

- **Bleeding** - Rarely, there can be bleeding from accidental damage to a blood vessel. If this is serious, an operation may be required to stop it. This is quite a rare occurrence and precautions are taken to avoid this happening. It is important to inform us if you take any blood thinning medications before your procedure.

## How do I prepare for my medical thoracoscopy?

- You need to be fasted for the procedure therefore we ask you not to have anything to eat or drink for 6 hours before the procedure.
- If you are taking any regular medicines or tablets, please take them as normal with a small amount of water.
- Please inform us if you take any blood thinning medication (such as Warfarin, Clopidogrel, Rivaroxaban, Apixaban) because they will need to be stopped before the procedure.
- If you have diabetes, have a light breakfast or snack 6 hours before your procedure along with your usual diabetic tablets.
- If you are on insulin, please phone the pleural team using the number provided before your appointment and they will advise you.

## Research

Manchester Foundation trust is at the forefront of research, you may be asked to consider taking part in a clinical trial. Further information will be given to you and you will be asked for additional consent if you decide to proceed. You are under no obligation to take part in research. Deciding not to take part will not affect your care.

## Appointment

**Date:** -----

**Time:** -----

If you are unable to attend this appointment please telephone us as soon as possible.

## Pleural Team :

If you have any further questions or would like further information, please contact us on:

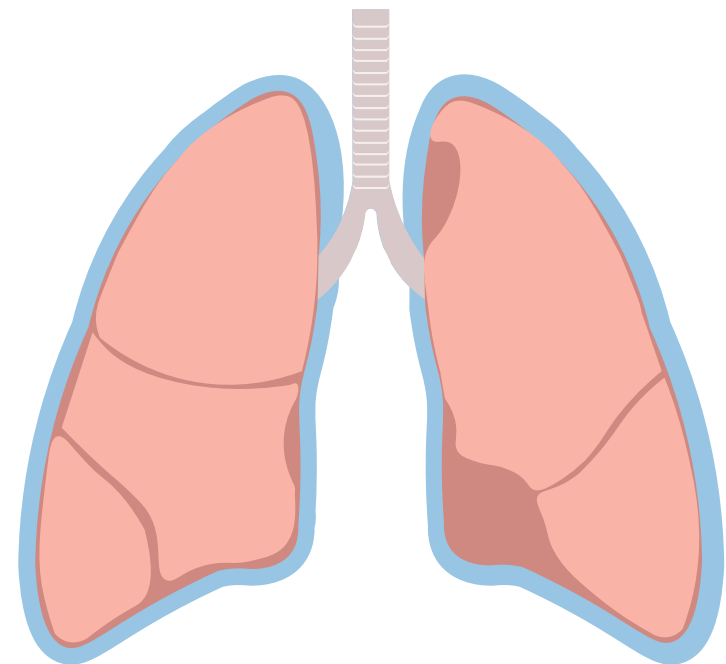
**Manchester Royal Infirmary :**  
Telephone: 0161 276 7961  
MRilluncns@mft.nhs.uk

**Wythenshawe Hospital :**  
Telephone: 0161 2912906  
mft.pleural@nhs.net

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## Patient information guide

# Having a Medical Thoracoscopy



This information leaflet briefly explains what happens during the procedure, it's benefits and risks.

## What is a medical thoracoscopy and why do I need one?

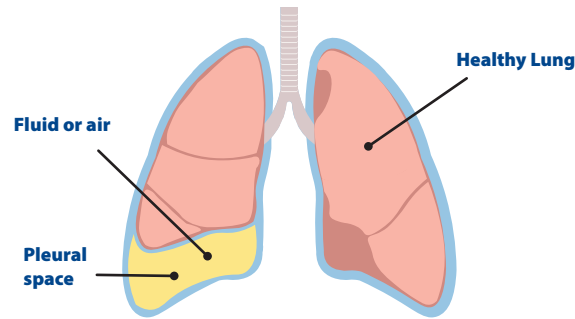
A medical thoracoscopy is an examination of the inside of your chest cavity, the space between your lung and the inside of your chest wall. This is known as the pleural space and usually contains a tiny amount of fluid. That fluid can increase due to various reasons and is called a pleural effusion when more fluid than normal is present. A thin membrane (like cling film) lines the inside of the chest wall and the surface of the lung, called the pleura. A thoracoscopy allows a detailed assessment of the pleural space using a camera, to look for any abnormalities specifically on the pleura to try and diagnose the cause of the fluid.

## How is the procedure done?

The doctor or specialist nurse will explain the procedure to you in detail and ask you to sign a consent form. You will be asked to lie in a comfortable position on your side. When you are taken into the room, the staff will be wearing hats, masks and gowns to reduce the chance of introducing infection. Monitoring equipment will be placed and you will be given oxygen through a face mask. You will be given some medication through a cannula on the back of your hand which will make you drowsy and sleepy but it is not a general anaesthetic so you will remain conscious throughout the procedure. The doctor will perform an ultrasound scan using gel to mark the site for the procedure, usually on the side of your chest under your armpit.

Your skin will be cleaned with a sterile solution and covered with clean drapes. A local anaesthetic injection will be given at the site of the procedure which makes the skin go numb. A small incision is then made in the skin through which the doctor makes a space to insert the thoracoscope (camera). Your lung will slowly deflate which gives room to inspect the pleural space between your lung and the inside of the chest wall. This is not dangerous and you will not experience any pain or discomfort this happens. Fluid will then be drained out of your chest and biopsies will be taken from the pleura that lines the inside of the chest wall. These may feel uncomfortable but you will be given pain relief throughout the procedure.

The doctor may talk to you about spraying Talc inside the chest cavity during the thoracoscopy. The Talc is specifically made for use within the chest and works like a glue to stick the lung up against the inside of the chest wall. This seals the pleural space and reduces the chance of fluid re-accumulating. It is successful in about two thirds of cases, meaning that fluid can build up again in the other third of cases.



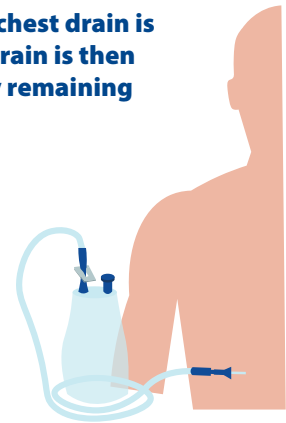
Once the doctor has finished looking inside the chest cavity, a chest drain is placed at the same site that the camera was inserted. The drain is then attached to a bottle which allows the lung to re-inflate and any remaining fluid to be drained.

## What does the procedure involve?

You will be taken to the recovery area and monitored for a short time period. You will be taken for a chest x-ray and then to the ward where you will be admitted.

The nursing staff will monitor your drain whilst you are on the ward. Take care not to pull on the drain.

The bottle to which the drain is attached should be kept on the floor by your side. It is important to ensure it is upright at all times. The length of time that the drain stays in varies from overnight to a few days. You will have x-rays to assess your progress and help the doctors decide when it is time for the drain to be removed. We expect that you will be in hospital for up to 3 nights and occasionally longer. When the drain is removed, a stitch is used to close the wound. This can be removed at your doctor's surgery or by district nurses after a week. When you are discharged from hospital, you will be given information about a follow-up appointment to get the results of your biopsy.



## What are the risks of the procedure?

Having a medical thoracoscopy is safe. However, as with any procedure, there are some potential risks which are explained here.

- **Pain/discomfort** – You may experience some discomfort in your chest or at the site the drain after the procedure as the local anaesthetic wears off. You will be given regular painkillers to settle this.
- **Pneumothorax/air leak** – Air can leak from the lung into the chest cavity and cause the lung to collapse, called a pneumothorax. The drain inserted at the end of the thoracoscopy will help to resolve this. If air continues to leak out of the drain, the drain may need to stay in for a longer duration. The doctor will discuss this in further detail with you.
- **Lung not re-expanding** – After the fluid has been drained, the lung should re-inflate back to its normal state. In some cases, this does not happen which leaves a gap between the lung and the inside of the chest. This is called trapped lung. It is possible for fluid to re-accumulate if this is the case. Your doctor will discuss this in further detail with you if this happens.
- **Infection** – Although uncommon, infection can develop at the site of the procedure or can track into the pleural space. Clean precautions are taken during the procedure to reduce the chance of this happening. You will also be given antibiotics whilst your chest drain is in place.
- **Fluid re-accumulation**
- **Injury to underlying lung/organs** – This again, is quite a rare complication of having a thoracoscopy. Using the ultrasound scanner before the procedure greatly reduces the chance of this happening