

Patient information

Pleural effusion and pleurodesis

Your lungs and how they work

When you breathe in through your nose and mouth, the air passes down your windpipe (trachea). This then divides into two tubes (bronchi), which go one into each lung. The lungs are wrapped in two layers of tissue called the **pleura**. The outer layer (**parietal pleura**) lines the chest wall and the inner layer (**visceral pleura**) covers the lung itself (see diagram 1 below).

A thin film of fluid, which enables the layers to slide over each other as you breathe in and out, separates the two layers.

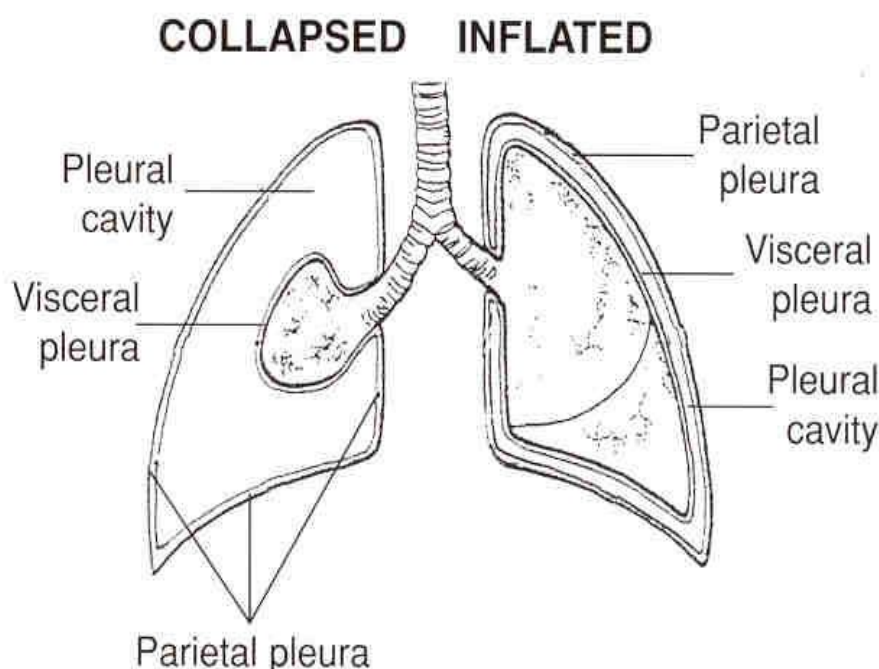


Diagram One

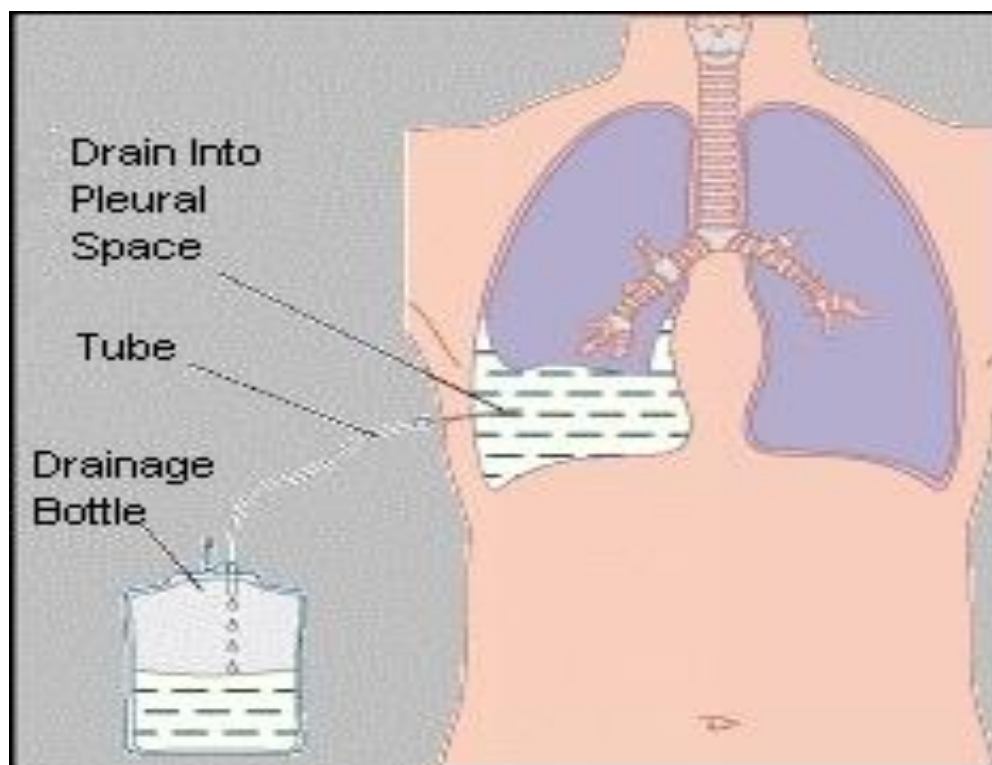
Pleural effusion

A pleural effusion is a collection of excess fluid in the space between the two layers of pleura. This can compress the lung and may cause shortness of breath.

A pleural effusion is usually the result of damage to the pleural membrane and may be due to trauma, surgery, infection, some other disease or a medical procedure. Treatment involves draining the excess fluid from the pleural space via a chest drain.

The drain will be inserted through the chest wall into the space between the two layers of pleura. This enables the excess fluid to drain and usually stays in place until the fluid has drained and the lung has re-expanded. (This is decided by chest x-ray or sometimes an ultrasound scan is needed).

You will be given leaflet 'About Your Chest Drain' which will tell you about inserting and removing the drain.



Pleurodesis

Once the fluid has drained a procedure called pleurodesis will be performed. Pleurodesis causes the two layers of pleura to become inflamed so that when the lung re-expands they stick together and the lung is anchored to the chest wall. This should prevent the fluid from re-accumulating. The procedure is more

effective if the pleural space is completely dry; suction will therefore be applied to the drain overnight before the procedure takes place.

Pleurodesis is done by injecting a solution into the pleural space through the chest drain tube. The solution will usually be made up of sterile talc, normal saline and local anaesthetic (another drug may sometimes be used instead of sterile talc). The chest drain will then be clamped for 2 - 4 hours. Following the pleurodesis you will be asked to change your position regularly to improve the distribution of the solution.

The procedure can cause discomfort and you will be given strong painkillers before it is carried out.

The chest drain will be left in position for a few hours after the procedure and may in some cases be re-attached to suction to help the lung stick against the chest wall. Occasionally fluid may drain from the pleural space for a while after the pleurodesis and the drain will be left in until this stops. Once the drain has been removed, you should be able to go home later that day.

If you have any questions about your chest drain, pleural effusion or pleurodesis, please do not hesitate to ask the nurse or doctor looking after you.

At present pleurodesis is the only procedure available at this hospital to try and prevent the recurrence of a pleural effusion.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo)
<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>

