

Therapeutic Pleural Aspiration

What is this information about?

This information describes a procedure called therapeutic pleural aspiration.

A pleural aspiration is a procedure that involves placing a small drain through your skin into the space between your lungs and rib cage (also called the **pleural space**).

This will drain the fluid that has gathered there. The fluid gathered in this space is called a **pleural effusion**.

Why have I been given this information?

You have been given this information because you will be having a pleural aspiration to treat a pleural effusion.

Who will carry out this procedure?

The procedure will be carried out by a doctor. The doctor performing the procedure may be supervised by a senior doctor.

Where do I have to go?

The procedure will take place in the Procedure Room on Ward C9 Louisa Martindale Building.

How do I prepare for this procedure?

- You may be asked to have a blood test a few days before you come to hospital.
- Please take any normal medicines including painkillers before you come in.
- If you are on blood thinning treatment such as Warfarin, Clopidogrel or injections your doctor should have arranged for these to be stopped in advance. If this has not happened, please make sure that you tell the medical team on arrival.
- You may eat and drink as normal.
- Most people will be asked to arrive in the morning and be able to leave an hour or two after the procedure.
- Please do not drive home after the procedure.

What happens during the procedure?

You will be asked to lie down on a bed where the doctor will use an ultrasound machine to show where the best place is to insert the drain. The ultrasound lets the doctor 'look' through the chest wall. This is painless and non-invasive.

Your skin will be cleaned and then a local anaesthetic will be injected to numb the area. A small drain will then be inserted between the ribs in the anaesthetised area and connected to a tube and a one-way bag.

How long does this procedure take?

The whole procedure will usually take up to one hour. The drain will be left in for this time but if the fluid drains out quickly, the drain may be removed earlier.

Will it hurt?

The local anaesthetic will sting at first, but it will allow the drain to be inserted without causing discomfort.

How will the drain be attached to my chest?

We sometimes use a stitch to tie the drain in and an adhesive dressing is attached which holds it onto the skin. However, please take care when moving as drains can still be pulled out.

How will the drain be removed?

This is simple and is done by the doctor or a nurse. Once all the dressings are removed the drain will be gently pulled out. You may be asked to hold your breath in a special way when this is done. It can be uncomfortable but only lasts a few seconds.

What are the risks of this procedure?

There is a small risk of infection and bleeding, but every effort is made to prevent this from happening.

Air can sometimes leak into the pleural space during the procedure, but this is not usually a problem, and it will usually come out when the drain is in place.

What should I know about my therapeutic pleural aspiration?

- Fluid will drain from the chest; this is usually clear but sometimes it may be blood stained. This is not uncommon, and you should not be alarmed.
- There is no need for you to be in pain but if you are, please ask the nursing staff for painkillers.
- The drain may come out if pulled or twisted so please take care.

What happens afterwards?

Some people may have a little pain after the procedure which may be helped by painkillers. However, if you have:

- a lot of pain
- difficulty breathing
- a high temperature (fever)

Please tell a doctor or nurse so they can look for a cause and treat it.

Who can I contact for further information and advice?

Please do not hesitate to ask any questions at any time should you have any concerns.

Contacts

District nurses 01273 885000 Ward C9 01273 696955

This leaflet is intended for patients receiving care in Brighton & Hove or Haywards Heath

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