

Operation Information

Video Assisted Thoracoscopic Surgery Pleurodesis

Introduction

Video-assisted Thoracoscopic Surgery (VATS) Pleurodesis provides a minimally invasive approach for the management of collection of air (pneumothorax) or collection of fluid (Pleural effusion) between the lung(s) and chest wall (pleural space). The condition is potentially dangerous because shortness of breath or chest pain will occur. This procedure is performed with a thoracoscope (small video-scope) using small incisions and special instruments to minimize trauma. After removal of air / fluid from the pleural space, a mild irritant drug is put inside the pleural space to achieve sticking the lung(s) to the chest wall.

Outcomes

The pleural space will be fixed in place so as to prevent the recurrence. This procedure is significant help to restore normal lung function and prevent the risk and morbidity of pneumothorax and pleural effusion.

Procedures

1. The operation is performed under general anaesthesia.
2. One to two small incisions are made in the chest.
3. A thoracoscope and surgical instruments are inserted via the incisions.
4. The doctor is guided by images of the operative area transmitted from the thorascope onto a computer monitor during the operation.
5. The image on the monitor guides the use of tools so that the air or fluid can be removed.
6. A talc solution is then blown or sprayed evenly over the lung(s) and pleural surfaces.
7. The doctor will remove the tools and close the incisions once this process is completed.
8. A tube remains in place after the surgery to remove any excess fluid or air from around the lung(s).

Possible Risks and Complications

1. Bleeding
2. Infection
3. Hemothorax (Blood collection in the chest cavity)
4. Pneumothorax (Presence of air in the chest cavity)
5. Subcutaneous emphysema (the presence of air or gas in subcutaneous tissues)
6. Damage to other organ(s)

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care this does not rule out the possibility of complications arising. In the event of other organ(s) damage or post-operative haemorrhage or air leakage, further operations may be required.

Pre-operative Preparations

1. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up yourself on the day of operation.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform doctor if you are taking medications that affect blood coagulation, such as Aspirin, Warfarin, Xarelto or Pradaxa and Chinese medication.
4. No food or drink six hours before operation.
5. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewelry and contact lenses.
6. Please empty your bladder before the operation.

Post-operative Instructions

General

1. After general anaesthesia, you may:
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anesthesia including feel tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.
3. You should use a semi-recumbent position to facilitate lung expansion and change position regularly to facilitate drainage from the chest cavity.
4. A chest drain is used to drain out the body fluid, blood and air. You must ensure the drainage tube is stayed in place. Do not pull, twist, clamp and apply pressure on the drainage tube.
5. The drains will be removed 1-2 days after the operation.
6. You must ensure the dressing is kept clean and dry.
7. The hospital stay is typically for 2-3 days which may vary with health condition of the patient.

Diet

A normal diet may be resumed as instructed after recovering from anaesthesia.

Advices on Discharge

1. The prescription pain medication may be taken as needed.
2. You must ensure the wound is kept clean and dry, change the dressing if necessary.
3. Regular activities may be resumed gradually and along with a balanced diet.
4. Immediately consult your doctor or return to hospital for professional attention in the event of severe wound pain associated with redness and swelling, secretion of pus or blood seepage, shivering, high fever over 38°C or 100°F, or any other unusual symptoms etc.
5. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

