

Having a Medical Thoracoscopy

An information guide



Having a Medical Thoracoscopy - A guide for you and your relatives

Your Doctor has Decided that you Need a Medical Thoracoscopy

What is a Thoracoscopy?

Thoracoscopy is a way of looking inside your chest with a camera. The camera is a long thin tube with a light at the end, and is called a thoracoscope. The camera is small enough to go through a small space between your ribs and look inside your chest. We can drain away any fluid from inside the chest and then use the camera to take samples (called biopsies).

What are the benefits of having a Thoracoscopy?

These samples can tell us why the fluid collected inside your chest in the first place. Sometimes we can put some powder (sterile talcum powder) inside your chest to try and stop the fluid coming back.

Why do I need a Thoracoscopy?

The doctor will have explained to you that you have got some fluid inside your chest, between the lung and the chest wall, which should not be there. This is called a pleural effusion. The best way to find out why the fluid is there and to take the fluid away is to have a Thoracoscopy.

Will I need a sedative or painkillers?

The sedative drugs used in the procedure have the effect of usually preventing you from remembering anything from around the time of the examination. These sedatives are not a general anaesthetic and although most patients have no memory of the examination, some people do remember part or all of it. If this does happen, it is not unexpected and it is not usually unpleasant.

As well as using sedatives during the examination, local anaesthetic is injected into the examination site so that you do not feel the camera and painkilling medications are given to control any pain.

What Happens During the Procedure?

When you come into the Thoracoscopy room you will be asked to lie comfortably on the opposite side of where your fluid has accumulated we will put a needle into a vein in your arm. We will use the needle to give you a sedative and some painkiller.

We will give you some oxygen and put a probe on your finger, to monitor your oxygen levels throughout the procedure. We will then make you comfortable with pillows as you may be in this position for up to 30 minutes.

By using an ultrasound machine we can find the best place to put the camera in. We will then numb a small area of your chest wall with an injection of local anaesthetic. We will then cover you with sterile drapes to ensure we reduce the risk of infection, however a member of the team will be speaking to you and administering the medications. We then make a small cut in the skin and you should feel no pain. We usually only need one hole for the camera.

The fluid can then be drained off, the camera put in, the samples taken and, if necessary, the talcum powder put in. When the test is

finished we will leave a plastic tube (called a chest drain) in the hole so that any air or fluid left inside the chest can come out. The whole procedure usually takes about 40-60 minutes.

What happens afterwards?

The chest drain is attached to a bottle with water in it. You can then go back to the ward. Sometimes the water bottle needs to be attached to some suction for a while. The nurses on the ward will then let you know roughly how long you will need to keep the chest drain in, and how long until you can leave hospital. You may need 1 or 2 chest x-rays to help us decide.

When the chest drain is taken out there will be a stitch already in place which we will use to close the hole. This stitch will be removed by your practice nurse in 7-10 days.

You will probably be in hospital for 1 to 4 days before being discharged. You will be given an appointment to come back to clinic within 2 weeks for the results of the test.

When and where is my Thoracoscopy?

Your Thoracoscopy has been booked for :-

*Date Between. 13:30 - 17:00
At Day Services Unit within North Manchester General Hospital.*

On the day of the test you can have a light breakfast before 08:00am and then **do not** have anything to eat or drink after that time.

If you are on any medication to thin the blood (Aspirin, Clopidogrel, Warfarin, Apixaban), or if you have any heart valve problems, please let us know at least **one week before** the procedure.

You may be contacted by ward I6 or attend the pleural clinic on the morning of the procedure to arrange for you to be admitted, which will take place in the Day Services Unit in the afternoon.

If you need any further information please contact:

Dr Duncan's secretary:- 0161 720 2342

Ward I6:- 0161 720 2106/2550

Day Services Unit :- 0161 720 2240

Please ask if there is anything you don't understand or want to have it explained in more detail.

If English is not your first language and you need help, please contact the Interpretation and Translation Service

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

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Dacă engleza nu este prima ta limbă și ai nevoie de ajutor, te rugăm să contactezi Serviciul de interpretare și traducere

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For advice on stopping smoking contact the Specialist Stop Smoking Service on 01706 517 522

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

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