

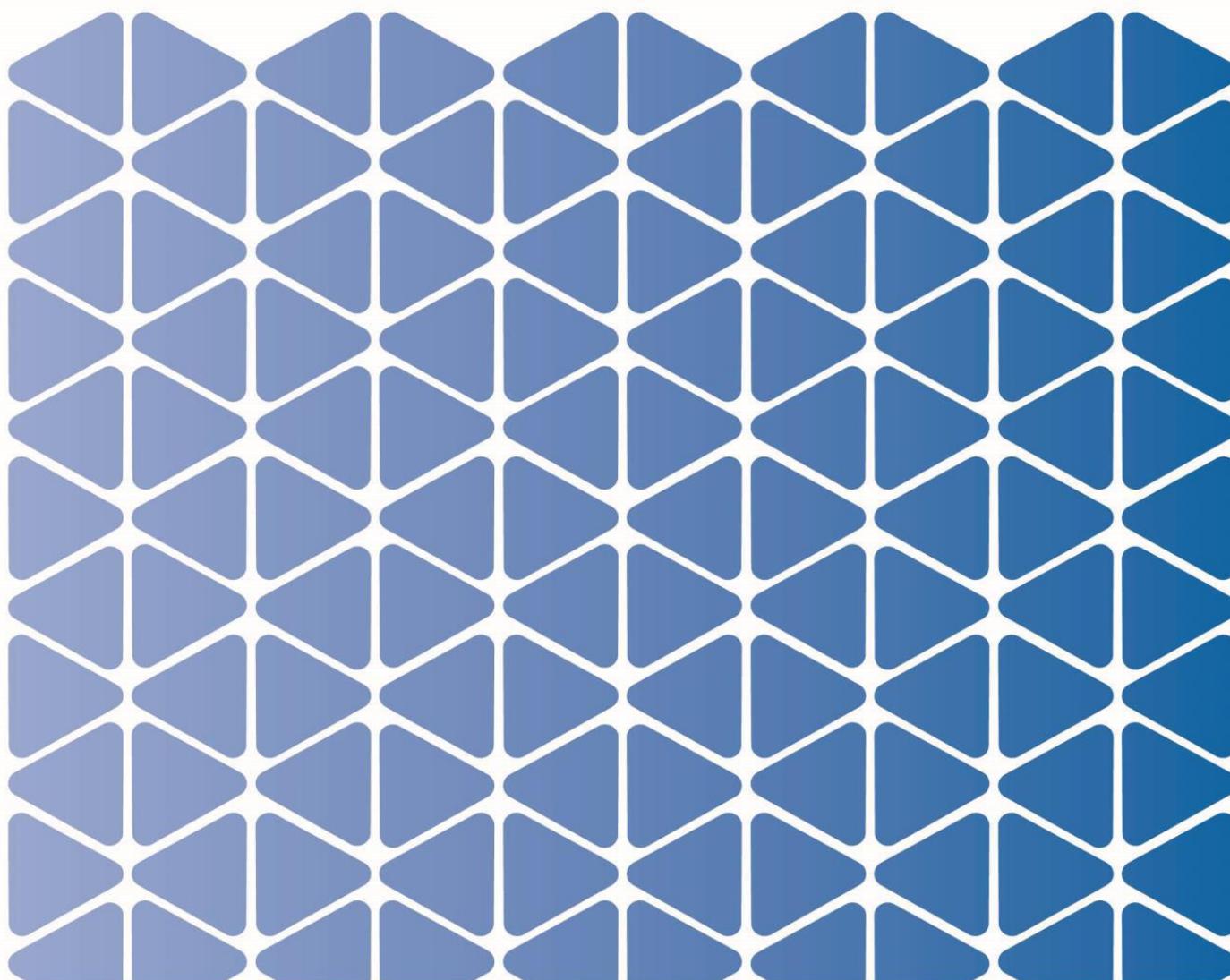


**NHS**

**Worcestershire  
Acute Hospitals**  
NHS Trust

PATIENT INFORMATION

## INTRAPLEURAL tPA+DNase



 [www.worcsacute.nhs.uk](http://www.worcsacute.nhs.uk)

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## **Why do I need tPA+DNase?**

You are currently being treated for pleural infection (infected fluid between the 2 linings surrounding your lung). There remains a collection of infected fluid in this space despite standard medical treatment of antibiotics and chest tube drainage. Optimal management would be an in-patient hospital transfer for an operation to remove the remaining infected fluid however this has not been deemed appropriate/safe in your case.

## **What is tPA+DNase?**

This is a procedure which involves putting 2 drugs into your pleural space via your existing chest drain.

**tPA (alteplase)** is a 'clot busting' drug which breaks down the protein component in the pleural fluid to aid its drainage.

**DNase (dornase alpha)** is a drug which makes the fluid less sticky/viscous to aid its drainage.

## **What are the benefits of tPA+DNase?**

If this infected fluid is not drained adequately there is a high risk of continued infection and sepsis which could be life threatening. tPA+DNase can help drain this infected fluid from your pleural space and potentially reduce your hospital length of stay.

## **What are the risks of tPA+DNase?**

Most patients who have this treatment do not experience any major problems. However like all medical treatments it does carry some risks.

- Some patients may experience pain whilst the chest drain is clamped to leave the drugs in place. This is usually relieved with simple pain killers and opening of the drain and is usually short lived.
- The treatment may cause an increase in the amount of fluid drained. This will be monitored closely by your nursing and medical teams and may require intravenous fluid replacement.
- The fluid colour may change, often becoming blood stained. This will also be monitored by the nursing and medical teams.
- The procedure may cause a bleed/haemorrhage in the pleural cavity which would require blood transfusion and intravenous fluid replacement. In very severe cases this could be life threatening.

## **What does the procedure involve?**

The procedure is usually performed on the ward with the curtains drawn for privacy. Prior to the procedure you will be given this information leaflet, the procedure will be explained to you and you will be asked to sign a written consent form to ensure you are happy to proceed.

Using a sterile technique all the equipment is prepared. The tPA is injected into the pleural space via your existing chest drain. The drain is then clamped for 1 hour. The drain is then opened to allow drainage for a further hour. We will then inject the DNase into the pleural space via the existing chest drain and clamp for a further hour. After this hour the drain is opened and free drainage allowed. A small amount of suction may be applied to the drain to encourage drainage. The nursing team will perform regular observations throughout and for a short period afterwards.

This procedure will be repeated twice a day for a maximum of three days. We will monitor the fluid output and your response whilst treatment is ongoing.

If you develop any complications during the procedure, the consultant will review whether to continue with the full course of treatment and discuss ongoing management.

If treatment is successful the drain may be removed. This is often dependant on CXR appearances and improvement in infection markers.

## **What are the alternatives?**

This procedure is only considered if you have been deemed unfit for surgical management.

A prolonged course of both intravenous and then oral antibiotics could be considered (often up to 6 week course) with continued attempt at drainage of the fluid via your chest drain.

If you would like to know more about this option please discuss with your consultant.

## Contact details

If you have any specific concerns that you feel have not been answered and need explaining, please contact the following.

- Department – Acute respiratory Unit Heather Lloyd (phone 01905 763333 bleep 377)
- Department – Acute respiratory unit Dani Stocker (phone 01905 763333 bleep 189)
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## Other information

The following internet websites contain information that you may find useful.

- [www.worcsacute.nhs.uk](http://www.worcsacute.nhs.uk)  
Worcestershire Acute Hospitals NHS Trust
- [www.patient.co.uk](http://www.patient.co.uk)  
Information fact sheets on health and disease
- [www.rcoa.ac.uk](http://www.rcoa.ac.uk)  
Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'
- [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)  
On-line health encyclopaedia

**If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.**

### **Patient Experience**

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

### **Feedback**

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

### **Patient Advice and Liaison Service (PALS)**

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

### **How to contact PALS:**

**Telephone Patient Services: 0300 123 1732 or via email at: [wah-tr.PET@nhs.net](mailto:wah-tr.PET@nhs.net)**

### **Opening times:**

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are unable to understand this leaflet, please communicate with a member of staff.