

What are the risks?

The risks are usually minor and are easily treated. Your doctor may do a chest x-ray after the procedure to check for lung problems.

The risks include:

- Pneumothorax: (where air collects into the pleural space). Sometimes air comes in through the needle or the needle makes a hole in the lung. Usually it will self heal however a large amount of air may cause the lung to collapse which will necessitate insertion of a chest drain to resolve the problem.
- Pain, bleeding, bruising or infection where the needle was inserted occurs in less than 5% of cases.
- In rare cases bleeding may occur in or around the lungs – your doctor may need to put a chest drain in the chest to drain the blood, in some cases surgery may be needed.

For further information contact:

- Elaine Reid – Pleural Nurse Specialist on 01223 245151 and ask for bleep 156-2197

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Polish: Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: patient.information@addenbrookes.nhs.uk

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Cantonese:
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Bengali:

এই তথ্য বাংলায়, বড় অক্ষরে বা অডিও টেপে পেতে চাইলে দয়া করে 01223 216032 নাম্বরে ফোন করুন বা patient.information@addenbrookes.nhs.uk ঠিকানায় ই-মেইল করুন।

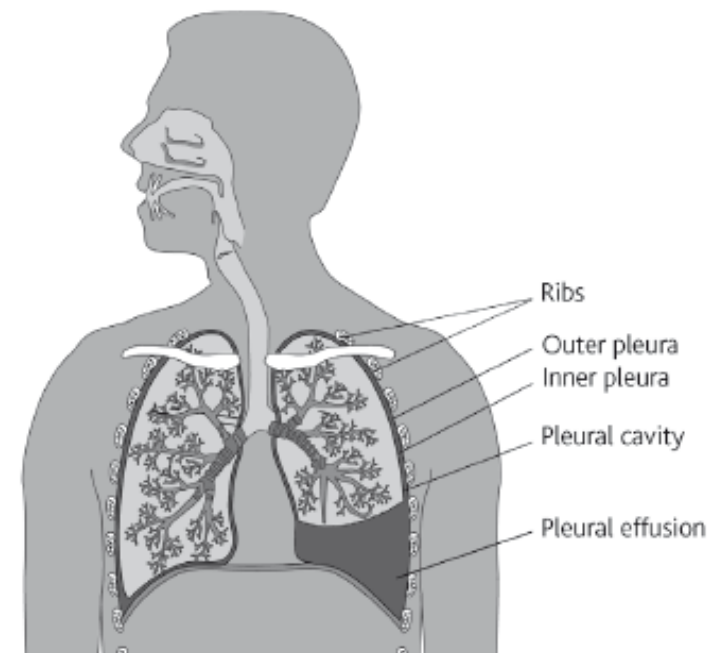
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Respiratory Medicine

Patient Information

Thoracocentesis (Pleural aspiration or pleural tap)



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What is a thoracocentesis?

Thoracocentesis is a procedure to remove fluid from the space between the lungs and the chest wall. This is called the pleural space or cavity. Normally, the pleural space is filled with a small amount of fluid (about 4 teaspoons) but some conditions, such as heart failure, lung infections and tumours, can cause more fluid to build up. When this happens it is called a pleural effusion. A lot of extra fluid can press on the lungs, making it hard to breathe.

Why do I need a thoracocentesis?

Thoracocentesis is done to try and find the cause of a pleural effusion; it may also be done to help you to breathe easier.

How is it done?

No special preparations are needed before the test. It is performed in the clinic – the entire procedure takes between 10-15 minutes.

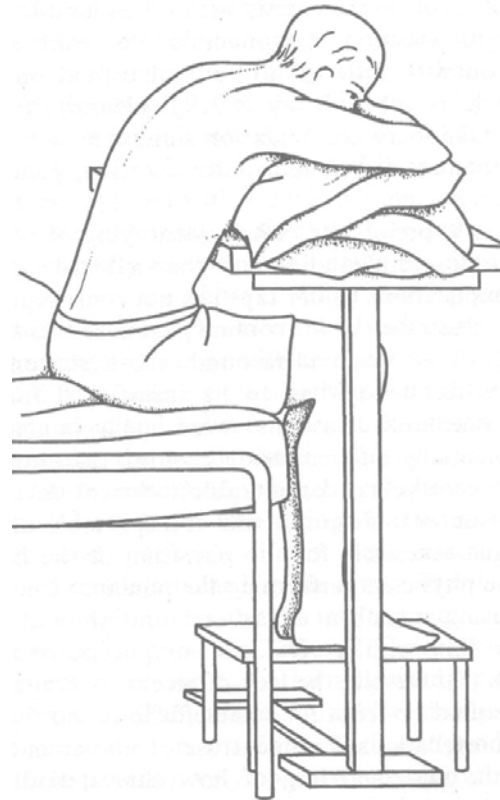
Tell your doctor about any previous bleeding problems, any allergies to medicines or latex.

You will be positioned in a comfortable sitting position leaning forward, resting your arms on a table. The doctor inserts a thin needle or plastic tube into the pleural space after cleaning the skin and anaesthetising the site where the needle or tube is inserted.

The doctor may use ultra sound (sound waves which create images of your lungs) to find the right place to insert the needle or tube.

You should not cough, breathe deeply or move during the test to avoid lung injury.

Once the fluid is removed the needle or tube is removed and a small dressing is placed where it was inserted.



Positioning for thoracocentesis

What does thoracocentesis show?

The fluid removed will be sent to the laboratory to be tested to try and establish the cause of the pleural effusion. The appropriate treatment can then be discussed.

What to expect after the test

You may need a chest x-ray after the test to check for any lung problems. Such as blood pressure, breathing and oxygen levels will be checked for up to a few hours before you can go home to make sure you don't have any complications.

Once at home, call your own doctor/GP immediately if you have any breathing problems.