

## INFORMATION FOR PATIENTS

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# Thoracoscopy

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We hope that this leaflet allows you to understand the thoracoscopy test you are going to have and that it answers your questions. Please do not hesitate to ask if there is anything you don't understand or have further questions.

### What is a thoracoscopy?

A thoracoscopy involves putting a small telescope into the chest cavity through a little hole (about 1-2cm). This allows the doctor to look at the inside of your chest wall and the outside of your lungs. He/she may take some samples from the inside lining of your chest wall.

### Why do I need a thoracoscopy?

Your doctor has advised you to have a thoracoscopy for one or two reasons:

1. To help find out the cause of your chest symptoms.
2. To remove fluid which may have collected around your lungs and try to prevent this from happening again.

### Are there any risks?

The problems that may occur after this procedure are not usually serious:

- There may be some discomfort after the procedure, but this usually settles with pain relieving medication.
- Occasionally the lung does not re-inflate fully and this is called trapped lung. Sometimes this improves by applying suction to the drain bottle. Alternatively, you may need an additional procedure or perhaps a long-term drain. Your doctor will discuss this with you if this becomes necessary.
- When the chest drain has been removed, the small wound can become sore or infected. If this happens, a district nurse or the practice nurse will be informed, and arrangements made for it to be re-dressed.
- If you have talc inserted to try and stick the lung to the chest wall (pleurodesis) this can sometimes cause inflammation of the lining of the chest cavity. This may cause pain or breathlessness, but it usually settles quickly.
- There is a small risk that the lung may be punctured (a pneumothorax), or the air or fluid is difficult to drain. This would mean the chest drain would have to stay in for a few more days.
- Very rarely patients can bleed quite heavily afterwards (fewer than 1 in 1000 patients). This can be dealt with if necessary but usually stops on its own.

- Very rarely an infection can spread inside the chest. This is called an empyema and it may be necessary for a further chest drain to be put in (fewer than 1 in 500 patients).
- Very rarely this procedure has been known to cause death (fewer than 1 in 1000 people). This risk is higher if your general health is poor, and lower if you are otherwise healthy.

### **Before the test**

You must not eat or drink for **four hours** before the test. You should still take your usual medicines with a small amount of water. Patients with diabetes will be advised by the medical staff on the ward.

Please let your doctor or the Day Case Unit staff know if you have diabetes or are taking warfarin, clopidogrel or prasugrel. These will need to be discontinued for five days before the procedure. Ticagrelor will need to be stopped for seven days. Rivaroxaban, apixaban or edoxaban tablets will need to be discontinued for 48 hours. Enoxaparin or fondaparinux injections will need to be discontinued for 24 hours.

You will be given a gown to wear. You will not need a general anaesthetic but will be given some medicine to make you feel relaxed or even sleepy before the test.

The doctor will explain the tests and ask you to sign a consent form.

### **How to prepare for the procedure**

The procedure may require an overnight stay in hospital afterwards.

You may be in hospital for several days, and rarely up to a week. You should bring appropriate clothes and toiletries. If you are on any medication, you will need to bring this to hospital with you. It is possible to do the procedure as a day case (so that you go home the same day). Your doctor will discuss the options with you.

### **The test**

The thoracoscopy takes between 40-60 minutes. You will be asked to lie on your side (your unaffected side).

You will have an oxygen mask put on your face and it will be left there throughout the procedure. The nurses will take routine observations at the start and monitor your heart rhythm and oxygen levels during the test.

The doctor will give you medication to help you relax through a plastic tube in your arm (cannula).

The doctor will perform an ultrasound test at the start of the procedure when you are in the correct position to determine the best site to perform the procedure.

After cleaning and sterilising the skin, local anaesthetic will be used to numb the area of your chest where the camera goes in. A small hole will be made in your chest wall (1-2 cm). You may feel the doctor pushing on your chest, but this sensation will not last long.

Any fluid will be drained, which creates a space as the lung remains deflated. Fluid samples may be taken, and biopsies may be performed.

Sterile talcum powder may be sprayed into the chest to help the lung to stick to the chest wall and to stop any fluid coming back (pleurodesis). Sometimes taking biopsies or putting talcum powder in can cause discomfort but you will be given extra pain-relieving medication if this happens.

At the end of the procedure, the tube will be inserted into the space between the lung and the chest wall. This is connected to a bottle with sterile water to allow the lung to re-inflate. If you are staying in hospital, the drain will be in place for 24-72 hours.

Please see the separate leaflet with information about the drain.

### **After the procedure**

You will be taken to the recovery area in the Day Case Unit, or to your bed on the ward, and made as comfortable as possible.

You may have a drink and something to eat after the test, if you are not too sleepy and feel able to manage. We will continue to monitor you on the ward to ensure all is well.

You may experience some pain or discomfort in your chest, but if this happens you must inform the nursing staff or doctor so they can give you some additional pain-relieving medication.

### **Bleeding**

You may see some bubbles of air and a little blood draining into your chest drain bottle.

**This is normal.** Sometimes, especially if samples have been taken, you may bleed slightly more.

The nurses will monitor you closely at frequent intervals after the procedure for any signs of bleeding.

### **How long will I be in hospital for?**

This will vary. Some people can go home the same evening. Others may be able to go home the next day, but you may need to stay for a couple of days.

You will have a small stitch where your drain has been, and this will need removing within 7-10 days. A district nurse or your practice nurse will be arranged to remove the small stitch after discharge.

### **Can I drive after the thoracoscopy?**

Someone else must drive you home. You should be able to drive again the day after your discharge if you feel well.

### **Are there any problems associated with flying in an aircraft after the procedure?**

This will need to be discussed with your consultant.

### **When can I go back to work?**

You should be able to go back to work when you feel well enough.

### **Will I be in pain?**

When you are discharged you will be given pain relief to take home with you.

### **When will I get the biopsy results?**

An outpatient appointment will be made for one week after the procedure.

At this appointment the doctor will discuss the result of the thoracoscopy with you.

### **What do I do if there are problems when I get home?**

If there are problems with your breathing after you have gone home, either contact the ward or your nearest Emergency Department.

### **Your procedure**

**Day:**

**Date:**

**Time of arrival:**

**Approximate time of test:**

### **Contact details**

If you have any questions about the test, please discuss them directly with your nurse specialist/key worker on:

- Telephone: 01623 622515, extension 3896 or 3332
- Bleep: Call switchboard and ask them to bleep 363 or 870.

They are available between Monday and Friday from 9am-5pm.

### **Important information for patients on oxygen therapy**

Please be aware that our Trust is a smoke free site, including in its open areas. This is not only for patient, visitor and staff health, but also because like all hospitals, we work with a range of flammable and explosive materials and gases, including oxygen.

Smoking is a major fire and explosion risk for our hospitals and puts all of us in danger, with vulnerable patients being most at risk. If you are a smoker, please help to keep us and yourself safe by not smoking on our sites and by not bringing cigarettes and lighters with you. This includes e-cigarettes.

### **Further sources of information**

NHS Choices: [www.nhs.uk/conditions](http://www.nhs.uk/conditions)

Our website: [www.sfh-tr.nhs.uk](http://www.sfh-tr.nhs.uk)

### **Patient Experience Team (PET)**

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service:

**King's Mill Hospital:** 01623 672222

**Newark Hospital:** 01636 685692

**Email:** [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net)

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net).

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you.

External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them.

If you require a full list of references for this leaflet, please email [sfh-tr.patientinformation@nhs.net](mailto:sfh-tr.patientinformation@nhs.net) or telephone 01623 622515, extension 6927.

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