to monitor your oxygen levels during the procedure.
- Once you are resting comfortably, the doctor may perform an ultrasound to find a safe site for the procedure. The skin will be cleaned with a cold fluid containing alcohol. A local anaesthetic will then be injected into the skin to numb the area around procedure. This stings a bit but this pain passess off quickly.
- A small incision (measuring 1-2cm) is then made in the side of your chest and any fluid is drained away through a flexible tube.
- The camera, which is about the width of a man's little finger, is passed through the incision to look inside your chest.
- Some biopsy specimens will usually be taken. For some patients, having speciments taken can be sore, but the pain only lasts a second or two. The doctor will give you a painkilling injection if necessary.
- During the procedure you may sometimes be able to hear what is happening around you - this is normal.
- At the end of the procedure a flexible, plastic tube will be inserted through the examination incision to allow any remaining fluid or air to drain from your chest (known as a chest drain). This will be stitched in place and attached to a bottle that stands on the floor. You may feel the urge to cough but this is normal.
- The whole procedure normally takes 30-40 minutes.

After the procedure

You will return to the recovery area after the procedure. You may feel some discomfort from the chest tube, but your nurse will give you painkillers to help this. A nurse will regularly record your temperature, pulse, blood pressure and breathing rate. Your oxygen levels will also be checked. A chest x-ray will be taken after the procedure.

Please inform the nurse if you feel any increased shortness of breath.

In some circumstances it may be possible for the chest drain to be removed a few hours after the procedure. It may then be possible for you to go home the same day as the procedure, as long as you have someone to take you home and be with you overnight.

Staying in hospital after the procedure

Sometimes it is necessary to keep the chest drain in longer, in which case you will need to stay in hospital. Depending on the circumstances this may be for between 1 and 4 days (Your doctors and nurses will be able to estimate the duration of this period for you). You will be transferred to a respiratory ward and the nurse may attach the drainage bottle to some gentle suction, which aids the drainage. You may feel a little bit more discomfort from this, but you can have more painkillers if needed. You will receive a daily injection to help prevent blood clots forming while you are in hospital. You may also need more chest x-rays to be performed.

Looking after your chest tube

Your doctors and nurses will help you to look after your chest tube. However, there are a few simple rules that you can follow to minimise any problems:

- While your chest tube is attached to suction stay close to your bed (as the suction tube will limit your movement).
- Keep the drainage bottle on the floor.
- Do not swing the drainage bottle by the tube.
- Do not leave the ward.
- Do not knock the drainage bottle over.
- If your chest is painful please tell your nurse.
- If you feel that your tube may have moved or may be coming out please tell your nurse immediately.

A specific information sheet about what you should do to look after your chest drain will be given to you.

Removal of your chest tube

Removal of the chest tube is a simple procedure. It can be a bit uncomfortable, but you will be given some painkillers if needed. The doctor or 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 they will gently pull the tube out. There will be a stitch in place and this will be pulled tight to close the incision. A dry dressing will be placed over the wound site.

A chest x-ray is often (but not always) taken. If this is satisfactory you will be allowed home.

Follow up in outpatients

You will be given an appointment to come back to the outpatient clinic 7-10 days after your procedure, when the results of your biopsies will be known. The stitches should be removed 7-10 days after your procedure and this can be done by your GP, practice nurse or we can take it out when you come to your clinic appointment.

Are there any risks with thoracoscopy?

Thoracoscopy is generally a very safe procedure. All patients experience some pain, but this is rarely severe. An injection of the local anaesthetic at the time of the examination stings briefly and the chest tube positioned at the end of the procedure may be mildly painful. Painkillers will be easily available to you to control this.

In some patients, sterile medical talcum powder is put in the chest at the time of the examination to help control abnormal collections of fluid or air. If this is needed your doctor will discuss it with you when you sign the consent form for the procedure. The talc may cause some chest pain over the twenty-four hours after the examination. If this happens this can also be treated with painkillers.

About 1 in 100 patients who have a thoracoscopy suffers an infection at the site of the chest tube. If this occurs it can usually be treated with antibiotics, but it may require a longer stay in hospital. It is very rare for such infections to be serious, although if they are, they may require an operation for their resolution.

About 1 in 500 patients may develop significant bleeding. This is usually effectively treated at the time of examination, but may (very, very, rarely) require an additional procedure or operation to help stop it. Any medical procedure carries a very small risk to life, but for thoracoscopy this is very low indeed (less than 1 in 1,000).

After discharge from hospital you may experience some pain in your chest for a few days and we will provide painkilling tablets to control this discomfort if needed. For a few patients occasional sharp “scar pains” can affect the chest for some months after the examination. These are usually very brief and not severe. They do not suggest that anything has gone wrong with the examination.

Your feedback is encouraged

We are keen to make thoracoscopy as straightforward and as comfortable as we possibly can. Please feel free to make any suggestions for improvements to your doctors or nurses.

References

Buchanan & Neville (2004) *Thoracoscopy for Physicians*. London: Arnold Books.

Loddenkemper, R (1998). Thoracoscopy – State of the Art. *European Respiratory Journal*, 11, 213-221

Seijo LM and Sterman DH (2001) Interventional pulmonology. *New England Journal of Medicine*, 344, 740-749.

Maskell N and Butland RJA, Pleural Diseases Group, Standards of Care Committee, British Thoracic Society (2003) The British Thoracic Society Guidelines for the Management of Malignant Pleural Effusions. *Thorax*, 58(S2), ii8-17

Name:

Date of Birth:

Hospital No:

Name of procedure(s)

Medical Thoracoscopy on the Left / Right side

(indicate as appropriate)

Camera examination of the pleural cavity (between the lung and rib cage) Fluid and biopsy samples may be retained.

Additional procedures which may be carried out during the procedure:

Statement of patient

You have the right to change your mind at any time, including after you have signed this form.

I have read and understood the thoracoscopy patient information sheet, including the benefits and any risks.

I agree to the procedure described in this booklet and on the form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however have appropriate experience. Where a trainee performs this examination, this will be undertaken under supervision by a fully qualified practitioner.

Signed

Date

Name (print in capitals)

Confirmation of consent (to be completed by a health professional prior to the procedure)

I have confirmed that the patient/parent understands what the procedure involves including the benefits and any risks. I have confirmed that the patient/parent has no further questions and wishes the procedure to go ahead.

Signed

Date

Name (print in capitals)

Job title

