

Pleural Aspiration

Patient information leaflet

This leaflet can be made available
in alternative languages / formats on request.

如有需要，本传单可提供其他语言/版式
此單張的其他語言/格式版本可按要求提供

Na żądanie ta ulotka może zostać udostępniona
w innych językach/formatach.

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Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

St Helens Hospital
Marshall Cross Road,
St Helens, Merseyside, WA9 3DA
Telephone: 01744 26633

Patient name.....

Your consultant is

Patient date of birth

**Please attend Ward 2B, Treatment Room – Purple Zone,
Level 2, Whiston Hospital**

Date

Time

The reasons for the procedure

A pleural aspiration (thoracentesis) is a procedure that removes fluid from the space between the lungs and the chest wall (the pleural space or cavity).

Normally, the pleural space is filled with a small amount of fluid (about 4 teaspoons) but some conditions can cause too much fluid to build up. When this happens it is called a pleural effusion.

Too much extra fluid can press on the lungs and make it hard to breathe. A pleural aspiration is done by inserting a needle or thin plastic tube between the ribs to drain some fluid to find the cause of the pleural effusion so that appropriate treatment can then be discussed and started. It may also help you to breathe easier.

Notes

The risks of the procedure

In recommending this procedure, your doctor feels that the benefits are greater than the risk.

Common risks and complications (more than 5 in 100)

- Coughing
- Fainting
- Collapsed lung. This may need a chest tube to be inserted into the chest cavity to re-inflate the lung
- Wound infection, chest infection, heart and lung complications and thrombosis, particularly in people who are overweight.

Uncommon risks and complications (1 to 5 in 100)

- Fluid may build up in the lung after air or fluid is removed. You may feel short of breath.
- Pain. This can be controlled with pain relief medication.

Rare risks and complications (less than 1 in 100)

- Bleeding into the space between the lungs and ribs
- The needle may damage nearby parts of the body (for example; liver or spleen)
- Emergency surgery due to complications with the procedure
- Death as a result of this procedure is rare

The benefits of the procedure

A pleural aspiration is done to remove fluid or air and to try and find the cause of the pleural effusion so that additional treatment can then be started. It may also be done to help you to breathe easier.

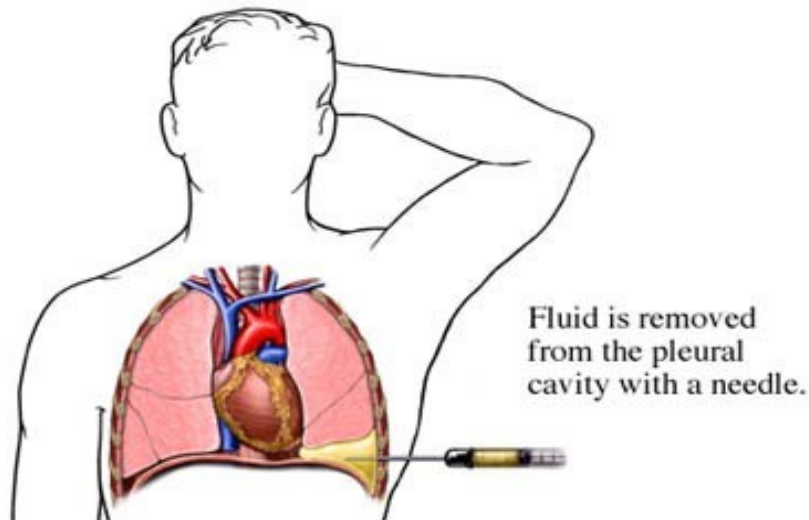
If you are on blood thinning medications /anticoagulations (eg. Clopidogrel, Warfarin, Enoxaparin injections, Rivaroxaban or Apixaban) then you will be given specific instructions which may involve stopping the medication.

The nature of the procedure

- The procedure may be performed in the clinic or on a ward and the whole procedure is likely to take about **10-15 minutes**.
- You will be positioned in a comfortable sitting position leaning forward, resting your arms on a table.
- The doctor will use ultrasound (sound waves) to assess the effusion and then decide to aspirate; ie insert the needle or tube, if appropriate.
- This may be done immediately before the procedure at your bedside or you will be sent to the Radiology Department.

Once you are resting comfortably, the skin will be cleaned with an antiseptic fluid to kill any bacteria. The fluid often feels cold. If required, a local anaesthetic is then injected into the skin to numb the place where the chest drain (tube) will go. This may sting but this feeling passes off quickly.

- The needle is then pushed through the skin, between the ribs and into the fluid around the lung. You should not cough, breathe deeply or move during the test to avoid damage to your lung.
- A sample of fluid is taken and sent to the Pathology Laboratory for testing.
- Sometimes the doctor may drain a larger volume of fluid to help ease your breathlessness.
- Once the fluid is removed the needle or tube is removed and a small dressing is placed where it was inserted.
- You must tell your doctor about any previous bleeding problems or risks associated with bleeding and any allergies to medicines or latex.



After the test you may need a chest x-ray to check for any lung problems. Blood pressure, breathing and oxygen levels will be checked following the procedure before you can go home to make sure you do not have any complications.

Once at home, if you have any breathing problems you should call your own GP immediately or attend the Accident and Emergency Department.

The discomforts of the procedure

You will experience some stinging as the local anaesthetic is injected, but once the area is numbed you should not feel any pain, however, you will be aware of some pressure.

The alternatives for the procedure

There are no alternative procedures.

The consequences for not having the procedure

Fluid may continue to build up and cause your symptoms to worsen. Also, it may delay finding the cause for the pleural effusion and commencement of appropriate treatment.

Furthermore, the clinician treating you may have to treat your condition with a lesser degree of certainty that the diagnosis is correct.