



**Northumbria Healthcare**  
NHS Foundation Trust

# Having a Medical Thoracoscopy

Issued by Respiratory Medicine



# Introduction

Your doctor has arranged for you to have a thoracoscopy.

This booklet aims to give you enough information:

- To give properly informed consent to the procedure
- To help you prepare and guide you through the procedure
- To answer frequently asked questions

## What is a thoracoscopy?

It is a way of examining the chest wall using a camera at the end of a telescope, through a little hole (about 1 – 2 cm) in the chest. The doctor can look inside your chest and around the outside of your lungs to find out why fluid has collected in your chest cavity. The procedure usually involves taking samples (biopsies), from the pleura (the membrane lining the chest wall) through the thoracoscope. Sometimes talc is sprayed inside the chest to try and stop the fluid from accumulating again.

## Why do you need a thoracoscopy?

A thoracoscopy is usually done to find out why fluid has accumulated around your lungs, and try to prevent this from happening again.

## Risks

Thoracoscopy is generally a safe procedure. The risk to life is very low (less than 1%).

The major risks are:

- **Infection** which may be serious and require admission to hospital (less than 3%)
- **Bleeding** which may require transfusion and further intervention (never occurred locally but reported at less than 2%)
- **A continuous air leak which will require a longer stay in hospital** (risk of 3%)

All patients experience some pain, but this is rarely severe. The local anaesthetic stings briefly and the chest tube at the end of the procedure can be mildly painful. We will give you painkillers to control this.

In some patients if talc is used (talc poudrage) to help stop the abnormal collections of fluid or air from re-occurring, it can cause some pain over 24 hours after the procedure but this will also be treated with painkillers.

After discharge the chest wall will often remain sore for some time but painkillers will help with this.

For a few patients, occasional sharp 'scar pains' can affect the chest for some months afterwards. These are usually very brief and not severe. They do not suggest that anything has gone wrong.

## **Where is the thoracoscopy performed?**

The procedure will be carried out in theatres within North Tyneside General Hospital. Sometimes it might be done on other sites.

You will be admitted to ward 18 within North Tyneside General Hospital on the morning and be assessed by a ward doctor. This will include blood tests, chest x-rays if you have not had one recently, electrocardiogram and any other necessary tests.

For a morning appointment please have a light breakfast before 6.30am. You may drink water until just before you are taken to theatre. A small cannula will be inserted in your arm or hand.

You will be seen on the Wednesday morning by a consultant or a registrar and asked to sign a consent form if you wish to go ahead with the procedure.

## Medicines

You should take any prescribed medication with a little water at the usual time (**take care with diabetic medicines and anything that thins the blood- please ask the doctor for advice**).

Bring any insulin and/or diabetes tablets with you.

Your admission letter will give you more information about what medications you can take or not and when you should stop some.

Do not bring valuables or large quantities of money into hospital, as we cannot accept responsibility for them.

## How is a thoracoscopy performed?

This will be done in the theatres. You will be offered pain-killing medication and sedation.

You will be asked to lie on your side so that the doctor can access your chest. An ultrasound will be performed. Anaesthesia will be given through a needle in the back of your hand. A probe will be placed on your finger to monitor your oxygen levels during the procedure and you will be given oxygen. The skin around the area where the tube is to be inserted will be cleaned with a liquid cleaner to kill any bacteria.

An anaesthetic is then injected into the skin to numb the place where the thoracoscopy will be performed. This can sting but the discomfort passes quickly. The doctor will then make one small cut in the numb area of skin and gently open a path for the telescope. This should not be painful although you might feel some pressure or tugging. The scope is then eased into your chest over a protective sheath allowing us to see inside your chest. Some specimens are taken and any fluid inside your chest is drained away and if necessary the sterile talc is sprayed in.

At the end of the procedure a plastic tube (a chest drain) is inserted through the cut to allow any fluid or air left inside to come out. The chest drain is attached to a bottle with water in it, which stands on the floor. The chest drain is stitched to your skin so that it does not fall out and is covered with gauze and a waterproof dressing.

Sometimes that chest drain will be connected to the wall for suction to enable your lung to come up.

Please inform a member of staff if you feel any increased shortness of breath after the procedure.

## **Will it be painful?**

Local anaesthetic is injected into your skin before the procedure and you are under general anaesthesia or sedated. You are also given painkilling medication to control any pain afterwards. At the end of the procedure your chest may feel bruised or sore for about a week but this can be controlled with painkilling tablets.

## **How long does it take?**

The procedure takes about an hour. You may be in the theatre for a short time afterwards following which you will be taken back to Ward 18.

## **Looking after your chest tube**

Keep the drainage bottle on the floor. Do not knock the bottle over. If you are in pain or feel more breathless, please tell a member of staff. If you feel your tube may have moved or may be coming out, please tell a member of staff. A chest x-ray will guide us to when the tube should come out.

## How long do I stay in hospital?

Most patients stay in hospital for 1-2 days after the procedure.

**Important information for people who have diabetes** – read prior to a procedure.

Fasting for a procedure can potentially cause your blood sugar levels to be low. The guidelines below will help you reduce the risk of problems.

If you have diabetes treated with tablets: Take your usual tablets prior to six hour fast.

Take water until the procedure. You can take your diabetes tablets as prescribed with food following the procedure.

If you have diabetes treated with insulin: If you normally take insulin before each main meal and long acting insulin once daily, continue to take your long acting insulin as usual daily (Lantus, Levemir, Insulatard, Humulin I). Bring your insulin with you to your appointment.

You can take your insulin as prescribed with food following the procedure. If you are restarting your insulin late in the morning or before lunchtime then it is advisable to take half of your normal breakfast insulin dose at this late time.

## Are there any alternatives?

There are other ways of getting biopsies from the chest using a special needle. This is only half as good at identifying the cause of the fluid in the chest and does not allow us to use sterile talc to control fluid re-occurrence. For these reasons we recommend the thoracoscopy approach. However, we would be pleased to discuss the alternatives with you if you wish. Other approaches involve referring you to the surgeons for a video assisted thoracoscopy.

## Asking for your consent

We want to involve you in all the decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This confirms that you agree to have the procedure and understand what it involves.

## Contact information

Your referring doctor should be the first port of call.

Gail Hewitt, lead secretary for respiratory medicine can be contacted for any information related to the admission via switchboard on 0191 203 1200. The admission letter will also have information on what medications you can still take or what you need to stop before.

You can also contact Dr Avinash Aujayeb, pleural lead for Northumbria Healthcare NHS Foundation Trust via switchboard on 0191 203 1200.

## Follow up

You will be followed up by your referring doctor.

## **Alternative Formats**

If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on **03 44 811 8118**

## **Other sources of information**

### **NHS 111**

### **NHS Choices**

[www.nhs.uk/pages/homepage.aspx](http://www.nhs.uk/pages/homepage.aspx)

### **NICE (National Institute for Health and Clinical Excellence)**

[www.nice.org.uk](http://www.nice.org.uk)

### **Patient Advice and Liaison Service (PALS)**

Freephone: **0800 032 0202**

Text: 01670 511098

Email: [northoftynepals@nhct.nhs.uk](mailto:northoftynepals@nhct.nhs.uk)

### **Northumbria Healthcare NHS Foundation Trust**

General Enquiries **03 44 811 8111**

[www.northumbria.nhs.uk](http://www.northumbria.nhs.uk)

PIN 913/V1

Review date: October 2022

© This material is the copyright of the Northumbria Healthcare NHS Foundation Trust