



PATIENT INFORMATION

# TALC PLEURODESIS



## **WHAT IS PLEURODESIS?**

Pleurodesis is a procedure which involves putting a mildly irritant drug into the space between your lung and chest wall (pleural space). Sterile talc mixed with saline is inserted via a tube (chest tube/drain) to cause an inflammatory reaction in order to try and 'stick' the lung to the chest wall to prevent a further build up of fluid or air in this space.

## **WHY DO I NEED A PLEURODESIS?**

The medical team have suggested pleurodesis as you have had a build-up of fluid (pleural effusion) or air (pneumothorax) in your pleural space and it is thought this will/may recur if nothing is done to try to seal the space.

## **WHAT ARE THE BENEFITS OF PLEURODESIS?**

When fluid or air collects in the pleural space it usually causes breathlessness. The aim of pleurodesis is to prevent the fluid/air from returning and therefore improve breathing. If it is successful it prevents the need for further invasive procedures. It is successful in approximately 70% of cases.

## **WHAT ARE THE RISKS OF PLEURODESIS?**

Most patients undergo pleurodesis without any major problems. However, like all medical treatments it does carry some risk.

Inserting talc into the pleural space causes inflammation and therefore sometimes causes chest pain, painkillers are given as required following the procedure to relieve this should it occur.

Some patients experience fever following the procedure which is usually controlled with paracetamol and is short lived. Sometimes infection may result which usually settles with antibiotics.

There is a very small risk of a severe reaction from the pleurodesis in which inflammation can occur in the lungs causing breathing difficulties. This is rare and occurs in less than 1 in 1000 cases. In rare circumstances this could result in death.

## **WHAT DOES THE PROCEDURE INVOLVE?**

The procedure is usually performed on the ward (with curtains drawn for privacy) or in a procedure room. It is carried out through the tube (chest drain/pleural catheter) that has already been inserted into your chest to drain the fluid or air that has collected in the pleural space. A chest XRAY, CT scan or ultrasound scan may have been performed prior to the procedure to confirm the lung has re-expanded.

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 have it done.

You will be given a dose of oral morphine solution as an initial painkiller and some local anaesthetic will be put into the pleural space via the chest drain to numb the lung linings.

Sterile medical talc mixed with saline is then injected into the pleural space via the chest drain and the drain tap is usually closed for about 1 hour so that the talc is retained in the pleural space. The drain will then be re-opened to allow drainage of fluid or air which will be monitored by the nursing staff.

The day following the procedure if there has been minimal drainage of fluid/air the drain may be removed. If you have an indwelling pleural catheter the district nurses may be asked to continue draining the catheter before a decision is made whether the catheter can be removed.

### **WHAT ARE THE ALTERNATIVES?**

If you have a large collection of fluid, the following options are available. Your medical team will discuss these with you:

Fluid can be removed from the pleural space by a needle (pleural aspiration). The amount of fluid which can be removed in this way is limited to a maximum of 1500mls.

Many people have 3-4 litres of fluid in the pleural space and it may reaccumulate quickly. This treatment has the advantage that you do not need to be admitted to hospital but has the major disadvantage that the fluid is likely to come back and repeated aspirations are likely to be required. Repeated drainage with multiple aspirations is best avoided.

A small flexible tube called an indwelling pleural catheter can be placed in your chest (pleural space) which you go home with and have the district nurses drain or learn to drain yourself. This has the benefit that it can be inserted as a day case and hospital admission can be avoided. It does potentially mean that the drain will need to remain in your chest permanently.

If you would like to know more about these options please speak to your medical team.

**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.