

Review Only

CT05 Thoracoscopy

What is a thoracoscopy?

A thoracoscopy is a procedure to look for any problems in the pleural space (the space between your lungs and ribcage) (see figure 1) using a special telescope.

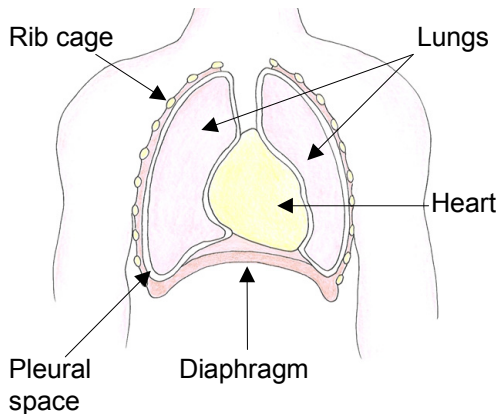


Figure 1

Diagram of the chest showing the pleural space

Your doctor has recommended a thoracoscopy. However, it is your decision to go ahead with the procedure or not. This document will give you information about the benefits and risks to help you make an informed decision.

If you have any questions that this document does not answer, you should ask your doctor or any member of the healthcare team.

Why do I need a thoracoscopy?

Your doctor (a lung specialist) is concerned that you may have a problem in your lungs or your chest. A thoracoscopy is a good way of finding out if there is a problem or not because it allows your doctor to look into the pleural space. Your doctor can perform biopsies (removing small pieces of tissue) to help make the diagnosis.

A pleurodesis can be performed at the same time to treat a pleural effusion (where there is too much fluid in the pleural space) or a pneumothorax (where air escapes into the pleural space) that may cause your lung to collapse. A pleurodesis involves sticking your lung to your ribcage. If a pleurodesis is likely, your doctor will discuss with you the benefits and possible complications of the procedure.

Are there any alternatives to a thoracoscopy?

An x-ray or scan can give some information. However, a thoracoscopy will help to find out exactly what is causing the problem and can be used to treat a pleural effusion or pneumothorax.

What will happen if I decide not to have a thoracoscopy?

Your doctor may not be able to confirm what the problem is. If you decide not to have a thoracoscopy, you should discuss this carefully with your doctor.

What does the procedure involve?

• Before the procedure

You should not eat anything for four hours before the procedure. However, if you have diabetes, you will need special advice depending on the treatment you receive for your diabetes. Let a member of the healthcare team know as soon as possible if you have diabetes. You may drink water until two hours before the procedure.

The healthcare team will carry out a number of checks to make sure you have the procedure you came in for and on the correct side. You can help by confirming to your doctor and the healthcare team your name and the procedure you are having.

A member of the healthcare team will ask you to sign the consent form once you have read this document and they have answered your questions. They may give you a painkilling suppository (a soft tablet placed into the back passage) about one hour before the procedure.

• In the treatment room

Your doctor will give you a sedative to help you relax. They will give it to you through a small needle in your arm or the back of your hand. They may also give you a painkilling injection.

A thoracoscopy is sometimes performed under a general anaesthetic. Your doctor can discuss this with you.

A member of the healthcare team may give you oxygen through a mask or small tube placed in your nose. They will monitor your oxygen levels and heart rate.

• The procedure

A thoracoscopy usually takes about three-quarters of an hour. It involves making a hole in your chest wall and then placing a telescope into the hole. Your doctor will inject local anaesthetic into the area where they will make the hole. This stings for a moment but will make the area numb, allowing your doctor to make the hole with much less discomfort for you. They will use a special instrument called an introducer to place the telescope in the hole (see figure 2).

Your doctor will look carefully for problems and perform any biopsies. Your doctor will place a chest drain (small tube) in the hole to release any air or fluid that may collect. They will usually remove the drain after a few hours and close the hole with a stitch. If you need a pleurodesis, your doctor will place a special solution through the drain and into your pleural space to stick your lung to your ribcage. The drain will need to stay in place for a few days.

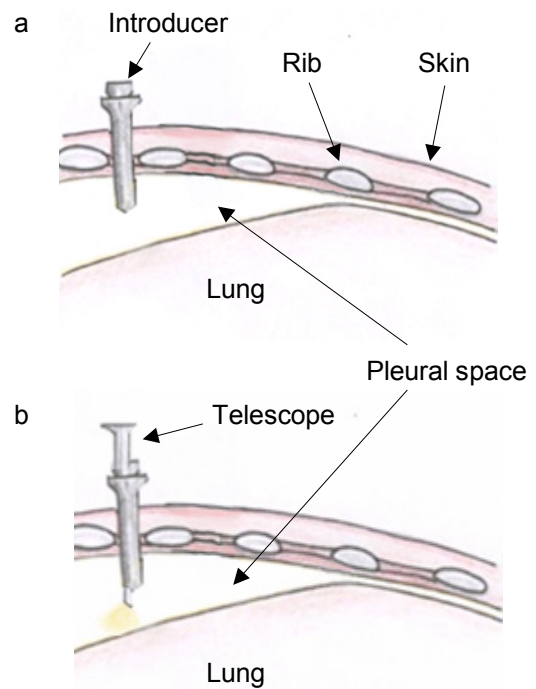


Figure 2

- a An introducer is placed into the pleural space
- b A telescope is then placed through the introducer

What complications can happen?

The healthcare team will try to make your procedure as safe as possible. However, complications can happen. Some of these can be serious and can even cause death (risk: less than 1 in 1,000).

The possible complications of a thoracoscopy are listed below. Any numbers which relate to risk are from studies of people who have had this procedure. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

- **Pain.** The local anaesthetic, painkilling suppository or painkilling injection should help to keep you comfortable. If you have any pain during the procedure, let your doctor know. If you still have pain when you are at home, use simple painkillers such as paracetamol.

- **Breathlessness**, which quickly settles after the procedure. Sometimes breathing can be more difficult due to the effect of the sedation. Your oxygen levels will be monitored and you will be given oxygen if needed.
 - **Bleeding** from the place where the hole is made or from a biopsy site (risk: less than 1 in 100). Any bleeding usually stops on its own. Let your doctor know if you are on warfarin, clopidogrel or other blood-thinning drugs.
 - **Infection** in the pleural space (risk: 1 in 100). Treatment may involve draining any infected fluid. If this happens, you will need to stay in hospital.
 - **Allergic reaction** to the equipment, materials or drugs. Let your doctor know if you have any allergies or if you have reacted to any drugs or tests in the past.
 - **Surgical emphysema**, where air leaks into the tissues under the skin (risk: less than 6 in 100). This is not serious and usually settles within a few days.
 - **Pulmonary oedema**, where the lung gets soggy with fluid causing breathlessness (risk: less than 1 in 100). This can happen if your lung needed to be inflated again or if you had a pleurodesis. You will need to stay in hospital for further treatment.
 - **Pneumothorax**, where air escapes into the space around the lung. Usually a pneumothorax is small and does not cause any problems. If a lot of air escapes, you will need to stay in hospital for one to two days. You will have a tube in your chest to reduce this risk. If you suddenly become short of breath or have severe chest pain while at home, let your doctor know straightaway.
- You should discuss these possible complications with your doctor if there is anything you do not understand.

How soon will I recover?

After the procedure you will be transferred to the recovery area where you can rest. Once you have recovered enough you will be given a drink (normally about half an hour after the procedure).

You should be able to go home after your doctor has removed the drain and you have recovered from the sedative. A responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. You should be near a telephone in case of an emergency.

You should not drive, operate machinery (this includes cooking) or do any potentially dangerous activities for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

If your doctor recommends that you stay overnight in hospital, you will usually be able to go home the following day. If you have a pleurodesis, you will need to stay in hospital for a few days.

Once at home, if you have severe chest pain, continued vomiting, a high temperature lasting more than twelve hours, sudden breathlessness or you cough up more than a tablespoon of blood, let your doctor know straightaway.

A member of the healthcare team will tell you what was found during the thoracoscopy and will discuss with you any treatment or follow-up you need. Results from biopsies will not be available for a few days so they may ask you to come back to the clinic for these results.

You should be able to go back to work between one and five days after the thoracoscopy unless you are told otherwise.

You should normally not fly for one month after having a thoracoscopy. If you have a small pneumothorax, it may get bigger during the flight making it difficult for you to breathe. If you want to fly in less than one month, you should discuss this with your doctor.

• Lifestyle changes

If you smoke, try to stop smoking now. Stopping smoking will improve your long-term health.

For help and advice on stopping smoking, go to www.smokefree.nhs.uk.

You have a higher chance of developing complications if you are overweight.

For advice on maintaining a healthy weight, go to www.eatwell.gov.uk.

• Exercise

Regular exercise can reduce the risk of heart disease and other medical conditions, improve how your lungs work, boost your immune system, help you to control your weight and improve your mood. Exercise should improve your long-term health.

For information on how exercise can help you, go to www.eidoactive.co.uk.

Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

Summary

A thoracoscopy is usually a safe and effective way of finding out if you have a problem in the space between your lungs and ribcage. However, complications can happen. You need to know about them to help you make an informed decision about the procedure. Knowing about them will also help to detect and treat any problems early.

Further information

- NHS smoking helpline on 0800 022 4 332 and at www.smokefree.nhs.uk
- www.eatwell.gov.uk – for advice on maintaining a healthy weight
- www.eidoactive.co.uk – for information on how exercise can help you
- www.aboutmyhealth.org – for support and information you can trust
- NHS Direct on 0845 46 47 (0845 606 46 47 – textphone)

Acknowledgements

Author: Dr David Baldwin MD FRCP

Illustrations: Hannah Ravenscroft RM

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