Spontaneous Primary Pneumothorax
For Ambulatory Emergency Care (AEC)
Management

Introduction
You have been directed to Ambulatory Emergency Care (AEC) because you have a spontaneous primary pneumothorax. This means that you have a tiny tear on the outer part of your lung. This leaflet contains some information about what that means and how we will look after you.

What is a spontaneous primary pneumothorax?
A pneumothorax is a condition that occurs when you develop a tiny tear on the outer part of your lung. Usually this happens near the top of your lung. This causes air to form a pocket between the lung and chest wall. The term ‘spontaneous primary pneumothorax’ means it has developed for no reason in a healthy person. Some interesting facts:

- Spontaneous primary pneumothorax is a common condition
- Men are about four times more likely to be affected than women
- The condition occurs most often in people who are in their 20s
- They are also common in people who are tall and thin
- Roughly 2 in 10,000 people in the United Kingdom will develop the condition.

How do you know if you have a spontaneous primary pneumothorax?
The symptoms you experience may be minimal but could include:

- Chest pain which is sudden, sharp, stabbing, often on one side of your chest and worse when you breathe in
- Shortness of breath
- Finding it difficult to fully expand your lungs when you breathe
- You may hear a clicking sound when you breathe
- A chest x-ray will show if you have a pneumothorax.

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Treatment

The treatment of a spontaneous primary pneumothorax depends on its size. People who have tears which are smaller than 2cm will be managed in Ambulatory Emergency Care (AEC) as an outpatient. We will advise you on pain relief to help with the chest pain. In most cases, the tear will start to heal in a few days. Air will then stop leaking in and out of your lung. The air that had been trapped will be reabsorbed into your bloodstream and your lung will increase back to its original size. Larger tears may require some of the trapped air to be removed. This can be done using a needle or a chest drain, depending on the size of the air pocket. If a chest drain is needed then you will stay in hospital until your lung fully re-inflates and the chest drain can be removed.

What can you expect?

We will ask you to come back to AEC for a check-up and another X-ray of your chest in 2 to 4 weeks’ time. This will let us see if the spontaneous primary pneumothorax has got smaller or fully healed. We will make this appointment in AEC with you before you go home. It can take anything from a few days to a few weeks for your lung to return to normal.

How will it affect you?

You should not fly until your spontaneous primary pneumothorax has fully healed. Scuba diving should be permanently avoided following any pneumothorax, but you can discuss this with your doctor.

There is no link between a spontaneous primary pneumothorax and physical exertion. You can return to work and your normal activities once your symptoms have resolved. We do advise though that you avoid sports that require extreme exertion or physical contact until your spontaneous primary pneumothorax has fully healed; activities such as rugby and weight lifting, for example.

About 3 in 10 people who have had a spontaneous primary pneumothorax will have one or more reoccurrences at some time in the future. When this happens, it is normally on the same side of your chest. It will normally happen within 3 years of your first one. People who continue to smoke after a spontaneous primary pneumothorax are more likely to have reoccurrences.
Pneumothorax are more at risk of having another one: 54% of smokers will have a repeat spontaneous primary pneumothorax in the first 4 years.

**What you should do if you feel unwell and start to suffer any of the following symptoms:**

- Increased pain in your chest
- Increased shortness of breath
- Feeling more unwell.

_You must dial 999 immediately and state that you have been treated for a spontaneous primary pneumothorax._

**Contact information**

If you are worried about any aspects of this information please contact:

**Ambulatory Emergency Care (AEC)**
Gloucestershire Royal Hospital
Tel: 0300 422 6677
Monday to Friday, 10:00am to 6:00pm

Cheltenham General Hospital
Tel: 0300 422 3618
Monday to Friday, 10:00am to 6:00pm