



Information for
patients and
carers

Having a Thoracoscopy

Patient's name:

Your appointment is at Royal Preston Hospital (01772 522412)

Endoscopy Unit on:

Date: Time:

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

Thoracoscopy

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

What is a Thoracoscopy?

A thoracoscopy is a test carried out under local anaesthetic that allows the doctor to look inside your chest at the pleura (lining of the lung and ribs). The thoracoscope is a tube with a bright light and camera at the end. It is inserted through a small incision made in the side of the ribcage.

Why do I need a Thoracoscopy?

This allows the doctor to get a clear view of the pleura to learn more about your symptoms and the cause of the fluid collection. In addition, the thoracoscope enables samples to be taken from the lining and any fluid that has collected there to be drained. Sometimes we spray talc powder inside your chest to stop the fluid re-accumulating in the future.

What are the risks of having a Thoracoscopy?

A thoracoscopy 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 discomfort at the site of the drain so called “scar pain”.

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

What are the alternatives to having a Thoracoscopy?

For some people, alternatives to Thoracoscopy may include:

- Pleural aspiration: This test is not as accurate as a thoracoscopy, and a thoracoscopy may still be needed after the pleural aspiration has been done
- VATS: This is a similar procedure that is carried out in theatre with a general anaesthetic at another hospital

What do I need to do before I have a Thoracoscopy?

- 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, Sintrome, 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 jewelry into the department. We cannot be held responsible for any loss or damage
- Please let us know in advance if an interpreter or sign guide would be needed on the day of the procedure

What to expect

- You may be admitted to the ward the day before your procedure. Occasionally there is a delay of a few hours while waiting for a bed
- 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 thoracoscopy 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 you understand the test and the risks involved
- Sedation is normally given for Thoracoscopy, a 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 happened 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 thoracoscope 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.

A small (about 1cm) incision will be made in the side of your chest. The thoracoscope can then be inserted through the incision to look inside the chest at the pleura, drain any fluid, take biopsy samples and when appropriate spray talc.

What happened after the procedure?

At the end of the procedure, a tube (chest drain) will be inserted through the examination incision to allow any fluid or air to drain from the chest. You will need a chest X-ray and be able to return to the ward to rest. The drain may remain in place for a few days. You may feel some discomfort from this chest tube. Painkillers will be given to control this discomfort.

In some cases we place a longer term drain instead if we feel it is likely the fluid will return. This is called an indwelling pleural catheter (IPC) and allows fluid to be drained at home should it come back. This would be discussed with you before the test if appropriate.

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. In day case unit an anaesthetist will also be present. If you are unhappy with this, then please inform the nurse.

How long will I be in hospital?

You will be in hospital until the doctor is happy that as much fluid as possible has been drained from your chest. This usually takes 24 to 48 hours.

What are biopsies?

When tissue samples are removed for examination these are called biopsies. Biopsies are sent to the Pathology laboratory to identify the cells that are in the tissue sample. The results will be sent to your consultant and they will be in contact with you to let you know the results. Results can take any time from 1 week to 4 weeks.

What is talc?

Talc is like talc that you see in the shops, but the talc that we use is medically prepared and sterile. For some people when fluid keeps coming back and the lung does not re-inflate very well talc can be sprayed onto the pleura to cause a reaction that helps the lung to stay inflated. You may feel some discomfort from having talc spray and the chest drain. Please do not be afraid to ask for extra pain killers.

What is a chest drain?

A chest drain is a tube that is inserted into your chest to drain the fluid that has collected there. This tube is connected to a bottle that collects the fluid that drains away. This bottle should always be kept lower than your chest. Take care not to dislodge the tube.

Checklist

- Stop eating 6 hours before the test
- Stop drinking 2 hours before the test – only water on the day of the test
- Take up to date list of medications
- Bring the Consent Form but do not sign it
- Write down any questions / concerns
- Please let us know in advance if an interpreter or sign guide would be needed on the day of the procedure

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 કૃપાકરીને પૂછો. આ માહિતી મોટા છપાણ માં 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:

دوسری زبانوں اور ریڈنگ اگر آپ کو ہی معلومات سمجھنے کے لیے مدد کی ضرورت ہے تو
یہی چھپا ہوا ہے۔ یہی ابی دست ہو سکتا ہے براہ مہربانی پوچھی جہی۔ معلومات

Arabic:

مطبوعه با حرف كبيره و بلغات اذا كنت تريد مساعده في فهم هذه لمعلومات يرجى ان تطلب
اخرى يمكن تو فسير هذه المعلومات

Department: Endoscopy
Division: Medicine/DCS
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