



University Hospital
Southampton
NHS Foundation Trust

Pleural biopsy and drainage of pleural effusion

Information for patients



We have given you this booklet because you are due to have a pleural biopsy and drainage of pleural effusion.

This booklet explains what a pleural biopsy and drainage of pleural effusion is, what the procedure involves, and the benefits and risks. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please contact us using the details at the end of this booklet.

What is a pleural effusion?

The lungs are covered by two thin membranes called the pleura. The space between these two membranes is called the pleural space.

A pleural effusion is a build-up of fluid in the pleural space.

A pleural effusion is common and is often caused by:

- lung infections (for example, pneumonia) or
- heart failure (when the heart doesn't pump blood around the body as well as it should).

It can also be a symptom of several types of cancer.

A pleural effusion is usually treated by a thoracic (chest) surgeon draining the excess fluid that has built up. This procedure is called '**drainage of pleural effusion**'.

What is a pleural biopsy?

A pleural biopsy is a procedure where a surgeon takes a small sample (known as a biopsy) of the pleura to find out why fluid has built up in the pleural space.

Why do I need a pleural biopsy and drainage of pleural effusion?

There are a number of reasons why a pleural biopsy and drainage of pleural effusion may be needed.

Some people may be referred for this procedure after a chest x-ray or CT scan (a test that takes detailed images of the inside of the body) has shown:

- fluid between the two pleura
- thickening of the pleura
- a collapsed lung from a build-up of fluid

Other people may be referred for management and/or investigation of symptoms they have been having, which may include:

- shortness of breath
- pain or discomfort
- feeling generally unwell

The doctor who referred you for the procedure will have explained why a pleural biopsy and drainage of pleural effusion is needed in your case.

Are there any risks or complications?

As with all surgical procedures, there are some possible risks and complications associated with having a pleural biopsy and drainage of pleural effusion.

Minor complications include:

- damage to teeth
- a chest infection (moving around early on will help to prevent this)
- wound infection (using the antiseptic body wash we have given you can help to prevent this)
- a faster heartbeat (this can be treated with medication)
- a small amount of bleeding into the chest drain
- an air leak from the lung (this will usually settle within a few days, but we will need to leave your chest drain in until it does)

Major complications (which are less common) include:

- a collapsed lung (if this happens, you may need to stay in hospital longer to have a chest drain reinserted)
- blood clots (to reduce this risk, we will give you blood-thinning injections, compression stockings to wear and we will also get you moving around as soon as possible after your procedure)
- heart attack or stroke
- a large amount of bleeding into the chest drain (if this happens, you may need a blood transfusion (when you receive blood from someone else))

How should I prepare for the procedure?

Clinic appointment

Before the procedure, you will have a clinic appointment with your surgeon. This appointment may be by telephone or face-to-face. Please see your appointment letter for more details.

During this appointment, your surgeon will explain:

- why a pleural biopsy and drainage of pleural effusion is recommended
- what the procedure involves
- the benefits and risks of the procedure
- alternative treatments

Together, you will decide whether you wish to go ahead with the procedure. If you do wish to go ahead with the procedure, we will ask you to sign a consent form either at this appointment or on the day of your procedure.

Pre-assessment appointment

If you decide to have the procedure, you will need to come to hospital for a pre-assessment appointment.

During the pre-assessment appointment, we will:

- perform blood tests
- perform an electrocardiogram (a heart tracing test)
- take a full set of observations to check your blood pressure, pulse, oxygen levels, temperature and breathing rate
- measure your height and weight
- take swabs from your nose and groin to check for MRSA (a bacteria that usually lives harmlessly on the skin but can cause a serious infection if it gets inside the body)

We will also:

- explain the procedure to you and answer any questions you may have
- advise when to stop eating and drinking before your procedure

- advise if you need to temporarily stop taking any medications before your procedure
- give you an antiseptic skin wash solution to use and instructions on how to use it (you will need to wash your whole body and hair before your procedure in this solution to help prevent infections occurring after your procedure)

General anaesthetic

The procedure will be performed under general anaesthetic (medication that sends you to sleep) so you will not feel anything. To ensure you are well enough for a general anaesthetic, an anaesthetist (a specialist doctor) will visit you before your procedure and ask you some questions about your medical history and your general health and lifestyle. This may be at your pre-assessment appointment or on the day of your procedure.

There is a slight risk that your teeth may be damaged during the procedure. To help reduce this risk, please let the anaesthetist know if you have dentures, any loose teeth, or crowns.

Smoking

We recommend stopping smoking before and after your procedure. You should also avoid smoky environments. This will help to reduce your risk of developing a chest infection and will also help to keep your oxygen levels steady after the procedure. We can provide you with nicotine patches after your procedure, if necessary. We can also give you details of services that can help you to stop smoking.

What will happen on the day of the procedure?

When you arrive for your procedure (please see your appointment letter for where you need to go), we will ask you to change into a hospital gown. We will also give you compression stockings to wear (these will help to prevent blood clots, also known as deep vein thrombosis or DVT, from developing in your legs).

The anaesthetist will then visit you (unless they spoke to you at your pre-assessment appointment).

We will explain the procedure to you again and answer any questions you may have. If you are happy to go ahead with the procedure, we will then ask you to sign a consent form (if not already done at your clinic appointment).

Before your procedure, we will use a marker pen to mark the side of your body that we are going to operate on. Please let a member of staff know if this mark comes off before your procedure. We will also give you two name bands to wear. These let staff know your:

- name
- date of birth
- hospital number

If you have any allergies, we will also give you a red band to wear. Please let a member of staff know if you lose your name band or red band, or if any of the information on either band is incorrect.

Before going to the operating theatre, we will complete a checklist with you (this will be repeated several times when you then go to theatre). We will then take you to a room where the anaesthetist will give you a general anaesthetic. This will usually be given as an injection through a cannula (a thin tube) that is inserted into a vein in the back of your hand or arm. Rarely, it may be given as a gas through a face mask. The anaesthetist will decide which option is most appropriate for you and will discuss this with you.

What will happen during the procedure?

Once the anaesthetic has taken effect and you are asleep, we will move you to our operating theatre.

We will position you slightly on your side, with your arm above your head. This is so that we can gain access to the side of your chest.

We will then clean the area of your chest that we are going to operate on with some antiseptic solution.

The surgeon will make a small cut (about 2 to 4cm long) on your chest. Through this cut, the surgeon will look around inside your chest using a thoracoscope (telescope) and perform the procedure. Occasionally, the surgeon may have to make the cut slightly larger to gain better access to your chest.

Once the surgeon has looked inside your chest, they will drain the pleural fluid and take a sample (biopsy) of the pleura. The pleural biopsy will then be sent to the laboratory for testing.

Draining the pleural fluid should allow your lung to inflate. If your lung doesn't fully inflate after the procedure, your surgeon will discuss the next steps with you.

At the end of the procedure, the surgeon will insert a tube into your chest (known as a chest drain) to drain any excess air and fluid after the procedure. Please see the 'Chest drain' section on page 10 for more information about this.

Changes to the planned procedure

Depending on what the surgeon finds when they look into your chest, they may have to make some changes to your planned procedure. The surgeon will only do what is appropriate for your condition. We will discuss these possible changes with you before your procedure as part of the consent process. If any changes need to be made to the planned procedure, we will explain what these were and the reasons for the changes after your procedure.

How long will the procedure take?

The procedure will usually take one hour.

What will happen after the procedure?

After the procedure, we will take you to our recovery room where you will gradually wake up from the general anaesthetic.

You will stay in the recovery room until the general anaesthetic has completely worn off (this usually takes between one and two hours). During this time, we will monitor you regularly to check that you are recovering well, and your pain is controlled.

We will then transfer you to E4 ward, where we will continue to monitor you.

You may need to have oxygen for the first few hours after your procedure. If this is the case, we will give this to you through a face mask or nasal tubes.

You should expect to stay on the ward for one to two days after your procedure. We will advise you when it is safe for you to go home.

Side effects

After the procedure, it is common to experience some of the following side effects:

- tiredness
- a sore throat for a few days (we will give you pain relief medication to help ease this)
- a cough which brings up a small amount of blood (this should stop after a few days)
- low blood pressure (this will usually improve as you drink more fluids)
- a painful shoulder (this should improve with pain relief medication and movement)
- numbness, tingling and pins and needles around your wound and at the front of your chest (this is normal and will usually improve as your wound heals)

Pain

After your procedure, we will inject some local anaesthetic around your wound to numb the area. We will also give you some additional pain relief medication to help ease any pain. This may be in the form of tablets or liquid that you take by mouth, or we may give you the medication via your cannula.

We will monitor your pain levels and amend your pain relief medication as needed.

Chest drain

We will monitor your chest drain and decide when it is safe to remove it (this will depend on what it has drained). After we have removed your chest drain, we will close the wound with one or two stitches.

These stitches are not dissolvable and will need to be removed seven to ten days later. We will give you a letter telling you how to arrange this with a nurse at your GP surgery.

Air leak

An air leak (when air leaks out from the surface of the lung into the pleural space) is a common occurrence after a pleural biopsy and drainage of pleural effusion procedure. The leak will usually settle on its own within a few days, but while it settles, your chest drain will need to stay in place. If the leak is taking longer to settle, your surgeon may recommend that you go home with the chest drain on a bag system. If this is the case, we will discuss this with you in more detail.

Eating and drinking

You can eat and drink as usual after the procedure. However, you may find that you have a reduced appetite. This is normal.

Movement

We will help you to get up and walk around as soon as possible after the procedure.

Moving after the procedure will help to:

- improve your blood circulation
- expand your lungs
- prevent chest infections

We will support you in doing this until you are confident moving around the ward on your own.

To help prevent blood clots, we will give you blood-thinning injections each day you are in the hospital. You will also need to wear compression stockings. If you need any help with moving or deep breathing, speak to a nurse who will contact a physiotherapist for support.

What should I expect when I go home?

When you are ready to go home, we will go through your discharge summary with you and give you aftercare instructions and advice.

You will need to arrange for someone to pick you up from the hospital when you are ready to go home as you will not be able to drive yourself home.

We will return any medication you brought into hospital to you (unless it has been stopped by your doctors during your hospital stay). We will also give you a supply of medication. This will include:

- any of your own supply that has run out
- any new tablets that we have started you on (such as pain relief medication or medication for your bowels)

All medication will be labelled with instructions on how and when to take it. Please make sure you understand these instructions before you go home.

Pain relief medication

You should take pain relief medication regularly. Most people will need to take some form of pain relief medication for one or two weeks after the procedure. Your general practitioner (GP) will be able to prescribe you more pain relief medication if you need it.

Please make sure you do not exceed the maximum dose of pain relief medication.

Once your pain starts to improve, you can gradually reduce how much pain relief medication you take.

Rest and activities

It is normal to feel tired for the first week or more after you arrive home. It is important that you rest during the day and you should try to go to bed at the same time each night.

We advise having someone at home with you for the first few days, if possible, to help with heavier housework, such as vacuuming or loading the washing machine.

You may find that normal day-to-day activities, including having visitors, can make you feel tired. You should increase your daily activities gradually. Avoid any activities that cause you pain until you are further along in your recovery.

It is quite common to feel tired or have a lower mood than usual after your procedure. If you have any concerns about your recovery, please contact us or your GP for advice and additional support.

Wound care and dressings

It is normal to have some numbness, tingling and pins and needles around your wound and at the front of your chest. This will settle over time, but it can take several weeks. In rare cases, you may be left with a permanently numb area.

We will place dressings over your wound after the procedure. These dressings will need to be removed 48 hours after your chest drain has been removed. If you have already gone home, you (or a relative or carer) will need to remove these dressings, leaving the wound exposed.

If your wound is not clean and dry, you will need to put another clean dressing on. If you have any concerns about your wound, please contact us for advice.

Your wound will normally take two to four weeks to fully heal.

Contact the thoracic nurse specialist, the ward you were being cared for on or your GP if:

- you are worried about how your wound is healing
- your wound becomes more painful, red, inflamed, or starts to ooze

Washing

When you shower or bathe, you should:

- use warm water
- make sure there is someone nearby in case you need help
- take care when washing around the wound
- pat the wound area dry carefully with a clean towel

You should **not**:

- use very hot water (this may make you feel faint)
- soak the wound in the water
- put lotions or powder on your wound until it is fully healed

Eating and drinking

It is normal to have a poor appetite after your procedure. To help with this, you should try to eat little and often. Your appetite should gradually improve as you become more active.

Make sure you are drinking enough fluid (six to eight glasses a day).

Alcohol can react with some medications, so please check this with us before you leave hospital.

Driving

You will be able to resume driving once you have stopped taking strong pain relief medication and are comfortably able to sit in a car and perform all the manoeuvres safely (for most people, this is usually one to two weeks after the procedure).

If you find driving difficult because of pain or restrictions in your mobility, you should rest for a few days before trying again.

Returning to work

Most people will need to take approximately two to three weeks off work after their procedure. However, if your job is very physical (for example, a gardener or labourer), you may need to take a longer time off work.

You will be able to self-certify as sick for seven days. After that, your employer may want to see a medical certificate. Please ask us for a medical certificate (sick note) before you leave hospital. If you need an extended medical certificate, you can speak to your GP.

When will I receive the results?

It usually takes two to three weeks for the results to come back from the laboratory. Once the results are back, we will send them to the doctor who referred you for the procedure. Your doctor will then contact you to discuss these and/or arrange a follow-up appointment.

Contact us

If you have any questions or concerns, please contact us.

Thoracic nurse specialist

Telephone: **023 8120 8457** (Monday to Friday, 8am to 4pm, Saturday, 8am to 1pm)

Outside of these hours, contact:

E4 ward

Telephone: **023 8120 6498** (24-hour line)

Notes

If you are a patient at one of our hospitals and need this document translated, or in another format such as easy read, large print, Braille or audio, please telephone **0800 484 0135** or email **patientsupporthub@uhs.nhs.uk**

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**

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