2014

Pleurodesis

Capital Health
What is a pleurodesis?

Pleurodesis is a procedure which involves a doctor or nurse practitioner putting a special solution in your chest. This solution is placed between the lining of your chest wall and the outside of your lung. This can be used to help a collapsed lung or to stop fluid from building up around your lung (pleural effusion).

This extra fluid may be benign or malignant. Benign means that there are *no* cancer cells in the fluid. Malignant means that there *are* cancer cells in the fluid. Your doctor will tell you whether this is benign or malignant in your case. Pleurodesis is done as an inpatient procedure and usually on the nursing unit, but can also be done in the operating room during surgery.

If you have any questions, please ask.
We are here to help you.
You have 2 lungs. Your right lung has 3 parts. Your left lung has 2 parts. These parts are called lobes. The pleural space is the space between the lining on the outside of the lungs and the chest wall.
Why do I need a pleurodesis?
We have suggested pleurodesis to you because of a collection of fluid or air in your pleural space. Your doctor thinks this is likely to happen again if nothing is done to close up the area where the fluid or air collects. The pleurodesis may prevent this from happening.
How well does pleurodesis work?
We expect pleurodesis to stop the collection of fluid or air in about 70-80% of cases.

If a first attempt does not work, another attempt at pleurodesis can sometimes be made. In other cases, after failed tries at pleurodesis, a chronic indwelling pleural catheter can work well. Compared with pleurodesis, a pleural catheter may mean a shorter hospital stay and can be managed on an outpatient basis.

What happens during treatment?
Pleurodesis involves injecting a solution into the pleural space through the chest drain tube. The solution is made up of sterile talc, normal saline, and local anesthetic. After the pleurodesis chemical has been put in, the chest drain will usually be clamped off for about 2 hours to keep the talc solution from flowing back out. The drain will then be reopened or unclamped to let fluid drain or let air begin moving again.

You may be asked to change position regularly to help the solution move to the right places. The chest drain will stay in position for a day or so after the procedure. The chest drain will stay on wall suction for about 24-48 hours to help the lung stick against the chest wall. Sometimes, fluid may drain from the pleural space for awhile after the pleurodesis is done, and the drain will be left in place until this slows down or stops.
What are the side effects?
The following possible side effects and complications have been reported with a pleurodesis:

- Chest pain
- Fever
- Infection
- Cardiovascular complications
- Respiratory complications

Chest pain and fever are the most common side effects of pleurodesis. Some patients report a tight or burning feeling around the lungs, but this is usually helped with medication before the procedure.

Because of the inflammatory (swelling) response that helps to close the pleural space, it is common to have a fever about 4-12 hours after your talc pleurodesis and will go away within 18-24 hours.

Are there any other options?
If pleurodesis is not done, there is a risk that the problem may happen again. An alternative is to have repeated drainage of the fluid or air (known as thoracentesis).