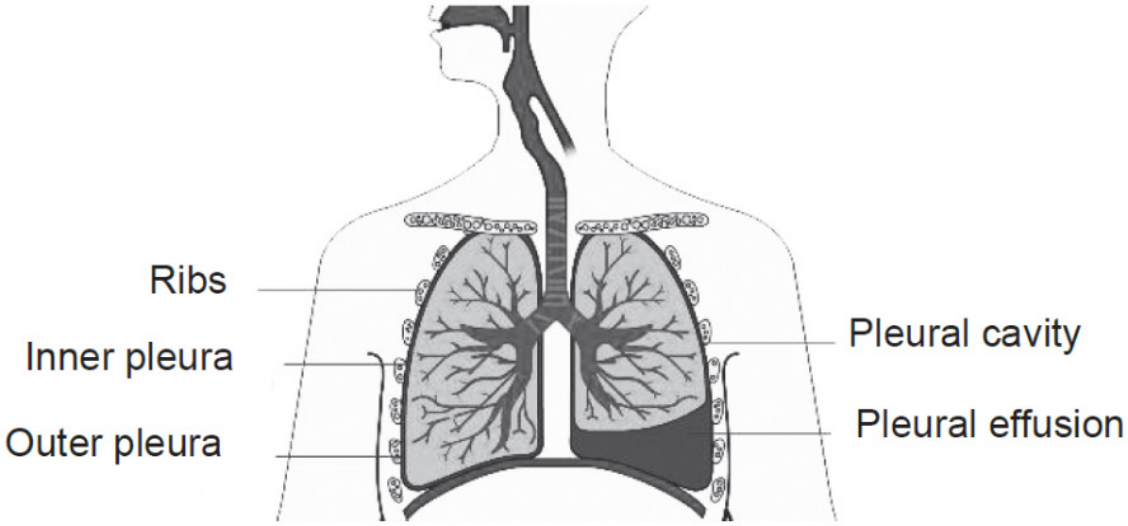
Pleural Aspiration

What is a Pleural Aspiration?

This is a procedure to remove some fluid from around the outside of your lung. This fluid is known as a pleural effusion and is present between the linings of your lung (pleural space) and there are many different reasons why the fluid may be there.

Taking a small sample of fluid is known as a **diagnostic pleural aspiration.**

If there are larger volumes of fluid involved, which may be causing you to feel breathless, more fluid can be removed to help alleviate your symptoms. This is known as a **therapeutic aspiration.**



Why do you need a pleural aspiration?

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. If there is a significant volume of fluid then the lung cannot function properly making you short of breath.

What are the benefits of the pleural aspiration?

Removal of fluid aims to improve your breathlessness. Sampling the fluid also allows it to be analysed in several ways to determine why the fluid is building up.

How is it done and what happens?

No special preparations are needed before the test. It is performed in the clinic or at the bedside. You should have a blood clotting test a few days before the procedure. You may be asked to stop blood thinning medications like warfarin before the procedure.

Tell your doctor about any previous bleeding problems, any allergies to medicines or latex.

You will be positioned in a comfortable position this could be sitting leaning forward, resting your arms on a table or lying on your side.

The doctor will generally use ultrasound (sound waves which create images of your lungs) to find the right place to insert the needle or tube.

Once a site has been identified the doctor will then clean your skin with alcohol gel which can feel cold.

If required the doctor may inject local anaesthetic into the skin and the muscle in between the ribs. This can sting as it is injected, but goes numb within a minute.

The doctor will pass a needle into the fluid and draw off a sample.

To perform a therapeutic aspiration (i.e removal of a larger volume of fluid) a plastic tube (similar to those used for drips) will be passed over the initial injection needle and will remain in the chest until a certain volume of fluid has been drawn off (or all the fluid).

When larger volumes of fluid are drawn off areas of the lung can start to open up again and this can cause you to cough or have a strong urge to cough. This is normal and is nothing to worry about. It is safe to cough.

How long will it take?

The procedures themselves are relatively quick. A diagnostic aspiration alone takes about 15-30 minutes. A therapeutic aspiration takes longer because more fluid is being removed. This can take up to 45 minutes.

What are the risks of the aspiration?

This is a very safe procedure with few risks. The doctor doing the procedure will discuss the risks at the time when asking you to sign the consent form. The more common side effects of the procedure are:

Pain – sometimes the injection of the local anaesthetic can be sore and there can be a slight “catch” as the needle enters through the lining of the lung (this area can be difficult to numb).

Bleeding – there is a low risk of bleeding caused by the needle used for the sample. The place that is chosen for the sampling is intended to minimise risks of bleeding.

Infection – the procedure is performed in a sterile manner to minimise any risk of infection in the fluid.

Pneumothorax – air collecting in the pleural space is a rare complication. Usually this heals by itself. However, a large amount of air may cause the lung to collapse. In this case, we will need to insert a chest drain (a special tube) to resolve the problem this only happens in less than 1% of cases.

Serious complications such as Organ puncture is extremely rare – this is when the needle used accidentally catches the lung itself or another organ, such as the liver or spleen This risk is reduced by using the ultrasound at the time to locate the best site for sampling

What happens after the procedure?

In certain circumstances you may need a chest x-ray after the test to check for any lung problems.

After the procedure a small dressing will be placed over the site of the fluid sample. This can be taken off after 24 hours.

You will be able to go home immediately after the procedure.

Sample results usually take 7-10 days to be processed and you will either be seen in clinic with the results or contacted by telephone or letter about any results. If you have been referred to the respiratory team by another consultant then the results might go direct to your referring consultant.

Should you experience any of the following:

- pain that is worsening and not controlled by simple painkillers
- increasing shortness of breath that doesn't settle in the hours after the procedure.
- bleeding

Please seek medical advice immediately.
Contact your GP , NHS 111 or attend your nearest Emergency Department.

If you have any comments about this leaflet or the service you have received you can contact :

Dr Rehan Naseer

Consultant Respiratory Physician

Telephone No: 01422 223122

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym fomacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z www. danych kontaktowych

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براہِ مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

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