

Medical Thoracoscopy

patient information leaflet

If you need this leaflet in a different language or accessible format
please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید،
لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie,
proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotowuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,
vă rog să discutați cu un membru al personalului să se ocupe
de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

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What is medical thoracoscopy?

Medical thoracoscopy is a type of procedure to investigate why you have fluid in your pleural cavity (the space between your lungs and chest wall). This fluid is called a pleural effusion.

There are many potential causes of pleural effusions and medical thoracoscopy can be helpful to differentiate why you have fluid and importantly, rule out cancer as a cause for this fluid.

It involves inserting a camera, called a thoracoscope, into your pleural cavity, through which we can drain the fluid and take samples to send off for analysis.

Medical thoracoscopy can also be used to attempt to stop the fluid returning, via a procedure called pleurodesis, so it can also be used as a therapeutic procedure.

Please attend the Endoscopy Unit

Level 1

Whiston Hospital

Warrington Road, Prescot, L35 5DR

Date

Time

What if I refuse to have the procedure?

It is your choice to have the procedure and you will never be forced to do anything you do not want to do. If you do not want to have the procedure, this may result in delays in making a diagnosis and delays in receiving treatment.

How long do the results take?

The initial results of the biopsies usually take 7-10 days. You should already know when your follow up appointment is, but sometimes this needs to be postponed if the results are delayed.

If the results do confirm a diagnosis of cancer, sometimes more sophisticated molecular tests are performed on the samples dependent on a number of factors. If needed, these are sent to another laboratory and can take a few more weeks and the results will be sent directly to the Oncology doctors.

There may be students and observers present during your consultation as part of their ongoing training. Please let the staff know if you do not wish any students to be present during your attendance.

Please ask a member of staff if you would like a chaperone present during your procedure.

What are the side effects?

You may have a mild chest pain where the camera was inserted for a few days after the test. We will ensure you have some painkillers prescribed for this.

Sometimes, the lung can take longer than expected to reinflate. This may result in a longer hospital stay or discharge with the chest drain still in place.

Following a medical thoracoscopy, there is a risk of infection, so we routinely give antibiotics for 5 days to reduce this risk. Infection could be at the site of the procedure, within the lung (pneumonia) or infection of any pleural fluid that re-accumulates (empyema). If the site of the procedure becomes hot, red or inflamed or you develop a temperature despite the antibiotics please ring the lung specialist nurses for advice. If it is out of hours, please call 111 for advice or if you feel very unwell, attend A+E.

More serious complications are very rare and will be explained to you before you sign the consent form.

What are the alternatives to the procedure?

This procedure is also carried out by the surgeons under general anaesthetic (called a VATS). The anaesthetic carries its own risks, but if you would like this to be considered, please discuss this with your doctor.

You can have a procedure where the fluid is removed, this is called a pleural aspiration (some patients may have already had this done prior to thoracoscopy) but this procedure is less likely to give a definitive diagnosis.

What should you do before coming to the hospital?

You will require blood tests and a breathing test these will be requested by your respiratory consultant.

You will need to be admitted to hospital for 24-48 hours following the procedure so you should pack necessities for a hospital stay and also bring a list of your medications with you to the hospital.

You will not be able to eat for 4 hours before the procedure but you can take sips of water until 2 hours beforehand.

Take your usual medication on the day of the test with a small sip of water unless told not to by your doctor.

If you take any of the following medications, they must be stopped before the procedure as follows:

Medication	How long to stop for
Clopidogrel/ticagrelor	7 days
Warfarin	5 days
Apixaban/rivaroxaban, edoxaban, dabigatran	3 days

What happens when you arrive at the hospital?

You will need to attend the Endoscopy Unit on Level 1 of Whiston Hospital. You will be seen by a member of the team, who will ask you some questions, ask you to sign a consent form and insert a cannula (a small tube into a vein so medication can be given). You will also be asked to put on a hospital gown for the procedure.

If you have any questions, please do not hesitate to ask before you sign the consent form.

What happens during the test?

The team will bring you into the procedure room and ask you to confirm your name and address. They will ask you to lie on your side on the trolley, the opposite side to where the fluid is. You will be given oxygen and your heart rate and oxygen levels will be monitored throughout the procedure.

When you are on your side, the doctor will perform an ultrasound scan to decide where to insert the camera.

The doctors will then give you two types of sedation: these will help to relax you and help with any pain you may experience.

Following this, the doctors will clean your skin and apply sterile sheets to keep the area clean. They will give local anaesthetic to the skin and soft tissues: this stings when first given but then makes the area numb so that the procedure can be carried out with minimal discomfort. You may still feel pushing or pressure but should not feel pain once the anaesthetic starts working.

The doctor will then create an opening into the pleural cavity and insert the thoracoscope. This allows the doctor to remove the fluid inside the pleural cavity and then examine the area for any abnormalities. The fluid will be sent off for analysis.

If there are any abnormalities seen, the doctor will take some biopsies. This can be painful whilst the biopsies are taken but the pain usually resolves quickly.

Dependent on the findings of the test, the doctor may spray a 'sticky talc' into the pleural cavity. This is to stick the lining of the lung and the chest wall together to try and prevent the fluid from re-accumulating: this procedure is called pleurodesis.

Following this, the doctor will insert a chest drain (a tube that helps the lung re-inflate) which will remain in for 24-48 hours. This will be stitched in place and attached to a suction drainage machine.

What happens after the test?

The test usually takes between 30-60 minutes depending on how many biopsies need to be taken. Afterwards, you will be taken to the recovery area to be monitored until the sedative has worn off.

You will be transferred to one of the respiratory wards once the recovery nurses are happy. You will have the chest drain monitored and once the lung looks to have reinflated, you will have a chest X-ray. If the chest X-ray confirms that the lung has reinflated, the chest drain will be removed and you will be discharged home. This is commonly the day after the procedure, but may be longer if the lung takes longer than expected to reinflate.