

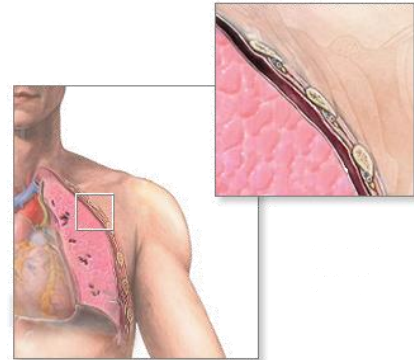


Procedure Information

Pleurodesis

Introduction

Pleurodesis is a procedure that obliterates the pleural space (the cavity that exists between the lungs and underneath the chest wall) to prevent recurrent pleural effusion and recurrent or persistent pneumothorax. A chest drain has to be inserted then pleurodesis can be performed after draining the effusion or intrapleural air. A chemical irritant or sclerosing agent is instilled into the pleural space through the chest drain, which includes intrapleural inflammation and fibrosis, subsequently leading to adhesions between the two pleural membranes.



Source:

https://medlineplus.gov/ency/presentations/100008_1.htm

Outcomes

The pleural space is sealed up to prevent air, fluid or blood from re-accumulating in the pleural space and thus improve breathing.

Procedures

1. This procedure is performed under local anaesthesia.
2. A tube (chest drain) is inserted into the pleural space under an aseptic technique.
3. Selected chemical irritant or sclerosing agent is introduced through the chest tube into the pleural cavity. The chest drain will then be changed to prevent the agent from leading out.
4. According to the doctor's prescription, you are instructed to lie in various positions so that the chemical irritant can be evenly distributed over the pleurae.
5. According to the doctor's prescription, the chest drain will be re-opened after a few hours. X-ray may be arranged to review the progress.
6. The chest drain is usually left in position for at least 24 hours. It may be left longer or require repeating the procedure if the drainage of fluid or air persists.

Possible Risks and Complications

1. Pain
2. Fever
3. Shortness of breath
4. Infection (chest drain wound or pleural infection)
5. Anaphylaxis
6. Pulmonary embolism

** 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 from arising.

Pre-procedure Preparations

1. The procedures and possible complications will be explained by the doctor and a consent form must be signed prior to the procedure.
2. 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, nonsteroidal anti-inflammatory drug (NSAID) such as Ibuprofen, Naproxen and Chinese medicine.
3. Please inform our staff if you are or might be pregnant.
4. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
5. Please empty your bladder before the procedure.

Post-procedure Instructions

General

1. Local anaesthetic is added into the instilled chemical irritant to reduce the chest pain caused by the inflammatory reaction. Further analgesics may be prescribed if needed.
2. Fever may occur in the first two days after the procedure. It can be controlled with paracetamol.
3. Immediately inform the nursing staff if you experience shortness of breath.
4. Avoid pulling, kinking or bending the drainage tube.

Wound Care

1. The chest drain will be covered with a sterile dressing which must be kept dry.
2. The wound dressing will be changed according to the doctor's order.
3. You may take a shower after the operation but must ensure that the dressing is waterproof and remains clean and dry.

Advice on Discharge

1. You must ensure the wound is kept clean and dry, and change the dressing if necessary (as instructed by doctor).
2. Regular activities can be resumed gradually along with a balanced diet.
3. Immediately consult your doctor or return to the hospital for professional attention in the event of bleeding or pus discharge from the puncture site, shortness of breath, or high fever over 38°C or 100.4°F.
4. 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