

**Patient
Information**

Thoracoscopy

Introduction

This leaflet provides information about the thoracoscopy procedure.

What is a thoracoscopy?

A thoracoscopy is a procedure where we look inside your chest with a camera on the end of a thin tube. This allows us to examine the lining of the lung and chest wall. The procedure takes place in the endoscopy department and is carried out under sedation with local anaesthetic.

Are there any alternatives to thoracoscopy?

Thoracoscopy can also be performed as a surgical procedure under general anaesthetic. This is known as Video Assisted Thoracoscopic Surgery (VATS) and would require referral to another hospital.

Why do I need a thoracoscopy?

Most patients have a thoracoscopy because the doctor suspects there may be a problem around the outer lining of the lung, which often causes fluid to build up inside the chest. During thoracoscopy we can drain off the fluid and inspect the inside of the chest for abnormalities. We can take biopsies (tissue samples) to try to find out the cause of the problem.

When necessary, we can also spray talcum powder inside the chest to stop any fluid coming back.

What are the risks of having a thoracoscopy?

Thoracoscopy is generally a very safe procedure. Some pain is common, but is not usually severe.

Occasionally some patients can be left with mild pain around the scar for a few months after the procedure.

Around 1 in 100 patients may develop an infection at the site of the chest tube. This can usually be managed with antibiotics but may need a longer stay in hospital.

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Most bleeding during thoracoscopy will stop by itself but very rarely (around 1 in 500 cases) bleeding is more severe and may need an operation to control it.

Any medical procedure carries a very small risk to life, but for thoracoscopy this is very low (less than 1 in 1000).

What do I need to do before I have a thoracoscopy?

- You need to have an empty stomach for the procedure. Please do not eat anything for at least 4 hours before the thoracoscopy. You can have small sips of water until 2 hours beforehand
- If you are taking blood thinning medications such as warfarin, rivaroxaban, dabigatran, clopidogrel or aspirin please discuss this with the doctor
- Please let the doctor know if you have diabetes

What will happen on the day of the procedure?

You may be admitted the night before the procedure or you may be asked to come straight to the endoscopy department on the day. Please bring any belongings you may need for a short stay in hospital.

One of the doctors will talk you through the procedure and answer any questions you may have. Please feel free to discuss any worries or concerns. You will be asked to sign a consent form.

A small tube (cannula) will then be put into a vein in your hand or arm to allow us to give you sedation and pain relief.

What happens during the procedure?

During the procedure you will be lying on your side and you will have an oxygen monitor on your finger and a blood pressure monitor on your arm. There will be several people in the room during the procedure. A nurse will sit next to you throughout the procedure to check that you are as comfortable as possible.

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You will be given an injection of a pain relief and a sedative to make you drowsy. This is not a general anaesthetic. You should be sleepy but not unconscious during the procedure. An area of skin on your chest will be cleaned with a cold sterilising fluid and you will be covered with a sterile drape to keep the area clean.

Local anaesthetic will be used to numb the skin and chest wall and the thoracoscope is then passed through a small incision (cut) into the chest.

The doctor will be able to see the pictures from the camera, on a monitor above the bed, while carrying out the procedure. The procedure will take around 30 to 45 minutes.

Will it be painful?

You may experience some discomfort but we can minimise the pain with local anaesthetic and pain relief injections. We will be talking to you throughout the procedure to check if you need further pain relief.

What will happen after the thoracoscopy?

After the thoracoscopy a drainage tube will be left in your chest and this is attached to a bottle which stands on the floor to collect any fluid and allow your lung to reinflate. You will then be transferred back to the respiratory ward.

Usually the lung reinflates within a few hours of the procedure and the tube is removed when it is no longer needed. Sometimes the drain has to stay in place for a few days depending on your particular circumstances. Once the drain is removed the incision site is closed with stiches.

The incision site may be painful for a few days after thoracoscopy. This can be controlled with common pain relief such as paracetamol and codeine.

Most patients can go home within 1 or 2 days after a thoracoscopy, once the chest drain is removed.

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After you have been discharged from hospital following a thoracoscopy, you may experience some chest pain for a few days, usually this will settle with pain relief medication.

The stitches will need to be removed after 7 to 10 days; you should arrange for this to be done by your practice nurse.

You must not drive for 24 hours after your thoracoscopy, due to the potential after effects of sedation.

If you develop any worrying problems following a thoracoscopy such as severe pain or breathlessness, swelling around the wound site, active bleeding from the wound site, or persistent fevers then please contact:

Dr Steer's Secretary

Tel: 0300 422 6564

Monday to Friday, 9:00am to 5:00pm

Dr Bintcliffe's Secretary

Tel: 0300 422 4346

Monday to Friday, 9:00am to 5:00pm

Outside of these hours please contact NHS 111 for advice.

NHS 111

Tel: 111

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