



Information for
patients and
carers

Having an Indwelling Pleural Catheter (IPC)

Patient's name:

Your appointment is at Royal Preston Hospital (01772 522412)

Endoscopy Unit on: Date: Time:

Theatre (Ward 3/DOSA on: Date: Time:

Indwelling Pleural Catheter (IPC)

This leaflet has been produced to answer questions you may have about having an IPC and what to expect during your visit. If you have any other questions, please ask a member of the nursing team.

What is an IPC?

An indwelling pleural catheter is a specially designed small tube that drains fluid from around your lungs whenever it is needed. It avoids the need for repeated admissions to hospital every time the drainage of fluid is needed. The drainage is performed at home with the help of a suitably trained nurse, relative or friend's assistance, whichever suits you. The pleural catheter is a soft flexible tube, which remains inside the chest and passes out through the skin. There is a valve on the outer end of the tube to prevent fluid leaking out of the tube and air entering.

Why do I need an IPC?

The pleural space consists of two thin membranes – one lining the lung and the other lining the chest wall. Between these layers, there is a very small space which is usually almost dry. In your case fluid has collected in this space so that the lung cannot function properly making you short of breath. The tube may be removed when drainage is minimal (less than 50mls) or has stopped; this may be in a few weeks or months.

What are the risks of having an IPC?

An IPC is normally a very safe procedure but can result in a reaction to the sedation medication; this is usually managed with close monitoring and rarely with the use of medicines to reverse the effect of sedation. Other rare complications are a 2% risk of infection requiring antibiotics, persistent air leak or bleeding that may require surgery. Rarely patients may experience ongoing pain at the site of the drain.

A trained nurse will monitor you at all times to ensure that any problems are quickly recognised and treated.

What is the alternative to having an IPC?

For some people, an alternative to having an IPC would be to have a chest drain whilst remaining in hospital for a few days.

What do I need to do before I have an IPC insertion?

- To make sure that your stomach is empty it is important NOT to eat for 6 hours or drink for 2 hours before the test
- If you are diabetic please read the enclosed leaflet
- If you are taking blood thinning medications such as, Warfarin, Rivaroxaban, Synthrome, Dabigatran, Edoxaban, Apixaban, Dipyridamole, Aspirin, Clopidogrel, Prasugrel, Ticagrelor, Dalteparin/Clexane injections you may need to stop taking them, please ring **01772 522412** for further information
- Bring an up to date list of medications and allergies
- Remove nail polish and false nails
- Bring your consent form (read it but please do not sign it)
- Do not bring valuables or jewellery into the department. We cannot be held responsible for any loss or damage
- Please let us know in advance if you need an interpreter or sign guide

What to expect

- You may be admitted to the ward the day before your procedure
- Please bring with you any belongings you may need for a short stay in hospital (at least 24 hours)
- The doctor will take a medical history from you and certain tests may be carried out prior to IPC insertion e.g. blood tests, chest x-ray and ultrasound scan of your chest
- A nurse or doctor will explain the procedure to you and this is your opportunity to ask any questions you have
- Do not be afraid to let them know if you are worried
- You will be asked to sign the consent form that shows that you understand the test and the risks involved
- Sedation is often given for this procedure and will be discussed with you by a nurse or doctor. The nurse or doctor will insert a small cannula into a vein in your hand or arm. The sedation will be given through this when you are in the treatment room
- On the day of your test it is important NOT to eat anything for 6 hours or drink for 2 hours before the test

Will I find the procedure uncomfortable?

You may have some discomfort. However, we will give you sedation and pain relief, this will be injected into your vein through a cannula. The sedation will make you feel drowsy and relaxed but will not make you unconscious. You will be in a state called 'conscious sedation' which means that you will still hear what is said to you and will be able to follow simple instructions during the procedure. A trained nurse will be talking to you throughout and will reassure you and explain what is happening during each stage of the procedure.

Sedation makes it unlikely that you will remember anything about the procedure. When the procedure has ended, you will be taken to the recovery area for about one hour.

What happens during the procedure?

For your comfort and reassurance, a trained nurse will be with you throughout the procedure. An ultrasound scan will be performed just before the procedure.

When you enter the room the doctor will speak to you. You will be asked to lie on the unaffected side with your arms up at head level. A 'peg' will be placed on your finger to monitor your pulse and oxygen levels, and a cuff on your arm to measure your blood pressure. Sedation will be given before the procedure starts. The doctor will find the best place to insert the catheter and clean the skin around this area. They will cover the surrounding area with sterile towels and then inject the skin with local anaesthetic; this may sting a little but then numbs the chest. Two small (about 1cm) incisions will be made in the side of your chest. The catheter can then be inserted into the pleural space, and some of the fluid drained.

What happens after the procedure?

At the end of the procedure, you will need a chest X-ray and be able to return home or to the ward to rest. The drain remains in place until drainage has slowed down or stopped (some weeks or months) rarely you may feel some discomfort from this chest tube. Painkillers can be taken to control this discomfort. You will be provided with a small number of bottles to take home with you so that the district nurses can start draining the fluid from the day after the procedure. It is important to keep the area clean and dry. The dressing may cause some itching and if this happens, please seek attention from the district nurses when they come to drain the IPC.

Frequently asked questions

How many people will be in the procedure room?

Two doctors along with two to three trained nurses and a healthcare assistant will be in the room. There are often extra doctors or nurses in the room that are there to learn. If you are unhappy with this, then please inform the nurse. In day case unit an anaesthetist will also be present.

How long will I be in hospital?

Most people are able to return home on the same day, but some may have to stay in hospital; this would normally be discussed with you prior to the procedure.

When will I know that the catheter can be removed?

The tube will stay in as long as there is still fluid being drained, this may be a few weeks or months, when drainage is 50mls or less or has stopped on 3 consecutive occasions contact your doctor to assess if it should be removed.

Checklist

- Stop eating 6 hours before the test, stop drinking 2 hours before the test – only water on the day of the test
- Bring an up to date list of medications with you
- Bring the Consent Form but do not sign it
- Write down any questions/concerns
- Contact the ward if an interpreter or sign guide is needed

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk

All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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If you want to stop smoking, you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Gujarati:

આ માહિતીને સમજવામાં સહાયતા જોઈતી હોય તો કૃપા કરીને પૂછો. આ માહિતી મોટા છપાણામાં અને અન્ય ભાષામાં ઉપલબ્ધ કરી શકાય છે.

Romanian:

Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informații. Aceste informații pot fi puse la dispoziție în format mare și în alte limbi.”

Polish:

Poinformuj nas, jeśli potrzebna jest ci pomoc w zrozumieniu tych informacji. Informacje te można również udostępnić dużym drukiem oraz w innych językach

Punjabi:

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਵੱਲੋਂ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰਿੰਟ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੱਲੋਂ ਮੁਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

Urdu:

دو سر ی زبانوں او ر بڑی اگر آپ کو ہی معلومات سمجھنے کے یغل مدد کی ضرورت ہے تو ییچھپیا جس یبھ ابی دست بو یسکت ہے برا ئے مہر یان پو ے یچھہی۔ معلومات

Arabic:

مطبوعه بأ ح ر ف ك ب س ر ة و بلغات إذا كنت تريد مساعدة في فهم هذه لمعلومات يُرجى أن يُطلب أخري يملفن تو فسير هذه المعلوما ت

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Division: Medicine/DCS
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