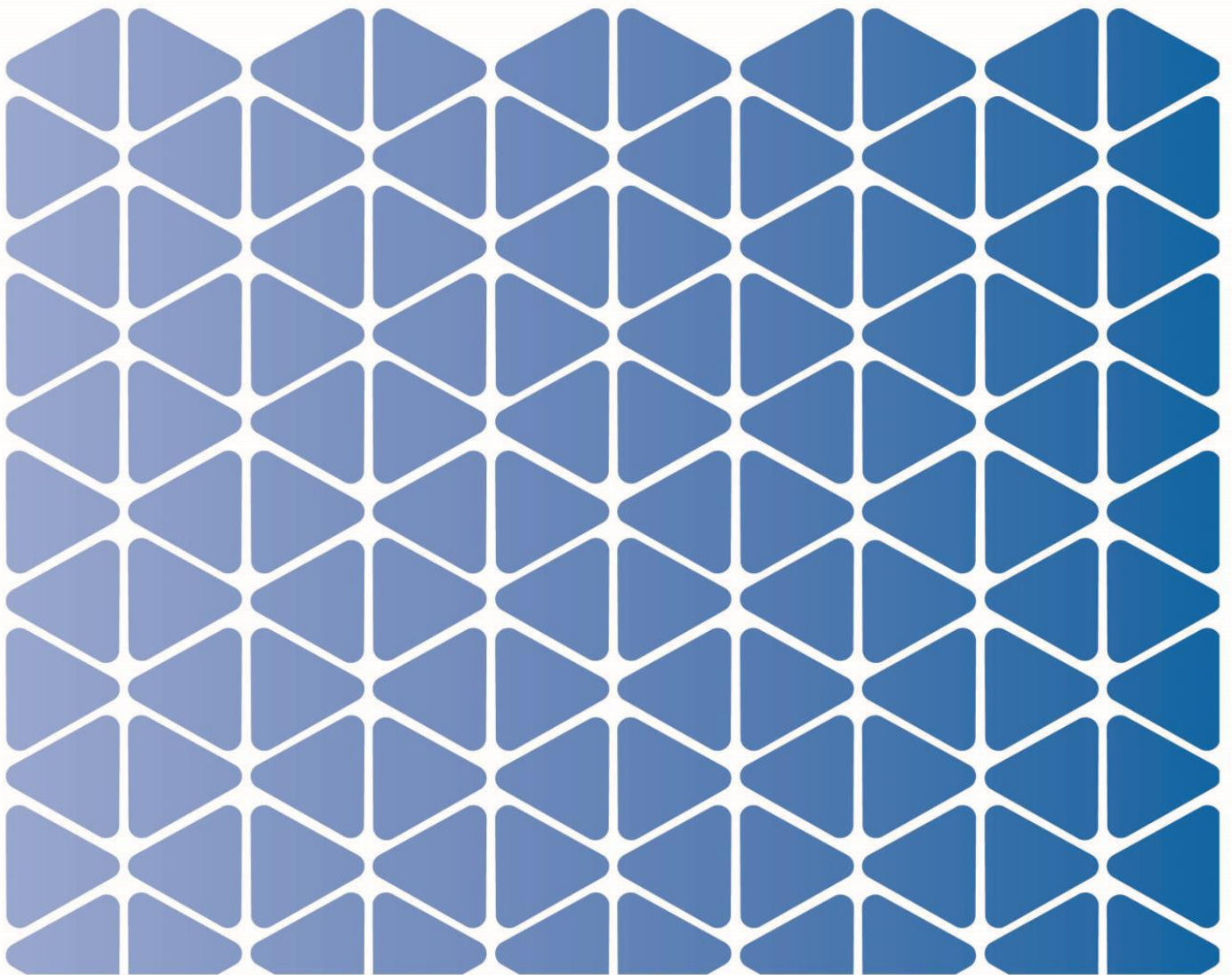




PATIENT INFORMATION

# BLOOD PLEURODESIS



## **WHAT IS BLOOD PLEURODESIS?**

This is a procedure which involves putting a volume of your own blood into the space between your lung and chest wall (pleural space). The blood is obtained from a vein in your arm and inserted via a tube (chest tube/drain) to form a clot/seal the lung lining which continues to leak air from the lung. It is thought that the blood causes inflammation of the lung linings which can help to 'stick' the lung to the chest wall to prevent a further build up of air in this space.

## **WHY DO I NEED A BLOOD PLEURODESIS?**

When air collects in the pleural space (pneumothorax) it causes the lung to collapse and causes breathlessness. A chest tube/drain is inserted into the pleural space to remove the air and allow the lung to re-expand. Sometimes the lung does not fully re-expand, and the lung continues to leak air. If the leak of air from the lung persists despite having a drain (often with suction) for at least 5 days, the medical team will discuss whether an operation is appropriate with the specialist surgical team. Blood pleurodesis is recommended when the air leak is unlikely to resolve on its own and if the medical/surgical teams feel an operation would not be safe to perform.

## **WHAT ARE THE BENEFITS OF BLOOD PLEURODESIS?**

Blood pleurodesis can stop the persistent air leak associated with pneumothorax resulting in earlier chest drain removal and hospital discharge. It may be successful when talc pleurodesis has failed and is usually well tolerated. If it is successful it prevents the need for further invasive procedures.

## **WHAT ARE THE RISKS OF BLOOD PLEURODESIS?**

Most patients undergo blood pleurodesis without any major problems. However, like all medical treatments it does carry some risk.

Some patients may experience fever following the procedure which is usually controlled with paracetamol and is short lived. Sometimes infection may result which usually settles with antibiotics.

There is a small risk of the blood clotting in the chest tube, occluding the escape of air which could make the pneumothorax increase in size. Extension tubing is applied to the drain and a saline flush kept close by to clear the clot should this occur.

## **WHAT DOES THE PROCEDURE INVOLVE?**

The procedure is usually performed on the ward (with curtains drawn for privacy) or in a procedure room. Prior to the procedure you will be given this information leaflet, the procedure will be explained to you and you will be asked to sign a written consent form to ensure you are happy to have it done.

Extension tubing is attached between your chest tube and the drain bottle using special connectors and looped over a drip stand.

Using a sterile technique, 50-100mls of your blood will be removed from a vein. The blood is then injected into the pleural space via a 3-way tap attached to your chest tube. A flush of saline is then injected after the blood to ensure all the blood enters the pleural space and to prevent the blood from clotting in the chest tube. The extension tubing is then looped over the drip stand and left for around 4 hours. This allows the blood to be retained in the pleural space whilst also allowing any air to escape. After this time the extension tubing is removed, and any drainage is monitored overnight by the nursing staff.

The drain may be monitored for a further 24-48 hours following the procedure. A chest XRAY may be performed and if there is no further air leak (bubbles in the chest drain bottle) the chest tube may be removed.

Sometimes the blood pleurodesis does not work on the first attempt, it can be repeated up to a maximum of 3 attempts.

### **WHAT ARE THE ALTERNATIVES?**

Blood pleurodesis is only considered if the specialist surgeons feel an operation would carry too great a risk to yourself.

If you have continued air leak and your lung has not fully re-inflated an ambulatory chest drain bag can be attached to your chest tube and managed by yourself or the district nursing team at home. This would then be reviewed in the out-patient department, usually by the surgical team. By leaving the chest tube in place for a longer period of time (could be weeks) it is possible that the lung might re-inflate and the leak resolve without intervention. However prolonged duration of chest tube drainage is not ideally recommended and may be associated with pain and a risk of infection and the drain may become dislodged requiring an emergency hospital admission.

It may be possible to attempt a pleurodesis with medical talc. However, its chance of success is reduced when there is continued air leak and when the lung has not fully re-inflated. It may also make the pneumothorax worsen if the leak continues and cannot escape.

If you would like to know more about these options, please speak to your medical team.

**If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.**

### **Patient Experience**

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

### **Feedback**

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

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

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

### **How to contact PALS:**

**Telephone Patient Services: 0300 123 1732 or via email at: [wah-tr.PALS@nhs.net](mailto:wah-tr.PALS@nhs.net)**

### **Opening times:**

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.