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Pleural effusion

Patient information

If you need this leaflet in a different language or accessible format please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس‌پذیر نیاز دارید،
لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie,
proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,
vă rog să discutați cu un membru al personalului să se ocupe
de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أُخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

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Introduction

Your condition is called pleural effusion. Your doctor has requested drainage of your pleural effusion, to help find the cause of this problem and assist in planning your treatment if needed. If you are concerned about this procedure, please do not hesitate to speak to your referring doctor. This leaflet answers frequently asked questions regarding the drainage of a pleural effusion, but if you do not understand this information, please do not hesitate to contact the hospital doctors and nurses looking after you on the ward.

What is pleural effusion?

The lungs are covered by a membrane, or lining called the pleura, which has two layers; an inner and an outer layer. The outer layer lines the rib cage and diaphragm (which separates the chest from the abdomen), and the inner layer covers the lungs. They produce a fluid that acts as a lubricant that helps you breathe easily, allowing the lungs to move in and out smoothly.

Sometimes some of this fluid can build up between the two layers and this is called a pleural effusion. Because it compresses the lung, it will cause shortness of breath as it gets larger.

Pleural effusion - this starts as a small collection of fluid (arrow) between the lung and chest wall. If it increases it may gradually fill the pleural space on the side of the chest, compressing the lung (A). (Diagram page 2).

However, if the amount of fluid increases and causes you to feel very uncomfortable, it may be beneficial for you to have some of the fluid removed.

Any condition specific danger signals to look out for:

If you become short of breath, please contact your GP, lung nurse specialist or, if indicated, attend the emergency department.

Contact information if you are worried about your condition after you have left hospital.

Lung nurse specialists
Southport Hospital

Telephone: 01704 704 653 / 705 161
Monday to Friday - 9.00 am to 5.00 pm (answer machine available)

Emergency department: 01704 704 131

For appointments, telephone: 01695 656 680

Other useful telephone numbers/contacts:

Smoke Free Sefton: 0300 100 1000

Quit Squad (West Lancashire): 0800 328 6297

During your time in hospital, it is important to us that you are happy with your care and treatment. Please speak to a member of staff and/or the ward/department sister/charge nurse if you have any questions or concerns.

Matron

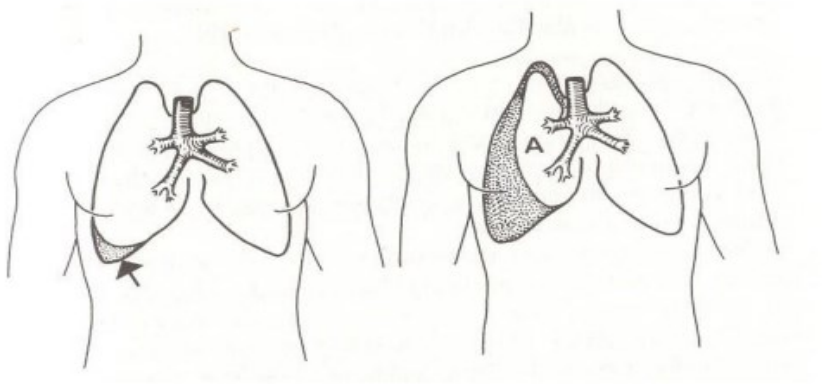
A matron is also available during the hours of 9am – 5pm, Monday to Friday. During these periods, ward/department staff can contact the matron to arrange to meet with you. Out of hours, a senior nurse can be contacted via the ward/ department to deal with any concerns you may have.

Infection control request

Preventing infections is a crucial part of our patients' care. To ensure that our standards remain high, our staff have regular infection prevention and control training and their practice is monitored in the workplace.

We ask patients and visitors to assist us in preventing Infections, by cleaning their hands at regular intervals and informing staff of areas within the hospital that appear soiled.

As a patient there may be times that you are unsure whether a staff member has cleaned their hands; if in doubt please ask the staff member and they will be only too happy to put your mind at ease by cleaning their hands so that you can see them.



What causes pleural effusion?

Pleural effusions are quite common and often can be due to a number of conditions, such as pneumonia. Occasionally a pleural effusion can be a symptom of cancer.

Signs and symptoms

You may feel short of breath, not only on exertion but also at rest. You may also experience some chest pain and a cough.

How is it treated?

If the amount of fluid is small, there is not necessarily any need to remove it. Minor symptoms may be improved by taking medication your doctor will prescribe for you if appropriate.

Drainage of a pleural effusion

You would usually have a chest x-ray first, to determine the amount of fluid present.

Pleural aspiration

A sample of your pleural effusion will be taken by a doctor using a small needle or catheter to determine the cause. Pleural aspiration does not normally require admission to hospital. The procedure is performed as a day case.

Pleural chest drain

If there is a large amount of fluid to be drained, a chest drain will be inserted by a doctor to allow the fluid to be drained and this will require hospital admission. If fluid is to be removed, then ultrasound guidance may be used. You are asked to sit on a chair or on the edge of the bed and you are usually asked to lean on a table with a pillow to lean on. The area where the drain is to be inserted is cleaned with an antiseptic solution, to prevent the area from becoming infected.

Further information

If you require further information about chest drains, ask the staff looking after you for the leaflet:

- Looking after your chest drain

For further information about pleurodesis, ask the staff for the leaflet:

- Pleurodesis

This patient information leaflet is intended to be used to support discussion during your clinical consultation. If there is anything you do not understand or are unsure about, please ask the doctor or nurse looking after you.

Pleurodesis is usually done by injecting a drug through the chest drain, to help seal the two layers of the pleura together to prevent the fluid from building up again. Pleurodesis can sometimes cause pain, which is generally short term and can be treated with simple analgesia, (treatment that can reduce or remove pain without causing unconsciousness).

After the treatment of pleural effusion

After treatment of pleural effusion, to aid diagnosis you may need referral to a cardiothoracic surgeon.

When do I get the results?

It takes 7 - 10 days for all the specimens/samples to be checked in the laboratory. Hopefully, a diagnosis can then be made and your doctor will inform you as soon as possible.

If you have been discharged home, an outpatient appointment will be made to discuss the results of your test.

Patients are encouraged to bring a relative/friend with them to the results clinic. If for any reason you have not heard about an appointment and you are concerned, please contact your consultant's secretary at the hospital.

The doctor then gives you an injection of local anaesthetic, to prevent the procedure from being painful. When the area has been anaesthetised, the doctor makes a very small cut in the chest and inserts a needle called a cannula. If there is a large amount of fluid the cannula is attached to a tube and bottle.

The fluid drains out of the chest and collects inside the bottle. You will need to stay in hospital usually for a couple of days.

If there is only a small amount of fluid, a pleural aspiration will be performed and the cannula removed immediately after the fluid has been drained off and the area is covered with a dressing. Otherwise, the chest drain will be kept in place with a small stitch.

The position of the tube and how much your lung has re-expanded will be checked by chest x-ray following the insertion of the drain. Once the drainage has settled down and the doctors think that most of it has been drained, you will have a chest x-ray to see how well your lung has re-expanded. If it has, the drain will be removed. The stitch is generally removed after 3 – 5 days.

What are the risks involved?

This varies from patient to patient. Any risks involved with the procedure will be discussed with you by the doctor who will obtain consent to perform the procedure.

Risks include:

- You may experience some pain or discomfort, especially when the local anaesthetic wears off. However, you will be prescribed pain killers before and after the procedure.
- Discomfort and cough – this occurs especially when a large amount of fluid is drained at any one time.
- Risk of infection.
- Risk of bleeding.
- Pneumothorax – occasionally there can be a small amount of air leakage from the lung.

At home

You should be able to resume normal activities once you have been discharged home, as advised by your hospital doctor.

Pain relief

Sometimes a chest drain can cause discomfort or pain, especially when the local anaesthetic wears off (from the insertion of the chest drain). You will be prescribed painkillers by your hospital doctor but it is important that you let the nursing staff looking after you know how well they are working.

What happens if the fluid builds up again?

It is quite common for the fluid to recollect and insertion of a chest drain may be needed, or need to be repeated at intervals. If this happens frequently, a different procedure called pleurodesis may be considered by your doctor.