



Northumbria Healthcare
NHS Foundation Trust

Having an indwelling pleural catheter inserted

Issued by Respiratory Medicine

This leaflet explains about having an indwelling pleural catheter (IPC) inserted to drain fluid from your chest.

You may have fluid in the lining of your lungs due to a cancer, heart and liver conditions as well a wide range of other problems. If you have any further questions or concerns, please do not hesitate to contact the doctor who referred you for your procedure.

What is an indwelling pleural catheter?

An indwelling pleural catheter (IPC) is a small tube designed to drain fluid from around your lungs easily and painlessly, whenever it is needed. The tube is soft and flexible.

One end remains inside the chest and the other passes out through the skin. There is a one-way valve on the end that prevents fluid leaking out of the tube and air entering into the chest.

Having an IPC fitted means you don't need to keep having a chest drain insertion every time fluid collects.

You can carry out the drainage yourself, or with the help of a nurse.

Why do I need an IPC?

The space between the lung and the chest wall is known as the pleural cavity or pleural space. The pleural space consists of two thin membranes, one lining the lung and the other lining the chest wall. These layers lie very close together and usually have a very small amount of fluid in the cavity (15–30ml). In your case a larger amount of fluid has collected in this space so the lung cannot work properly, making you short of breath. Draining away the fluid can help relieve breathlessness for a short period, but the fluid often builds up again. While it is possible to have repeated drainage with a chest drain insertion, this could require repeated hospital visits.

The IPC is a way of allowing fluid to be drained repeatedly without the painful drainage procedures and without having to come to hospital. In about 50% of cases this procedure can seal the space and stop the fluid from returning.

What does this involve?

You can have a light breakfast. Any medication you cannot take will be stated on your admission letter.

You will be asked to come to Surgical Day Unit at North Tyneside General Hospital. You will be seen by a nurse and then by a doctor doing the procedure. You will have some bloods taken and a cannula inserted into your veins. This is to enable us to give you antibiotics to prevent any infection. You will be asked to change into a hospital gown.

You will then be taken to theatre and we will ask you to lay down in a comfortable position. We will do an ultrasound to see where the fluid is. We will clean your skin thoroughly with an antiseptic to minimise infection. We will then inject an anaesthetic into the skin to numb the place where the IPC will go. This will sting at first but will not last long. . The doctor will then make two small cuts in the numb area of skin and gently open a path for the IPC. This should not be painful, though you will feel some pressure or tugging. One cut is for the catheter to pass through the skin and the second is for it to be passed into the chest. The IPC is then eased into the chest.

You will then come back to the day unit and be discharged on the same day.

In an emergency, you might have your procedure in Wansbeck General Hospital or Northumbria Specialist Emergency Care Hospital

Will it be painful?

We will inject local anaesthetic into the skin before the drain is put in so that you do not feel the drain going in. At the end of the procedure your chest may feel bruised or sore for about a week, but this can be controlled with painkillers.. We may give you some sedation if you want. This will be discussed by the doctor who is taking your consent for the procedure.

How does the drain stay in position?

IPCs are designed to be a permanent solution to the problem of fluid in the pleural space (though they can be removed if they are no longer needed). There is a soft cuff around the tube, which is positioned under the skin. The skin heals and attaches to this cuff, making the drain more secure. We will put in two to three stitches when your tube is inserted. These can be removed by your nurse after 7–10 days.

Who will drain the fluid from my indwelling catheter?

Draining the fluid is straightforward. There are a number of ways to do this. The district nurses will be able to do it or they can teach you, or a relative or a friend, how to drain the fluid so that it can be done in the comfort of your own home. You will be given illustrated instructions on how to do this, which clearly take you through the procedure step by step

How often does the fluid need to be drained?

When your catheter is inserted the doctor will remove fluid from your chest cavity at the same time. How quickly the fluid accumulates varies between people. Some people need daily drainage, while others require only weekly drainage or less. You can drain fluid as often or as frequently as is needed but you will be guided by your nurse or doctor.

Are there any risks with IPC insertion?

This is a routine procedure and in most cases the insertion is safe. However, like all medical procedures, there are risks. You may experience some pain from their indwelling catheter in the first week. Painkilling medication will control this. Sometimes indwelling catheters can become infected, but this is uncommon (affecting about 1 in 60 patients). Your doctor will clean the area thoroughly before the procedure to try and prevent this. We will teach you how to keep your catheter clean. Tell your doctor if you feel feverish or notice any increasing pain or redness around the chest drain. Very rarely, during the insertion, the chest drain may accidentally damage a blood vessel and cause serious bleeding. This probably only affects about 1 in 500 patients.

Are there any risks associated with long-term IPC use?

Generally indwelling catheters are very well tolerated, but again there are some risks. The main risk is infection entering the chest through the tube. The risk is minimised by good catheter care and hygiene. We will teach you how to look after your catheter. Check the area regularly for signs of infection (redness, swelling, oozing, pain or fever). If any of these do occur, you should inform your district nurse, GP or doctor as soon as possible so that you can be assessed and – if necessary – receive treatment with antibiotics. Sometimes cancer tissue can affect the area around the indwelling catheter. Please let your doctor know if you develop a lump, or any pain, around your catheter in the weeks after it is inserted.

Can I wash and shower normally?

Initially after insertion there will be a dressing placed on the catheter and we advise you to keep this dry until the stitch is removed seven days later. Providing the site is then clean and dry, you will be able to bathe and shower normally.

When is the indwelling catheter taken out?

Indwelling catheters are designed to remain in position permanently. However, sometimes the fluid drainage from the chest dries up and the catheter is no longer needed. In this case we can remove the catheter at the hospital without you having to stay in overnight.

What should I do if something happens to the tube?

When you leave hospital we will be give you information about aftercare. If anything happens to the tube, during working hours please let your specialist nurse or doctor know; out of hours and at weekends, please attend your local A&E.

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.

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

NICE (National Institute for Health and Clinical Excellence)

www.nice.org.uk

Patient Advice and Liaison Service (PALS)

Freephone: **0800 032 0202**

Text: 01670 511098

Email: northoftynepals@nhct.nhs.uk

Northumbria Healthcare NHS Foundation Trust

General Enquiries **03 44 811 8111**

www.northumbria.nhs.uk

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