



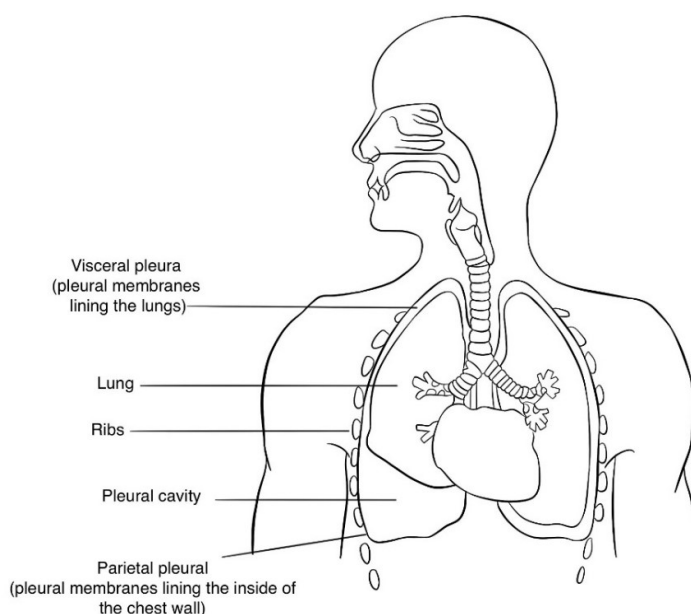
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Medical Thoracoscopy/Pleuroscopy

Procedure Information Sheet

What is Medical Thoracoscopy/Pleuroscopy?

Medical thoracoscopy/Pleuroscopy examines the pleural cavity (the space between your lung and chest wall) with a special camera called a thoracoscope. This allows us to learn more about your illness and the cause of the fluid or air in your chest. During medical thoracoscopy, your doctor can also take small samples (biopsies) from the pleural membrane inside your chest (parietal pleura) and drain any fluid collected there. In certain situations, a treatment using medical talc can be carried out during the thoracoscopy (talc pleurodesis) to reduce the risk of future reaccumulation of fluid or air.



Why do I need this procedure?

A pleural aspiration (fluid taken from the pleural cavity) may have been performed on you previously and its results could not determine the cause of your illness. Your doctor has recommended you to have a thoracoscopy as they feel this is the best way to find out more about your condition.

What are the preparations?

You are advised not to eat or drink for at least 6 hours before the procedure. However, you should continue taking your prescribed medication(s) for high blood pressure, heart condition(s) or asthma until the morning of your scheduled appointment for the procedure.

It is important to let us know in advance if you take blood-thinning or diabetic medications, as we may need you to stop taking these before your procedure temporarily. Your doctor will advise you accordingly.



How is the procedure performed?

During the procedure, you will lie on your side, and a rolled-up towel is placed beneath your ribs. Moderate sedation, a drug-induced state of reduced consciousness, is used before and/or during the procedure to help ease discomfort, pain and anxiety. You will be given medicine through an intravenous line. Your heart rate, breathing and blood pressure will be closely watched throughout the procedure. While most will fall asleep during sedation, some people may be drowsy but have periods of awareness during the procedure. You should feel little or no pain. You may not remember the procedure at all or have a vague memory of it.

The doctor will do an ultrasound scan of your chest to find where best to insert the thoracoscope. The doctor will clean the area with an antiseptic solution and inject a local anaesthetic into the skin and muscle between your ribs, then make a small cut in the skin and place a hollow tube through this cut into the pleural cavity. In some situations, a second cut may be needed.

The thoracoscope is then inserted through the hollow tube. The doctor will use the thoracoscope to look around the pleural cavity, drain any pleural fluid and obtain biopsies from the pleural membrane. If you feel any discomfort in your chest during the biopsies, further painkillers will be given in your cannula.

Medical talc may be inserted into the pleural cavity (talc pleurodesis) to prevent the fluid or air from returning. Your doctor will discuss with you whether this is needed before the procedure. At the end of the procedure, a chest tube will be inserted through the cut to allow any remaining fluid or air to be drained from the chest. This tube is secured using a stitch and a sticky dressing.

What are the risks and complications of the procedure?

Thoracoscopy is generally a safe procedure. The reported mortality rate is 0.34%.

1. Pain – you are likely to experience some pain, but this is not severe. The local anaesthetic will sting briefly, and the chest tube put in at the end of the procedure can be mildly painful. Painkillers will be given to relieve this.

After hospital discharge, your chest will often remain sore for some time, and you will be given painkillers to control this. Some patients may experience occasional sharp 'scar pains' that can affect the chest for some months afterwards, but they are usually brief and not severe. They do not mean that anything has gone wrong with the procedure.

2. Major complications – these are uncommon, affecting 1.8% of patients overall. They include infection, bleeding, fluid accumulation in the lung due to rapid expansion of the lung, and persisting leakage of air from the lung.
3. Minor complications – the reported rate is 7.3%. These include air under the skin, minor bleeding, temporarily low blood pressure during the procedure and infection around the procedure site.
4. Sedation – moderate sedation is generally safe. The risks are rare and some possible side effects are: decreased rate of breathing, changes in heart rate and blood pressure, headache, nausea and vomiting, and inhalation of stomach contents into the lungs.
5. Talc pleurodesis – if talc pleurodesis was performed, you might experience chest pain and transient fever. Less common side effects are abnormal heart rhythm, shortness of breath, reduced oxygen, infection and rarely acute lung inflammation leading to respiratory failure.



What do I expect after the procedure?

After the thoracoscopy, you will be monitored by a nurse in the recovery area before being transferred to the ward. You will also have a chest X-ray.

You will see that the chest tube coming out of your chest is attached to a bottle with fluid in it. The chest tube will continue to drain the remaining air and/or fluid from the pleural cavity. You may feel some discomfort from the chest tube, but you will be offered painkillers to help with this. If your chest becomes increasingly painful or if you feel any increased shortness of breath, please tell your nurse immediately.

Your nurse will regularly record your temperature, pulse, blood pressure and breathing. They will also check your oxygen levels, the site of your procedure and how well your chest tube is working. Your doctor and nurses will look after your chest tube whilst you are in hospital. Your doctor will discuss with you how long the chest tube needs to stay in. You may need to have several chest X-rays during your hospital stay. Once the chest tube has been removed, you will be given instructions on when to have the stitches removed from your wound.

What are the other Options?

There are alternative ways of getting biopsies from the chest. One of these uses a biopsy needle inserted through a small cut in your chest wall. This method may not be as effective in identifying the cause of your illness when compared to thoracoscopy. If the abnormality is on the visceral pleura, a surgical thoracoscopy performed by the thoracic surgeons may be required.

What will happen if I do not undergo the procedure?

If you choose not to undergo this procedure, your doctor may not be able to obtain essential information to determine the cause of your condition and/or plan the treatment for your medical problem. Your doctor will discuss the other available options and the possible consequences that may arise should you decide not to undergo thoracoscopy.

DISCLAIMER: This information sheet mentions some of the more common or important risks of surgery/ procedure. This list is **NOT** meant to be, and **CANNOT** be exhaustive.

