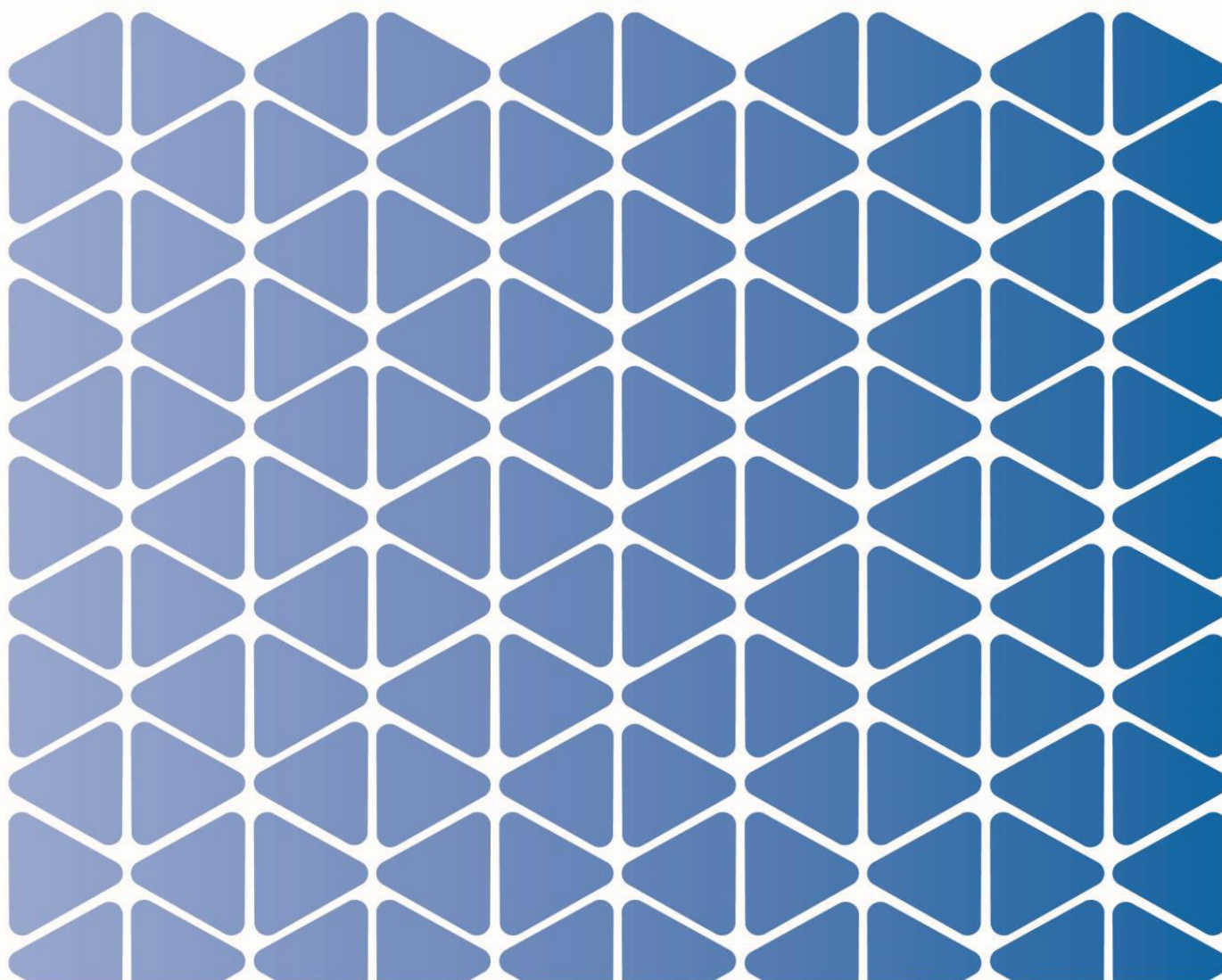




PATIENT INFORMATION

INDWELLING PLEURAL CATHETER REMOVAL



WHY IS MY INDWELLING PLEURAL CATHETER (IPC) BEING REMOVED?

Although IPC's are designed to remain in position for as long as they are needed they can be removed when no more pleural fluid is being produced and therefore are no longer required.

This may occur following a successful talc pleurodesis (a procedure whereby medical talc is injected through the catheter to irritate the inner and outer linings of the pleural cavity so that they 'stick' together and pleural fluid can no longer collect there). It may also occur following a period of time with regular drainage or as a result of chemotherapy or immunotherapy treatment. If your drainage volumes significantly reduce and you have at least 3 consecutive drainages of less than 100mls, the pleural team should be contacted to review whether the IPC should be removed.

Sometimes IPC's get blocked with clumps of solid material from the fluid, if saline flushes or clot busting drugs aren't able to clear the blockage permanently the catheter may need to be removed.

In some cases, the pleural fluid can become septated and undrainable (lots of separate pockets of fluid within the pleural cavity) and this may necessitate catheter removal.

Infrequently the pleural fluid may become infected, in this event the infection is usually treatable with antibiotics (usually intravenous as an in-patient) and rarely requires catheter removal.

HOW IS THE IPC REMOVED FROM THE CHEST?

The procedure is usually performed as a daycase in a dedicated procedure room. If you are taking any 'blood thinning' medications e.g. Rivaroxiban, Dabigatran, Apixaban, Edoxaban, Clexane injections, Heparin injections, Warfarin, or Clopidogrel, this must be discussed in advance with your pleural team. These medications must be withdrawn before IPC removal. The pleural team will advise you when to stop them. These medications can usually be restarted once the IPC has been removed, your pleural team will inform you when to restart. An up to date blood test may also be required prior to IPC removal.

When you arrive for your procedure your vital signs will be recorded and consent form will be completed.

You will be asked to lie on your side on a procedure trolley with your IPC uppermost. The IPC dressing is removed and the person performing the procedure will apply a sterile gown and gloves. The skin and catheter are cleaned thoroughly and sterile drapes secured around the area. Local anaesthetic is then injected around the IPC exit site (where it emerges from the skin) and tract, this may sting a little initially but the

stinging wears off quickly. After that, it should not be painful although you may feel some pulling or tugging. A small incision is made at the catheter exit site and the scar tissue around the cuff is released with the use of blunt instruments. After the IPC has been removed, the wound is closed with 'butterfly' stitches and covered with a dressing.

You will have your vital signs rechecked following the catheter removal and a chest X-Ray will be performed before you go home. You should expect to be at the hospital for approximately 2 hours.

WHAT ARE THE RISKS?

Generally, IPC removal is very straightforward. It may feel sore and bruised for around a week after it has been removed, but this can be treated with simple painkillers. There is a small risk of infection and bleeding but this is rarely serious. There is also a very small risk of causing a pneumothorax (leak of air from the lung), if this occurred it could require monitoring only (with repeat Chest X-Ray) or an admission to hospital to have a chest tube inserted into the space around the lung where the air has built up. It has also been reported very occasionally that it is not possible to remove the IPC completely and the tip may be left inside the chest, although every effort will be made to remove it completely. If this happens it rarely causes any long-term problems, but you will be monitored closely by your pleural team.

Contact details

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

- Heather Lloyd 01905 763333 (bleep 0377) Pleural Lead Nurse
- Danielle Stocker 01905 763333 (bleep 0189) Respiratory Nurse Practitioner

Other information

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

- www.worcsacute.nhs.uk
Worcestershire Acute Hospitals NHS Trust
- www.patient.co.uk
Information fact sheets on health and disease
- www.rcoa.ac.uk
Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'
- 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.PALS@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.