

Patient information factsheet

Pulmonary (lung) nodules

We have given you this factsheet because a recent CT scan (a scan that takes detailed pictures of the inside of the body) has shown that you have a pulmonary (lung) nodule. This factsheet explains what a pulmonary nodule is, what this finding means for you, and what follow-up care you will receive. We hope it helps 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 factsheet.

What is a pulmonary nodule?

A pulmonary nodule (also known as a lung nodule) is a small area of shadowing in the lung, usually less than 1cm in size, but can occasionally be larger (up to 3cm).

Pulmonary nodules do not usually cause any symptoms, so people will often not be aware that they have a nodule or multiple nodules. Nodules are usually found incidentally (by chance) when a person has a CT scan for another medical reason.

Most pulmonary nodules are benign (not cancerous), but occasionally nodules can indicate early-stage lung cancer. It is important that any nodules found on a CT scan are checked so that you can receive treatment as soon as possible, if necessary.

How common are pulmonary nodules?

Pulmonary nodules are common and can be found in up to 20 to 50% of people who have a CT scan which includes their lungs. However, they are seen more often in people who smoke or who have previously smoked.

What causes pulmonary nodules?

Pulmonary nodules can be caused by:

- inflammation
- infection
- scarring
- a normal gland in the lung such as a lymph node
- a hamartoma (a small lump containing fat, cartilage and connective tissue)
- early lung cancer (this is less common)

What happens next?

Your doctor has sent your recent CT scan to the virtual pulmonary nodule multidisciplinary team (MDT) to review. MDT refers to a group of healthcare professionals from different specialities that come together to coordinate and provide care for individuals. The virtual pulmonary nodule MDT meet once a month to discuss individual pulmonary nodule cases.

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During the MDT meeting, a consultant cardiothoracic radiologist (an x-ray specialist) and respiratory consultant (a doctor specialising in the diagnosis and treatment of diseases and conditions affecting the breathing system) will review your CT scan. They will then send a letter of their discussion, including what the next steps are for you, to both you and your general practitioner (GP). You should receive this letter two to three weeks after the monthly MDT meeting has taken place. If you have not received a letter six to eight weeks after your CT scan, please contact us using the details at the end of this factsheet.

Pulmonary nodules usually need to be monitored over a period of two to four years, as recommended by the British Thoracic Society's national guidelines. This is known as surveillance and involves having follow-up CT scans to see if the nodule changes over time. However, if your follow-up CT scans show that your nodule has reduced in size or has disappeared during this time frame, you may not need any further follow-up.

If the MDT feel you need a further CT scan to monitor your pulmonary nodule, they will arrange this for you. This will usually be 3 or 12 months after your initial CT scan. We will send you an appointment letter with more details about this.

After your second CT scan, the MDT will review your pulmonary nodule again.

- **If your nodule has remained stable (not increased in size or changed at all)** after the recommended time period for monitoring, the MDT will inform you of this and discharge you from the pulmonary nodule service.
- **If your nodule has shrunk in size or disappeared**, you will not need any further follow-up care. The MDT will inform you of this and discharge you from the pulmonary nodule service.
- **If your nodule has changed or grown in size**, the MDT will inform you of this. They may also arrange a face-to-face or telephone respiratory clinic appointment for you to discuss this in more detail.

During this appointment, the respiratory team will discuss your CT scan results with you and whether you may benefit from any further tests (for example, more specialist scans and/or a biopsy). This appointment is a good opportunity for you to ask any questions you may have.

When should I seek urgent medical help?

Contact your GP immediately if you develop any new symptoms, including:

- a persistent cough
- coughing up blood
- unexplained weight loss
- breathlessness
- pain in the chest

Outside of working hours, call NHS **111** for advice.

In an emergency, call **999** or go to your nearest emergency department.

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Stopping smoking

Pulmonary nodules and lung cancers are both more common in individuals who smoke, as are a number of other chest conditions. Stopping smoking can help reduce this risk and improve your general health overall.

There are a number of free services that you can access for advice on cutting down and stopping smoking. For more information about these services, speak to your GP or local pharmacist, or visit the NHS website: www.nhs.uk/better-health/quit-smoking

Contact us

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

Pulmonary nodule multidisciplinary team (MDT)

Telephone: **023 8120 3800** (Monday to Friday, 7.30am to 3.30pm)

Email: nodulemdt@uhs.nhs.uk

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