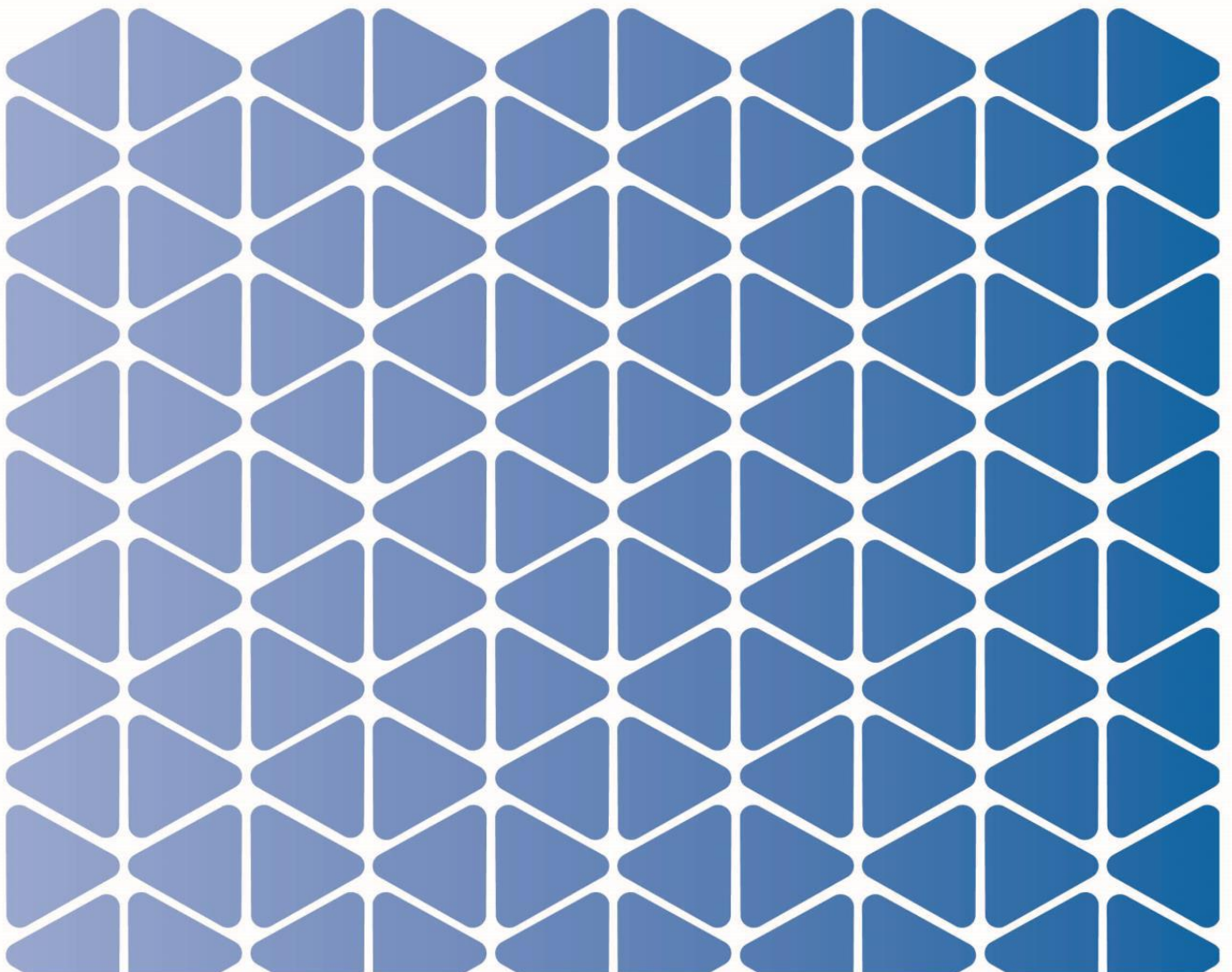


PATIENT INFORMATION

INDWELLING PLEURAL CATHETER



Contact details:**Heather Lloyd (Pleural Lead Nurse)****Tel: 01905 763333 (bleep 0377)****Jayne Burford (Secretary to Dr. Clare Hooper):****Tel: 01905 733 410**

Please bring this with you when you come in for your catheter insertion.

What is an ambulatory indwelling pleural catheter?

An ambulatory indwelling pleural catheter is a specially designed small tube to drain fluid from around your lungs easily and painlessly whenever it is needed. It avoids the need for repeated painful injections and chest tubes every time the drainage of fluid is needed. The drainage can be performed either by you on your own or with the help of a nurse, whichever suits you. The pleural catheter is a soft flexible tube that is smaller than a pencil, which remains inside the chest and passes out through the skin. There is a valve on the outer end of the tube to prevent fluid leaking out of the tube.

Why do you need an indwelling pleural catheter?

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 so that the lung cannot function properly making you short of breath.

What can be done to help me when this happens?

Draining away the fluid collection helps relieve breathlessness for a short period, but the fluid then often re-collects making you short of breath again. Whilst it is possible to have repeated drainage of fluid in this way, it can be uncomfortable and means many inconvenient trips to hospital. The indwelling catheter is a way of allowing fluid to be repeatedly drained without you having to come to the hospital and without you having to have uncomfortable fluid drainage procedures.

How and where is the pleural catheter put in my chest?

Pleural catheters may be placed in the Interventional room on the Acute Respiratory Unit at Worcester Royal Hospital. You will be informed where to attend and at what time.

On arrival, you will be asked to change into a gown and a small plastic needle will be put into your arm.

You will be asked to either sit or lie in a comfortable position by your doctor. Some sedative medication may be given through the needle in your hand to make you slightly sleepy but this is not usually necessary. If used, this is not an anaesthetic and it is common for you to remember some of the procedure despite this sedative injection.

Once you are resting comfortably, the skin will be cleaned with an alcohol containing cleaner to kill any bacteria. This fluid often feels cold. An anaesthetic is then injected into the skin, to numb the place where the indwelling catheter will go. This can feel mildly painful, but this pain passes quickly.

Your doctor will then make two small cuts in the numb area of skin and gently open a path for the indwelling catheter. This should not be painful, although 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 indwelling catheter is then gently eased into the chest.

Will it be painful?

Local anaesthetic is injected into the skin before the drain is put in, so that you do not feel the drain going in and painkilling medications may be given after the procedure to control any pain. At the end of the procedure the chest may feel “bruised” or “sore” for about a week. We recommend taking pain killing tablets to relieve this discomfort.

How long do I have to stay in hospital?

Provided there have been no problems, the catheter insertion is done as a day case and after about 2 hours, you will be free to go home. Someone will need to drive you home as you may have received sedative medication and will be unable to drive yourself as the effect of the drugs can last up to 24 hours.

How does the drain stay in position?

Indwelling pleural catheters are designed to be a permanent solution to the problem of pleural fluid (though they can be removed if they become unnecessary). There is a soft cuff around the tube which is positioned under the skin to which the skin heals, so the drain is made secure.

Two to four stitches will be put in when your tube is inserted. The nurse will remove some of these 10 days after the insertion and your clinic doctor or nurse will remove the others at 14 days.

Who will drain the fluid from my tube once it is in place?

Drainage of the fluid is a straightforward procedure. There are a number of ways that this can be undertaken.

Our nurses will be able to teach you, 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.

If you or your relative / friend are not able to drain the fluid then we will arrange for a District Nurse to do this for you. We will make these arrangements so you will not need to organise any of this for yourself.

How often can I drain fluid and how often do I need to do this?

When your catheter is inserted the doctor will remove some of the fluid from your chest cavity at the same time. The rate the fluid re-accumulates varies between people and some patients need daily drainage whilst others require only weekly drainage or less. Your clinic doctor will advise the initial frequency of drainage.

How will drainage bottles be supplied to me?

As soon as you have been given a date for your pleural catheter placement we will contact your local district nurses who will order catheter drainage bottles to be delivered directly to your home address. These will usually arrive within 2-3 days of your clinic appointment and in plenty of time for your catheter placement appointment. The hospital will also provide a weeks supply to take away with you. It is sensible to take 2-4 bottles with you if you are ever admitted to hospital in the future to ensure that there are no delays in your pleural drainages while an inpatient.

Are there any risks with indwelling catheter insertion?

In most cases, the insertion of a pleural catheter and its use in treatment is a routine and safe procedure. However, like all medical procedures, indwelling pleural catheters can cause some problems. All of these can be treated by your doctors and nurses:

- Most people get some pain from their indwelling catheter in the first week. We recommend that you take pain killing medication to control this (eg; paracetamol). You should take this regularly.
- Sometimes indwelling catheters can become infected but this is uncommon (affecting about one in 50 patients). Your doctor will thoroughly clean the area before putting in the pleural catheter to try and prevent this and 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 catheter or if the fluid becomes cloudy.

- Very rarely, during its insertion, the chest drain may accidentally damage a blood vessel and cause serious bleeding. This probably only affects about one in 500 patients. Unfortunately, if it does happen it can be a serious problem which requires an operation to stop it. Very, very, rarely such bleeding can be fatal. Your doctors and nurses will do everything they can to avoid this problem.

Are there any risks associated with long term indwelling catheter use?

Generally indwelling pleural catheters are very well tolerated in the long term.

- The main risk is infection entering the chest down the tube. This risk is minimized by good catheter care and hygiene. We will teach you how to look after your catheter.
- Sometimes cancer tissue can affect the area around the indwelling catheter. Please let your doctors know if you develop a lump, or any pain, around your catheter in the weeks after it is inserted. If this problem does develop, your doctor will advise you on appropriate treatment.

Can I wash and shower normally?

After its insertion there will be a dressing placed on the catheter and we advise you to keep this dry until the stitches are removed 14 days later. Providing the site is then clean and dry, you will be able to bath and shower normally. After a month it is even possible to go swimming. We would however recommend that if possible the dressing is changed if it does become wet.

When is the indwelling catheter taken out?

Indwelling pleural 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 situation the catheter can be removed as a day case procedure.

What should I do if something happens to the tube?

On discharge from hospital you will be given an information sheet detailing after care following tube insertion.

If you would like any further information about this procedure, or if any problems arise, you may telephone Heather Lloyd on the number at the top of this sheet.

Patient's Signature

Please sign below to confirm that you have read and understood this patient information leaflet, and understand the risks of the procedure.

Patients Name:

Date of Birth:

Signature:

Today's Date:

Contact details

If you have any specific concerns that you feel have not been answered and need explaining, please contact the following.

- Pleural Lead Nurse (phone 01905 763333 bleep 377)
- Respiratory ANP (phone 01905 763333 bleep 189)

Other information

The following internet websites contain information that you may find useful.

- www.worcsacute.nhs.uk
Worcestershire Acute Hospitals NHS Trust
- www.patient.co.uk
Information fact sheets on health and disease
- www.rcoa.ac.uk
Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'
- www.nhsdirect.nhs.uk
On-line health encyclopaedia

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

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.