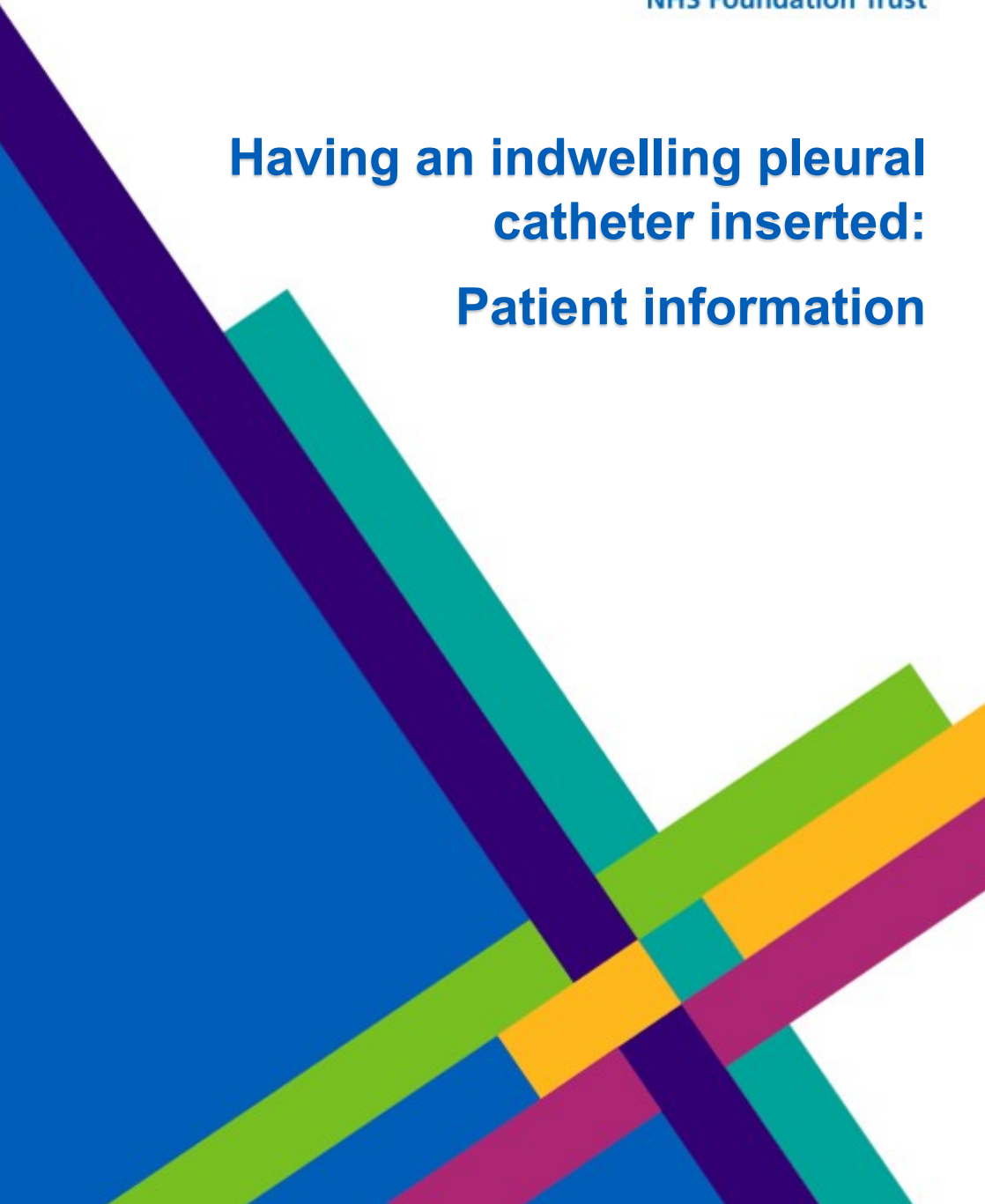




Salisbury
NHS Foundation Trust

Having an indwelling pleural catheter inserted: Patient information



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

If you have any further questions or concerns, please do not hesitate to contact the Pleural Team (contact details on page 4).

What is an indwelling pleural catheter?

An indwelling pleural catheter (IPC) is a small tube designed to drain fluid from around your lungs easily, 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.

Before the procedure

A member of the team will contact you by telephone to let you know the date and time of the appointment and also to review your medications. Medications it is particularly important to know about:

- Warfarin
- Clopidogrel
- Rivaroxaban
- Apixaban
- Edoxaban
- Dabigatran

What does the procedure involve?

We will ask you to lie in a comfortable position. 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 can sting temporarily, but resolves quickly.

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 may 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.

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 painkilling tablets.

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 stitches when your tube is inserted. These can be removed by your nurse after 7-10 days.

Who will drain fluid from my indwelling catheter?

Draining the fluid is a straightforward procedure. There are a number of ways to do this.

The nurses will be able to 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.

Alternatively we will arrange for a member of the district nurse team to do this for you at home.

How often does the fluid need to be drained?

When your catheter is inserted the doctor will remove most of the fluid

from your chest cavity at the same time. How quickly the fluid drains 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. All of these can be treated by your doctors and nurses:

- You may experience some pain from the 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 50 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 lung nurse specialist 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 give you information about aftercare. If anything happens to the tube, during working hours please let the lung specialist nurses know;. Out of hours and at weekends, please contact your local district nursing team for routine issues, or if you are very concerned 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.

If you would like more information about our consent process, please speak to a member of staff caring for you.

Contact Details

Lung specialist team —01722 336 262 (extension 2497)

Respiratory Secretaries—01722 429 228 / 429 224

