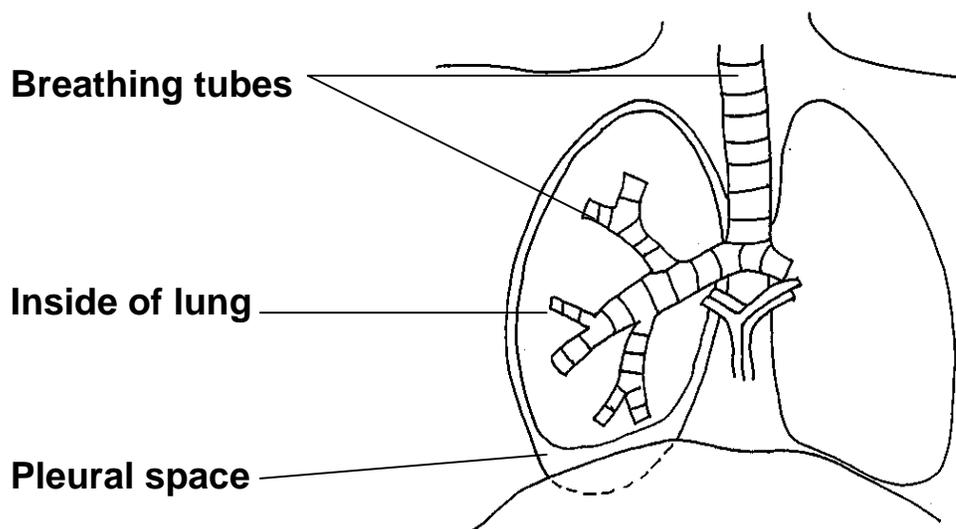


## Chest Tube Pleurodesis

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### What is chest tube pleurodesis?

The lungs and chest wall are lined with a membrane called the pleura. Normally there is a small amount of fluid in the pleural space between the lung and the chest wall. When there is too much fluid or air in the space, the lung cannot expand.



Pleurodesis is a method used to help control the amount of fluid in the pleural space. A medication or sclerosing agent called talc is put into the pleural space to cause inflammation and seal the surfaces together. This prevents fluid from collecting.

Pleurodesis can help many problems. Talk to your doctor about why you need pleurodesis.

please turn over →

## **How is this procedure done?**

This procedure is done at your bedside. You will be given pain medication by mouth to help discomfort.

Your doctor will inject a local anesthetic or freezing into the skin on the side of your chest where the problem is. The doctor then makes a small incision and puts a chest tube in. Air or liquid causing your problem is drained out. A chest x-ray is then done to make sure the lung has expanded.

A pain control medication may also be given through the chest tube to help control pain in the area.

The talc is then put into the tube to coat the pleura.

To keep the talc touching the pleura, the tube may be clamped or looped for 1 to 3 hours. This prevents the talc from draining out.

You will be moved and turned for 10 to 30 minutes into positions such as sitting and lying on your back, front and side. This helps the talc cover all of the pleura surfaces.

## **What happens after?**

The nurses will watch you closely. You will have your blood pressure, pulse and breathing monitored. You will also have the oxygen in your blood checked by a small pad on your finger called an oximeter. The nurses will listen to your chest regularly.

## **Incision Care**

The nurse will check your incision regularly. You will learn how to check your incision and look after it to get ready to go home.

## **Pain Control**

You will have pain control medication when you need it. Your nurses and doctors will monitor how well the pain medication is helping. It is important to report your pain.

## **Chest Tube**

You will have a tube coming out of the side of your chest. This is attached to a drainage unit by your bed. The nurses check and measure the drainage that collects in the container.

The chest tube is removed when the fluid or air leak is sealed or the fluid stops collecting.

## **Exercise and Activity**

You will begin to do your deep breathing and coughing exercises. The physiotherapists and nurses will remind you to do this regularly.

You will also be encouraged to move often and do exercises to get your blood moving. This helps prevent blood clots.



The nurses and physiotherapists will help you move around and teach you how to move with tubes.

## **Chest X-ray**

You may have follow-up chest X-rays. Your doctor decides if you will have one. The X-ray may be done on the unit with a portable machine or you may go to the Diagnostic Imaging Department for this.

# Care at Home

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You will go home after your chest tube comes out. Most people look after their own care at home and do not need any additional help. Here are some guidelines to follow at home:

## **Exercise**

Keep doing your deep breathing and coughing exercises. Gentle exercise such as walking is important to help your breathing and circulation. Talk to your doctor about any other activity and exercise that you may want to do.

## **Hygiene**

You may shower the day after the chest tube is removed. Cover the incision with a waterproof bandage.

For daily care you may need to cover the incision with a bandage in the beginning and then nothing as the skin heals.

## **Pain Control**

You may need to use pain medication by mouth at home. Some people need it before doing exercises or at bedtime. You should need less pain medication each day as you recover.

## **Follow-up appointment**

Make sure you have a follow-up appointment with your surgeon before you leave the hospital.

## **Contact your doctor if you have:**

- a temperature of 38.3°C or 101°F or higher
- an incision that is getting redder, has opened or has discharge or drainage
- pain that gets worse
- trouble breathing
- any questions or concerns

