

Information for patients having Thoracoscopy

What is Thoracoscopy?

A thoracoscopy is a test that allows the doctor to look at the lining of the lung (the pleura) using a tube with a bright light and a camera at the end of it. It is inserted through a small incision made on the side of the chest and this allows the doctor to view the lining of the lungs and learn more about your illness and the cause of the fluid or air around your lung. In addition, the thoracoscope will allow samples to be taken from the inside of the chest wall and any fluid that has collected there to be drained. Sometimes the doctor may spray talc powder to try to prevent the fluid or air from recollecting in the future. The alternative to this procedure is usually a similar procedure using a larger instrument under general anaesthetic performed by the chest surgeons in one of the Manchester hospitals.

Who will perform the procedure?

A chest consultant or a senior doctor will perform this procedure.

What to expect?

You may be admitted to the ward the day before the procedure. Please bring with you any belongings that you may need for a short hospital stay (at least two days). The admitting doctor will confirm your medical history and some tests may be needed before the procedure e.g. blood tests or chest X-ray. A nurse will explain the procedure again to you. Please feel free to ask any questions or raise any concerns or anxieties you or your carer may have.

Medications:

Please bring any tablets, or other medications that you are taking. If you are taking **warfarin** (blood thinning tablets) it is important to inform the Endoscopy Unit or thoracic secretary on the following telephone numbers a week before the test.

On the day of the test:

Your thoracoscopy will be normally carried out on the morning after you are admitted to the chest ward. It is important that you have nothing to eat for four hours before the test and drink only clear fluids up to two hours before the test.

During the test:

The test will be carried out in the Endoscopy Unit. When you arrive in the unit you will be admitted by one of the nurses. You will be asked to sign a consent form for the procedure if one has not been signed already. The doctor will perform an ultrasound examination of your chest to confirm the size of any fluid present and the best location to insert the thoracoscope tube.

The doctor will insert a small plastic tube in to a vein and give you an injection to make you feel sleepy (sedative). The sedative is not a general anaesthetic. Although a lot of patients will have no memory of the examination some people remember some or all of the examination.

You will need to lie on the unaffected side with your upper arm in front. A probe will be placed on your finger to monitor your oxygen level and a nose plastic tube or oxygen mask may be placed to give you extra oxygen.

The doctor will find the best place to insert the thoracoscope and clean the skin around this area. Then the area around this site will be covered with sterile towels. The doctor will inject the skin with local anaesthetic; this will sting a little but then numbs the area. A small incision will be made in the side of your chest. The thoracoscope will then be inserted through the incision to look inside the chest.

Any fluid inside the chest will be drained away and some fluid samples will be taken for testing. Samples may also be taken from the lining of the inside of the chest wall. Sometimes the doctor may spray talc powder to try to prevent the fluid or air from recollecting in the future. Most thoracoscopies are performed to explain the cause of an abnormal collection of fluid in the chest. The laboratory examination of the samples is an important part of this. This can often help establish the cause of your problem and therefore enables us to plan what the best treatment should be. The test takes about 30 minutes.

At the end of the procedure a tube will be placed through the examination incision to allow any fluid or air to drain from the chest. This will be attached to a small plastic bottle which stands on the floor and accompany you to the ward.

After the procedure you will be transferred to either D3 (male) or D4 (female) chest wards. A chest X-ray will be arranged. The drain may need to remain in place for one to few days depending on re-expansion of the lung. You may feel some discomfort from the chest tube, painkillers will be available if needed. Once the chest drain has been removed you will be able to go home and return for a review of results in the chest clinic. A referral to the district nurses will be made to visit you at home and remove the stitches in five to seven days.

You should avoid vigorous or hard physical activities for two to three weeks after the test. Please check with your chest consultant before you plan air travel or diving (usually need at least six weeks after the procedure).

Risks:

Thoracoscopy is generally a very safe procedure but rarely can result in complications such as infection requiring antibiotics, persistent air leak needing longer chest tube drainage or bleeding which may require surgery.

Your feedback is encouraged:

We are keen to make thoracoscopy as comfortable and straightforward as we possibly can, please feel free to make any suggestions for improvements to our services to your doctor or nurse.

If you have any queries regarding the information in this leaflet please contact:

Monday to Friday 9am to 5pm: Endoscopy Unit: 01204- 390390 extension: 4580

Thoracic Department secretary: 01204 390873 or 01204 390890

All times: Ward D4 (female): 01204 390757

Ward D3 (male): 01204 390862

We recognise that not everyone will find this document easy to read. We can arrange for large print, audio tape versions and for summaries or explanations in other languages, please call 01204 390193 if we can help.