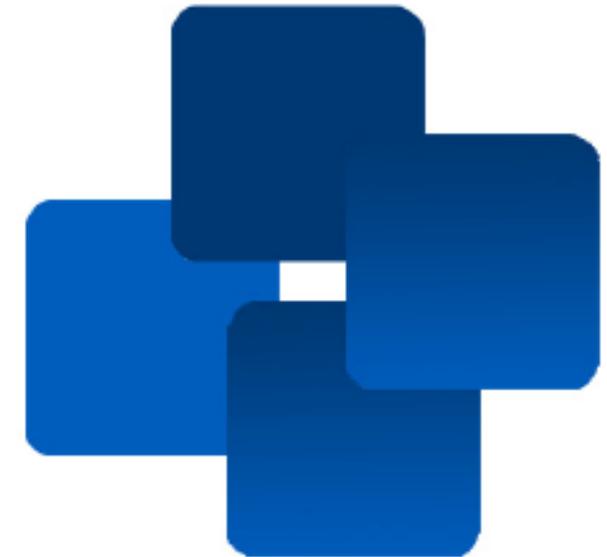


Pleural Aspiration

Information for Patients



If you are unsure of where you are to go, please telephone us in advance. Expect to stay in hospital for a few hours. The procedure will be explained to you again and you will have the opportunity to ask questions. You will be asked to sign a consent form.

You will be asked to sit or lie in a comfortable position, then the doctor will usually perform an ultrasound to find where best to do the procedure. This involves putting cold gel on your chest and using a hand-held scanner on your skin. The skin will then be cleaned before a small needle is used to inject local anaesthetic and drain fluid or air. This may take a few minutes if a small sample is being taken or up to 30 minutes if a larger amount of fluid is being drained.

What are the risks?

This procedure is generally very safe but, as with all procedures, there are risks:

- **Pain** from either the needles or the anaesthetic which can sting initially. Your chest may be a little sore after the procedure too. If large amounts of fluid are drained, this sometimes causes coughing and chest discomfort. This can be treated with painkillers.
- **Infection** can rarely occur, but will usually settle with antibiotics and very rarely requires a hospital stay.
- **Bleeding** is also rare and usually minor, but might very rarely require an operation.

- **Lung damage** which very occasionally can cause air to leak into the pleural space. This usually requires no treatment and will get better by itself, but sometimes requires a hospital stay.

What happens afterwards?

You will usually be monitored for about 30 minutes and may need to have a chest x-ray to see how much fluid is left or to check for any complications. We would then suggest someone accompanies you home, either by car or taxi. You will have a dressing over the wound which can be removed the following day. If you get any worsening pain or breathlessness after the procedure please contact us (or your GP if out of hours), or if severe then attend your local Accident and Emergency Department.

You should normally be given a further appointment to discuss the results. If after two weeks you have not received an appointment date, then please contact your chest doctor's secretary. Sometimes no clear diagnosis can be made and further investigations are required. This will be discussed with you in clinic.

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You can request this information in a different format or another language.

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Procedure date:	Time:	Location:
...../...../.....	_____	Lister / New QEII

Introduction

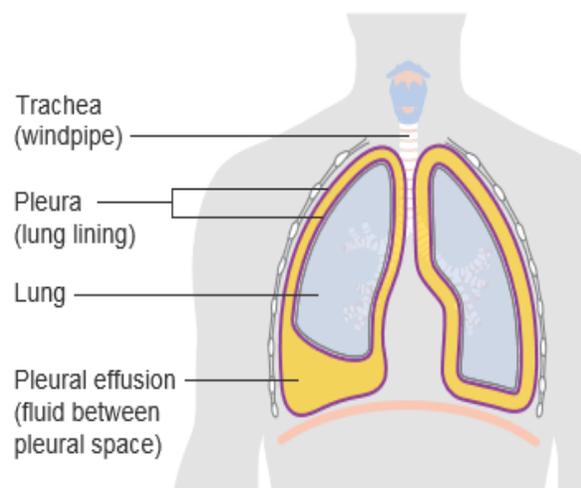
This leaflet explains what a pleural aspiration is and how to prepare for the procedure. Please feel free to ask staff any questions about this information.

What is a pleural aspiration?

A pleural aspiration is a simple procedure to remove fluid or air from the space between the chest wall and the lung. This space is called the pleural space or cavity.

Why do I need the test?

Your doctor has recommended the test because fluid or air has collected in your pleural space. This is called a pleural effusion (fluid) or a pneumothorax (air). This can stop your lungs working properly and cause breathing problems.



Picture courtesy of CRUK

Testing the fluid in the laboratory can help us work out why the fluid has built up. Draining the fluid or removing the air can also treat breathlessness symptoms.

Are there any alternatives?

Your doctor may arrange x-rays and CT scans of your lungs, but testing the fluid gives important additional information. There is usually no alternative way of getting this information.

What causes a pleural effusion?

There are very many possible causes of fluid to build up. Some of the more common causes include:

- Infections, including pneumonia or TB;
- Inflammation;
- As a result of other organs not working properly, such as heart or kidney failure;
- Spontaneous build up after surgery;
- Cancer.

How should I prepare?

It is important that we know details of the medications you take, especially any blood-thinning medications which may need to be stopped before the procedure. Check with the doctor before stopping any medications and if you are unsure what to do please call us. All other medications can be taken as usual. Please bring your medications with you on the day.

Blood thinning medications

Medication	Instruction
Warfarin	Usually stopped five days before the procedure. We will do an INR check on the day you attend.
Aspirin	Do not take on the morning of the procedure.
Apixaban (Eliquis) Dabigatran (Pradaxa) Rivaroxabon (Xarelto)	Usually stopped two full days before the procedure.
Clopidogrel, Ticagrelor, Dipyridamole	Usually stopped seven days before the procedure
Heparin injections (enoxaparin, dalteparin)	Usually stopped one full day before the procedure.

You should also bring reading glasses if you use them as you may be required to sign a consent form. Please let us know in advance if you need an interpreter.

What will happen on the day?

Please come to the Sleep Unit on Level 10 at the Lister Hospital, or the Endoscopy department at the QEII Hospital, depending on where you are having your procedure.