

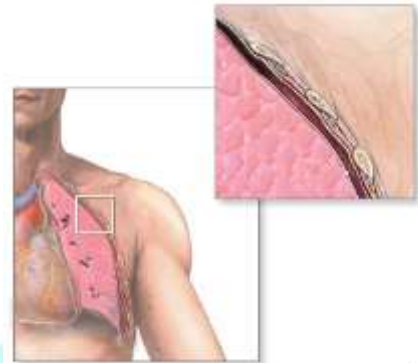


Procedure Information

Pleurodesis

Introduction

Pleurodesis is a procedure that causes the membranes around the lung to stick together, in order to prevent recurrent pleural effusion or recurrent pneumothorax. It is commonly performed after draining the effusion or intrapleural air, by instilling a chemical irritant to induce intrapleural inflammation and fibrosis. Numerous chemical irritants can be used to induce pleurodesis. The choice among these agents is determined by the underlying process for which chemical pleurodesis is needed.



ADAM

Outcomes

This procedure can prevent air, fluid or blood from re-accumulating in the pleural space and thus improve breathing.

Source:

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

Procedures

1. This procedure is performed under local anaesthesia.
2. A tube (chest drain) is inserted into the pleural space.
3. Selected chemical irritant is introduced through the chest tube into the pleural cavity.
4. You are instructed to lie in various positions so that the chemical irritant can evenly distribute over the pleurae.
5. The chest drain is usually left in position for at least 24 hours. It may be left longer if the drainage of fluid or air continues.

Possible Risks and Complications

1. Common: local pain, fever, and shortness of breath which usually settle in a few days
2. Rare: respiratory failure, cardiovascular complications, and systemic inflammatory response
3. Insertion of tube carries some risk of infection.
4. Recurrence may occur and need another attempt of pleurodesis.

** 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.
3. Please inform our staff if you are or might be pregnant.
4. Please change into a surgical gown after removing all clothing including undergarments, dentures, jewellery and contact lenses.
5. Please empty your bladder before the procedure.

Post-procedure Instructions

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.

Advice on Discharge

1. 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 fever over 38°C or 100°F.
2. 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