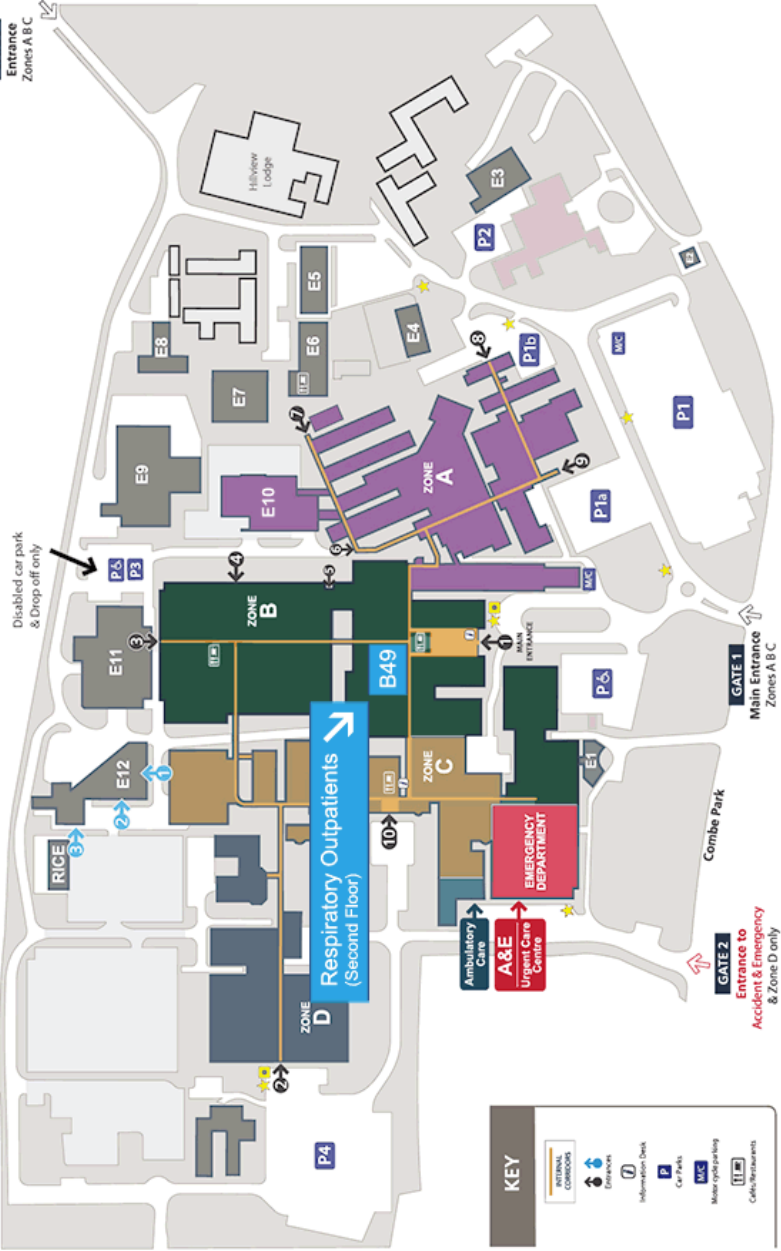


Having a Thoracoscopy

Information for Patients



| | |
|------------------|--|
| Patient Name | |
| Appointment date | |
| Arrival time | |

Every effort will be made to see you punctually, but for a number of reasons it may not be possible for you to be seen at precisely the time stated.

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What if I change my mind?

You are quite within your rights to change your mind. If having read this leaflet you have decided not to go ahead with the test, please telephone the Respiratory Department on 01225 825669 between Monday and Friday 08.30-17.00, or discuss your decision with your GP.

The consent form

A doctor will go through the consent form with you prior to the thoracoscopy.

The consent form gives the doctor and the hospital a formal indication that you are agreeing to undergo the treatment being offered as stated in the form. It is valuable to you as it offers a written check on what you are agreeing to and a good opportunity to discuss the procedure.

If you are unclear and have any questions, then do not sign the form until they have been answered. The doctor performing the test or an appropriate member of staff will be happy to answer any questions you might have.

Doctors training in Thoracoscopy

- Training doctors is essential to improving the quality of care. All our trainees are in a structured training programme, and are all experienced doctors.
- The procedure will only ever be performed by someone competent to do so.
- Your treatment may provide an opportunity for trainees to observe the procedure or perform part of the procedure under the supervision of a senior doctor.
- You may decline to be involved in this training without adversely affecting your care and treatment.
- If you wish to let us know you are not happy to have a supervised trainee be involved with your procedure please inform us during the consenting process.

Introduction

This booklet is designed to be practical and informative. Please read **all** of the information contained within it. Not doing so may mean that you miss important instructions and that will put you at risk. Therefore, the doctor may decide to defer your investigation.

If you have any questions regarding the information or instructions in this booklet, please do not hesitate to call the respiratory department and a member of staff will be pleased to help you.

The number to call regarding **information for the procedure** or to **re-arrange** is:

01225 825669

(Please leave a message if your call is not answered)

Where are we?

The respiratory unit is situated in Zone B, department B49, on the 2nd Floor of the Royal United Hospital.

Parking

If you intend to be driven to the hospital, parking may be quite difficult when you arrive. Please be prepared to wait at least half an hour for a space and allow for this when setting out for your appointment. If you are short of breath and unable to walk long distances, please use the drop off zone at the main entrance. You can wait inside for your driver to re-join you after they have parked.

What is a Thoracoscopy?

A thoracoscopy is an examination of the pleural space, which is between the outside of the lungs and the inside of the chest cavity. The doctor will insert a thoracoscope (a tube the width of a pencil with a bright light at the end) between the ribs at the side of the chest wall into the pleural space.

Why has my doctor recommended Thoracoscopy?

A thoracoscopy is the only test that allows the doctor to view the pleural space directly to assess what may be the cause of the symptoms that you have been experiencing. During this test the doctor will be able to drain off any fluid within the pleural space, carefully examine, and then take a small sample of tissue - a "biopsy". The tissue is removed through the thoracoscope using tiny forceps. This sample will be sent for analysis in the laboratory.

What should I do when I get home?

Because of sedation, for the next **24-48 hours** you **must not**:

- Drive any motor vehicle. This is a legal requirement not advice. Our advice is that you should not actually drive for **48 hours**.
- Operate machinery
- Drink any alcohol
- Sign legally binding agreements
- Care for children or relatives.

When will I know the results?

When you are fully alert the doctor will explain how the procedure went and if they were able to take any biopsies.

We would like to do this with a family member present, as the sedative drug used can make you forget what you have been told. If you object to being given any information with a family member present please let the nursing staff know.

Further details of the test, the results of any biopsies and any necessary investigations or treatments will be discussed with you at your next outpatient appointment.

Are there any alternatives to this test?

A CT scan is often done in conjunction with a thoracoscopy and can look for abnormalities that may be causing your symptoms, but often a thoracoscopy is required to obtain a biopsy.

A biopsy guided by a CT scan is sometimes required and may be an alternative procedure, but does not allow fluid to be drained off or for direct inspection of the pleural space and so a thoracoscopy is the recommended procedure for many patients.

Prior to admission

If you are suffering from a chest infection you should contact your GP or the Respiratory Department because it may be necessary to postpone your test.

Are there any risks to the test?

This is generally a very safe and well tolerated procedure. However, there are some risks associated with a thoracoscopy. These include:

- Discomfort
- Bleeding; a small amount of bleeding following a biopsy is quite common, but this is only usually a small amount and usually stops before the procedure has finished.
- Infection is an uncommon side effect and can be treated with antibiotics.
- Low grade temperature can occur and will be monitored following the procedure. If it persists for more than 48 hours please contact the respiratory department as this may indicate an infection that requires antibiotics. Taking paracetamol will also help this to settle.
- Damage to the lung or underlying structures. The site of the procedure is carefully selected using an ultrasound scan to ensure that it is safe, but there is a small risk of damaging the lung or other structures during the procedure.

Other complications may be because of the sedative drugs used.

During the test

- A nurse will escort you to the procedure room. There will be a team of at least one doctor and there will also be nursing staff who will remain with you throughout the test.
- The procedure is performed with you lying on your side, with the side being examined uppermost. When you are comfortable, an ultrasound scan will be performed to locate the best site for the procedure and the equipment will be set up.
- The site of the procedure will be carefully cleaned and drapes placed over your chest to ensure your chest remains clean and sterile.
- A sedative injection will be given into the needle in your hand or arm and a local anaesthetic injection will numb your chest, but may sting a little at first.
- During the procedure it is important to remain calm. There may be a little discomfort, but if it is painful then please inform the medical staff.
- It may take around 30 minutes to examine the pleural space carefully and take samples.
- When the examination is finished the tube is removed and a chest drain is placed to allow the lung to re-inflate. You may cough a little, or experience some discomfort as the lung inflates again, particularly if it has been collapsed because of fluid for some time. **You will be taken to the ward to recover where a nurse is always present.**

Is the procedure painful?

The procedure may be uncomfortable but should not be painful. As part of the procedure, local anaesthetic is used to numb the skin and chest wall.

There are two ways that the test can be made as comfortable as possible for you:

- Local anaesthetic is used on the skin and chest wall.
- A mild sedative injection into a vein makes you feel relaxed and you may feel sleepy.

Sedation (relaxing injection)

A small needle (venflon) will be placed in the back of your hand or arm and the sedation will be injected through it.

Sedation may make you drowsy and you may not remember the procedure. However, sedation is not a general anaesthetic, you may be aware of what is going on during the procedure and verbal contact is maintained i.e. you are awake.

Your thinking processes and movements will temporarily be slower than usual. How rapidly this returns to normal varies from person to person.

Eating, drinking and driving prior to Thoracoscopy

It is important that you do not have **anything** to eat for **4 hours** before your appointment, but **clear fluids** can be taken up to **2 hours** before the procedure.

Do not drive yourself Please arrange to be accompanied by family or friends when you come, then they will know where to collect you when it is time to leave.

Some patients will stay in overnight following the procedure, but if you are going home on the same day, you must have a responsible adult to accompany you home from the department and to stay with you for 24 hours. If this is not possible please contact the respiratory department as you may need to be admitted to hospital to stay overnight after your procedure.

Do not bring valuables or large quantities of money into hospital, as we cannot accept responsibility for them.

Do not attempt to drive after the Thoracoscopy for 48 hours.

Do not attempt to sign important or legally-binding documents during the 24 hours after the procedure.

Should I take my medicines on the same day of the test?

If you take essential prescribed medication, for example, for epilepsy or a heart condition, you may take these with a **little** water. If you are a diabetic, we advise that you telephone the department and inform them of what medicine you take and a trained nurse will be able to advise you on how best to take your medication.

What should I expect on arrival?

- On arrival at the unit, report to the reception desk. One of the reception staff will check your details and ask you to take a seat in the waiting room.
- A nurse will collect you from the waiting room. He/she will check your details and discharge arrangements.
- It is department policy that your family or friends do not accompany you to the procedure room as it is a theatre environment. They will be able to see you following the procedure.
- A doctor will discuss the procedure with you. If you have any questions, please ask, we want you to be as relaxed as possible.

Are you diabetic? Are you taking warfarin or other anticoagulant (blood thinning) medication?

Please contact the respiratory department as soon as possible if this has not already been discussed with you; these medications may need to be stopped prior to the procedure.

We need to know if you take any of the following medications:

- Warfarin or Phenindione
- Clopidogrel (Plavix)
- Prasugrel
- Dabigatran (Pradaxa)
- Rivaroxaban (Xarelto)
- Apixaban (Eliquis)
- Ticagrelor
- Dalteparin
- Aspirin

Please phone 01225 825669 if you are a diabetic or take any of the tablets listed between Monday and Friday 09.00-17.00.

When can I go home?

After the procedure it takes some time for the lung to re-inflate. A chest X-ray will be required to check that the lung has inflated. After this, it is usually possible to remove the chest drain. Frequently patients will stay in hospital for a night following the procedure whereas some patients may be able to go home on the same day as the procedure, (and others may require more than one night in hospital.) This will be discussed with you before the procedure.

The results of the test will not be available immediately as it takes some time for the samples sent to the laboratory need to be analysed, however, the doctor will be able to speak with you after the procedure about how it went.

How will I feel after the test?

We advise that you do not go to work on the day of or the day after the procedure.

- The effects of the sedation will wear off over 24 hours. You will then be able to resume normal activities.
- The side of your chest may be uncomfortable after the procedure and you will be given some painkillers for this.

When you get home it is important to rest and allow yourself a day or two without strenuous activity, with someone to look after you for 24 hours if you have been sedated.