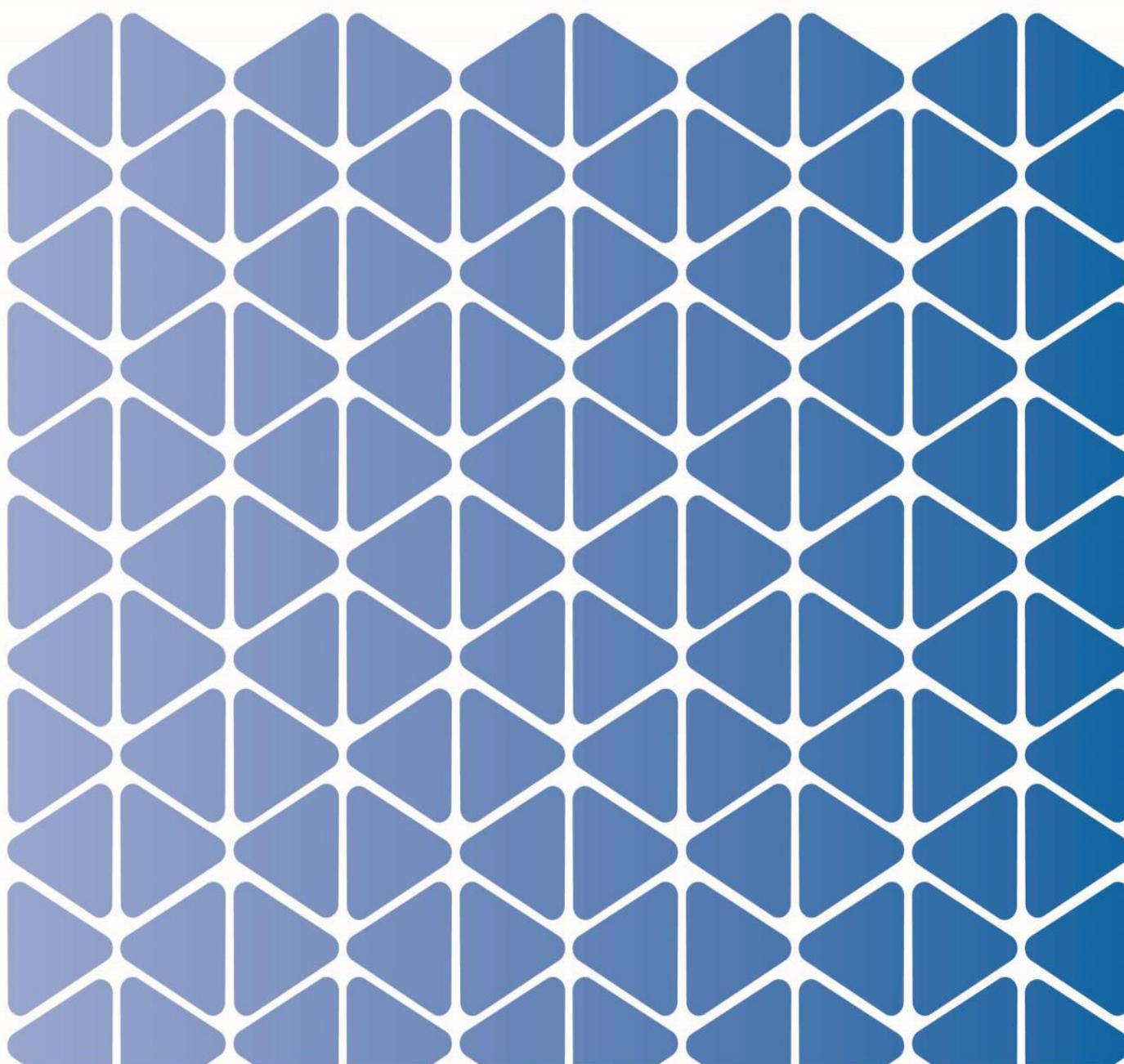


INDWELLING PLEURAL CATHETER



Contact details:

Heather Lloyd/Pleural Team

Tel: 01905 763333 (bleep 0377)

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 whenever 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 pleural 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?

Indwelling pleural catheters are inserted in a dedicated procedure room. You will be informed where to attend and at what time.

On arrival, you will be asked to change into a gown and a cannula will be put into your arm. You will be positioned on a trolley lay on your side, (effusion side up) and we will ensure you are comfortable prior to procedure.

Once you are comfortable, the skin will be cleansed to kill any bacteria. 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 practitioner will then make two small cuts in the numb area of skin to enable insertion of the catheter. This should not be painful, although you may feel some pressure or tugging.

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 a few days. We recommend taking pain killers 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.

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 district nurses will remove some of these 10 days after the insertion and your practitioner 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 practitioners 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.

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 practitioner 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 practitioner 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. The hospital will 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 an indwelling 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:

- Some people get some pain from their indwelling catheter in the first week. We recommend that you take pain killers 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 practitioner 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 GP/District Nurses 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 indwelling pleural catheter 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 GP or the pleural team 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 practitioner/pleural team will advise you on appropriate treatment.

Can I wash and shower normally?

After its insertion there will be a dressing placed over 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 or the pleural team on the number at the top of this sheet.

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/Pleural Team (phone 01905 763333 bleep 377)

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.