

# Having an Indwelling Pleural Catheter (IPC)

An information guide



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## Important information about your IPC insertion

- Tell your doctor about all your medications and any medical conditions that you may have
- Tell us if you are on any blood thinning medications – these are normally stopped prior to the procedure. It is important that you take your other medications (including those for high blood pressure)
- Ideally you should arrange for someone to bring you in and take you home on the day of the procedure.

## 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.

The term ambulatory means that you will be able to walk around with it in place, and indwelling means that it stays in place. 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.

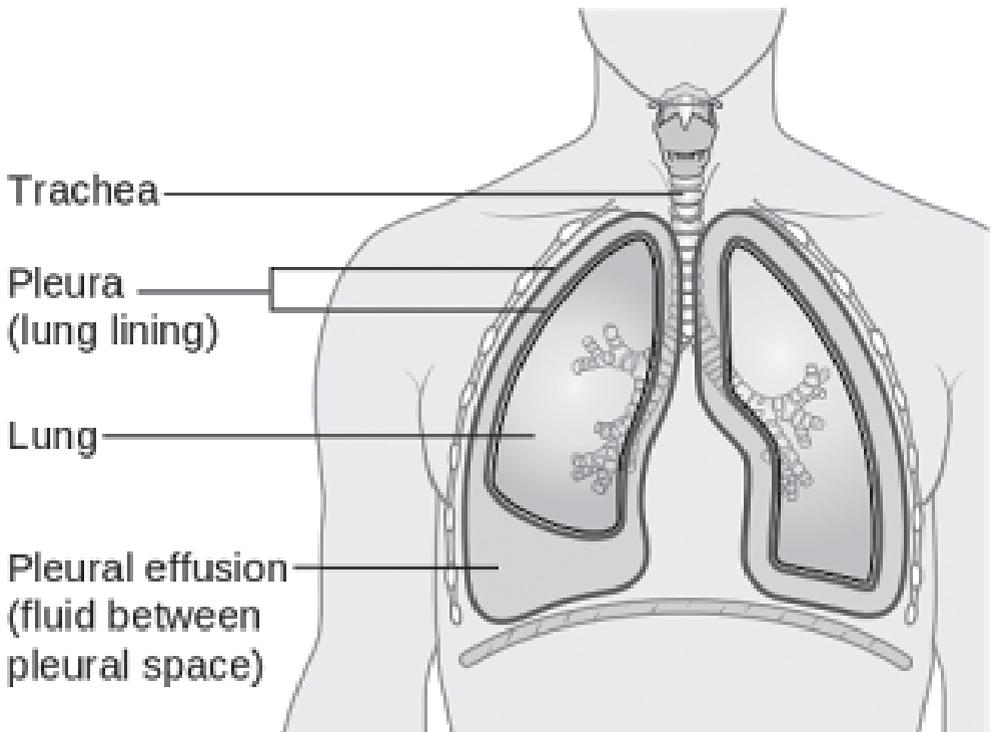
The IPC is a soft flexible tube that is thinner than a pencil, which remains inside the chest and passes out through the skin. There is a valve on the outer end of the tube to prevent fluid leaking out of the tube.

This image shows the tubing tunnelled under the skin and the cap stopping fluid leaking out



### **Why do you need a tunnelled indwelling pleural catheter?**

The chest contains a pleural space which consists of two thin membranes – one lining on the lung and the other lining on the chest wall. Between these layers there is usually a very small space which is almost dry. In your case fluid has collected in this space so that the lung cannot work properly, making you short of breath.



### **What can be done to help me when this happens?**

Draining away the fluid helps relieve breathlessness for a time, but the fluid often reaccumulates 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 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 having repeated uncomfortable fluid drainage procedures.

## **What happens on the day and how is the catheter put in my chest?**

The tube will be put into your chest in a procedure room in the Day Service Department at North Manchester General Hospital. You will book in at the front desk who may ask you some brief questions as part of the admission process. You may then be asked to wait in the waiting area until called.

When called you will be shown to an admission area and a nurse will take your temperature, pulse and blood pressure and ask you some questions around your medical history and if you have any allergies. Once this process is finished you may be asked to wait for a short period. During this time you will be shown to the changing cubicles for your designated sex.

We will provide and instruct on how to wear the hospital (or sometimes it is known as a theatre) gown. You will need to change and remove your clothes but you can leave your underwear on. The reason we ask this is because we need to obtain clear access to your chest for the procedure and on some occasions pleural fluid may leak and soil your clothes.

We understand that you may be breathless or a little worried and a family member, friend or significant other can assist you in this, unfortunately they will not be permitted to enter the room where the procedure is carried out.

## The Procedure

Once in the procedure room the staff present will all introduce themselves and you will be asked to lie in a position on the opposite side of where the fluid is and made as comfortable as possible. If you become very breathless we will provide oxygen during the procedure.

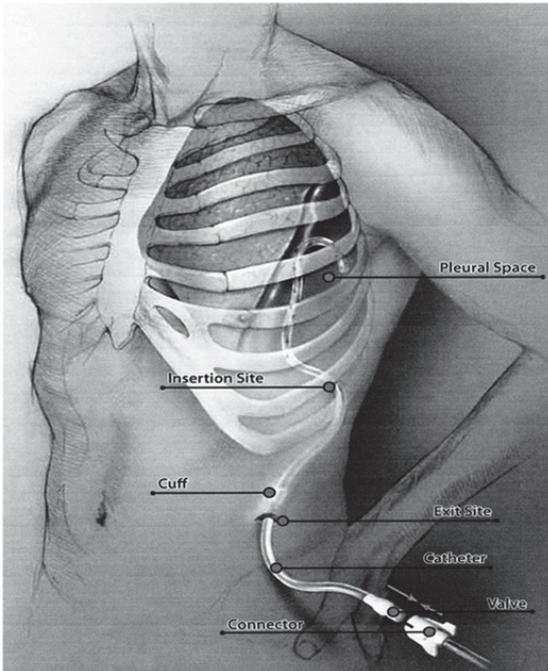
An ultrasound scan of your chest will be done to establish a suitable position for the drain and we will mark your skin, this is completely painless.

Once you are resting comfortably, the skin will be cleaned with an alcohol fluid containing Chlorhexidine to sterilise the area. This fluid often feels cold. A local anaesthetic is then injected into the skin to numb the area where the catheter will go. This is often described by patients as a brief sting and a burn, but this pain passes quickly.

Your doctor will then make two small cuts into the numb areas of skin and create a path for the catheter. This should not be painful although you may feel 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 positioned into the chest/pleural space. Two stitches are placed to secure the drain in place and your skin will still be numb, we will instruct the district nurses when these should be removed. Finally we will then drain fluid in the procedure room, usually until it stops draining and cover the tube with a dressing.

## Diagram of the drain insertion



### Will it be painful?

A local anaesthetic is used so that you should not feel any pain and the person inserting the drain will continuously ask you if it feels sharp. Main feelings are of a pressure or pushing sensation when the drain is being tunnelled under the skin. Painkilling medications can be given to control any discomfort. At the end of the procedure the chest may feel 'bruised' or 'tender' for around a week. We advise that you take painkillers to relieve this discomfort.

### Do I have to stay in hospital?

Provided there have been no complications the procedure is done as a day case and after around about 1-2 hours in day services

recovery department you will be able to go home. It is advisable for someone to drive you home.

### **How does the drain stay in position?**

Indwelling catheters are designed to be a permanent solution to the problem of pleural fluid (although they can be removed if they are no longer needed). There is a soft band around the tube under the skin, which the skin heals around and so keeps it securely in position and prevents it from falling out. Two stitches will be put in when your tube is inserted. One of these will be removed after seven days, whilst the second will be removed at around 14 days after initial insertion.

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

This is up to you as the drainage of the fluid is a straight forward procedure. There are a number of ways that this can be undertaken. A specialist nurse or district nurse will be able to teach you, a relative or a friend on how to drain the fluid so that it can be done in the comfort of your own home. However, if you, your relative/friend are unable to drain the fluid, then we will arrange for a member of our district nursing team to do this for you. We will make these arrangements so you will not need to organise any of this for yourself.

The drain is designed to prevent you from having to return to hospital for drainage and provide symptom management in your own home. It would be advisable that if you wanted to go on holiday or stay with relatives/friends out of your area, that you or anyone accompanying you can drain your catheter, ensuring that you have enough drainage bottles for the trip.

### **How often should I drain the fluid?**

When your catheter is inserted, most of the fluid from your chest will be removed at the same time. The rate the fluid comes back

varies between people and some patients need daily drainage while others require only weekly drainage or less. You can drain fluid as often or as infrequently as is needed.

We will discuss with you how often this may need to be done. On most occasions we advise three times a week initially, although try and drain when you feel your symptoms are becoming worse. The goal is to keep you as symptom free as possible.

You will be supplied on discharge with a booklet that has a drainage diary in the last few pages, it is good practice to document your drainage, especially noting the amount and colour of the fluid, as this can be useful in further planning for your district nurses and the hospital team.

### **Image of a drainage bottle**



## **Are there any risks with indwelling catheter insertion?**

In most cases the insertion of an indwelling pleural catheter and its drainage 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 discomfort from their indwelling catheter in the first week. We will provide you with pain killing medication to control this.
- 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 a chest drain to try and prevent this and you will be taught how to keep your catheter clean. We will give you phone numbers of whom to contact should you have any problems, for example, fever, increasing pain or redness around the catheter.
- Very rarely, during the 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. Of course, everything possible will be done to avoid this.

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

Generally indwelling catheters are well tolerated in the long term.

- The main risk is infection entering the chest down the tube. This risk is minimised 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?**

Initially after insertion there will be a dressing placed on the catheter and we ask you to keep this dry until the stitch is removed seven 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.

### **Follow-up**

After the catheter is inserted, you may be followed up, as required; this may be at North Manchester General Hospital and can be arranged via your consultant's secretary.

### **When is the tunnelled indwelling catheter taken out?**

Indwelling catheters are designed to remain in position permanently. However, sometimes the fluid in the chest dries up and the catheter is no longer needed. In this situation the catheter can be removed as a day care procedure or may require a referral to a surgeon for its removal.

**Patient specific details**

**Patient details  
(label)**

**Name**

**Number**

**Date of birth**

**Date / time Procedure arranged .....**

**Where will the procedure be done?**

Day Services Department, North Manchester General Hospital,  
(please report to the Day Services main reception)

**Any special adjustment prior to the procedure?**

Your consultant or doctor may / will ask you to stop taking any anti-coagulant medications, these medications include.

- Clopidogrel
- Aspirin
- Warfarin
- Sinthrome
- Rivaroxaban (xarelto)
- Apixaban
- Dabigatran (pradaxa)
- Other .....

**Will I need to refrain from eating or drinking before the procedure?**

No this is not required, you can eat and drink up to the time of the procedure.

## **NOTES**

This page is for you or your family/ significant others to write down any further questions that you may have. If so, do not hesitate to contact the Pleural nurse practitioner - details can be found below.

## **Further Contact Details**

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Medical Secretary, Pleural Team.

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**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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