Wirral University Teaching Hospital
NHS Foundation Trust

Thoracoscopy

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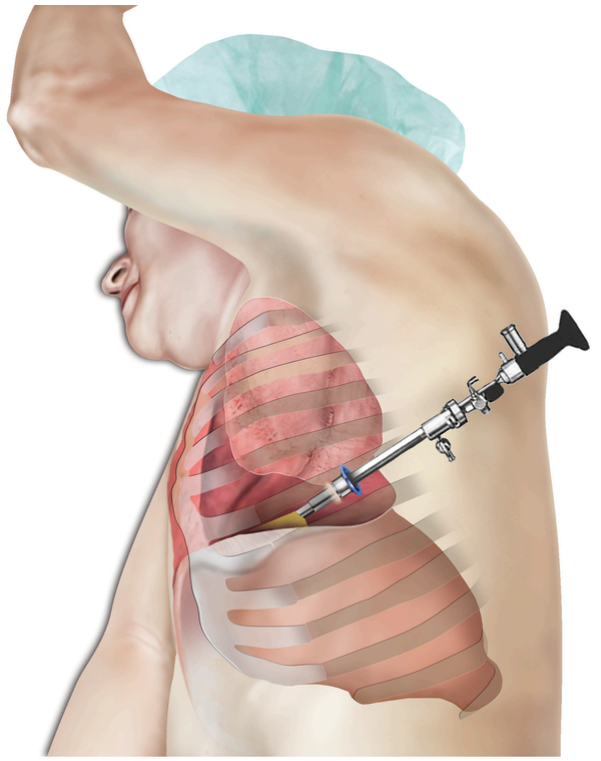
What is a thoracoscopy?

A thoracoscopy is a procedure to look for any problems in your pleural space, using a telescope. The pleural space is the space between the outside lining of your lungs and the inside lining of your ribcage. It is usually small with virtually no air or fluid in it.

A thoracoscopy



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Your doctor has suggested a thoracoscopy. However, it is your decision to go ahead with the procedure or not. This document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

What are the benefits of a thoracoscopy?

Your doctor (a lung specialist) is concerned that you may have a problem in your lungs or your chest. A thoracoscopy is a good way of finding out if there is a problem, because it allows your doctor to look into your pleural space.

During the procedure, your doctor can perform biopsies (removing small pieces of tissue) to help make the diagnosis.

A pleurodesis can be performed at the same time to treat a pleural effusion (where there is too much fluid in your pleural space) or a pneumothorax (where air escapes into your pleural space) that may cause your lung to collapse. A pleurodesis involves sticking your lung to your ribcage. If a pleurodesis is likely, your doctor will discuss with you the benefits and possible complications of the procedure.

Are there any alternatives to a thoracoscopy?

An x-ray or scan can give some information. Sometimes a biopsy can be performed by inserting a needle through your chest or airway. However, a thoracoscopy will help to find out exactly what is causing the problem and can be used to treat a pleural effusion or pneumothorax.

What will happen if I decide not to have a thoracoscopy?

Your doctor may not be able to confirm what the problem is. If you decide not to have a thoracoscopy, you should discuss this carefully with your doctor.

What does the procedure involve?

Before the procedure

If you take warfarin, clopidogrel or other blood-thinning medication, let your doctor know at least 7 days before the procedure.

Do not eat in the 6 hours before the procedure. You may drink small sips of water up to 2 hours before.

If you have diabetes, let the healthcare team know as soon as possible. You will need special advice depending on the treatment you receive for your diabetes.

The healthcare team will carry out a number of checks to make sure you have the procedure you came in for and on the correct side. You can help by confirming to your doctor and the healthcare team your name and the procedure you are having.

The healthcare team will ask you to sign the consent form once you have read this document and they have answered your questions.

The healthcare team may give you a painkilling suppository (a soft tablet placed in your back passage) about an hour before the procedure.

In the treatment room

Your doctor will give you a sedative to help you to relax. They will give it to you through a small needle in your arm or the back of your hand. You will be able to ask and answer questions but you will feel relaxed. They may also give you a painkilling injection. You will be given antibiotics during the operation to reduce the risk of infection.

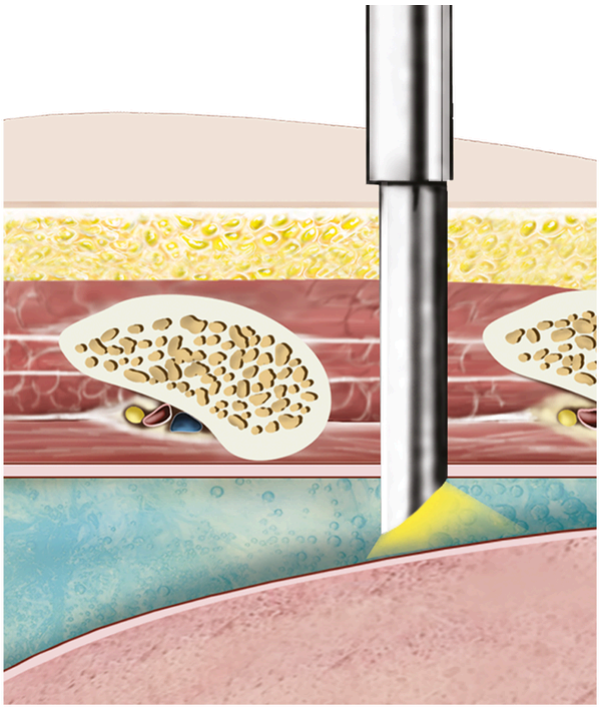
A thoracoscopy is sometimes performed under a general anaesthetic. Your doctor will be able to discuss this with you.

The healthcare team will monitor your oxygen levels and heart rate using a finger or toe clip. If you need oxygen, they will give it to you through a mask or small tube under your nostrils.

A thoracoscopy usually takes about 45 minutes. It involves making a hole in your chest wall and then inserting a telescope into the hole.

Your doctor will inject local anaesthetic into the area where they will make the hole. This stings for a moment but will make the area numb, allowing your doctor to make the hole without causing too much discomfort. They will use an instrument called an introducer to insert the telescope in the hole.

A telescope in the pleural space



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Your doctor will look carefully for problems and perform any biopsies. If you need a pleurodesis, your doctor will place sterile talc through the introducer and into your pleural space to stick your lung to your ribcage.

Your doctor will insert a tube in the hole (chest drain) to release any air or fluid that can sometimes collect. They will usually remove the drain after a few hours and close the hole with a stitch. However, if you have a pleurodesis, the drain will need to stay in place for a few days.

What complications can happen?

The healthcare team will try to reduce the risk of complications. These are more likely if you have a pleurodesis.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious and may even cause death (risk: less than 1 in 2,000 without pleurodesis, less than 1 in 500 with pleurodesis).

You should ask your doctor if there is anything you do not understand.

The possible complications of a thoracoscopy are listed below.

- Pneumothorax. A pneumothorax is usually small and does not cause any problems. If a lot of air escapes, you will need to stay in hospital for 1 to 2 days. Sometimes a leak continues (risk: 1 in 10). The chest drain will need to stay in while this settles.
- Shortness of breath. This usually settles quickly but sometimes your breathing can be more difficult caused by the effect of the sedative. The healthcare team will monitor your oxygen levels and will give you oxygen if you need it.
- Bleeding from the area where the hole is made or from a biopsy site (risk: less than 1 in 100). Any bleeding usually stops on its own.
- Infection in your pleural space (risk: 1 in 100). Treatment may involve draining any infected fluid. You will need to stay in hospital. Let your doctor know if you get a high temperature or feel unwell.
- Allergic reaction to the equipment, materials or medication. The healthcare team are trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication, tests or dressings in the past.
- Pulmonary oedema, where your lung gets soggy with fluid, causing shortness of breath (risk: less than 1 in 500). This can happen if your doctor needed to inflate your lung again or if you had a pleurodesis. You will need to stay in hospital for further treatment.
- Surgical emphysema, where air leaks into the tissues under your skin (risk: less than 6 in 100). This is not serious and usually settles within a few days.
- Chest infection. Your risk will be lower if you have stopped smoking and you are free of Covid-19 (coronavirus) symptoms for at least 7 weeks before the operation.

Consequences of this procedure

- Pain. The local anaesthetic, painkilling suppository or painkilling injection should help to keep you comfortable. If you have any pain during the procedure, let your doctor know. You may need more painkillers if you have pain when your lung re-inflates. This usually settles after about 20 minutes. If you still have pain when you are at home, take simple painkillers such as paracetamol.

How soon will I recover?

In hospital

After the procedure you will be transferred to the recovery area where you can rest. Once you have recovered enough, you will be given a drink (usually after about 30 minutes).

If you have not had a pleurodesis, you should be able to go home after your doctor has removed the drain and you have recovered from the sedative.

If you suddenly become short of breath or have severe chest pain while at home, call an ambulance.

If your doctor recommends that you stay overnight in hospital, you will usually be able to go home the next day. If you have a pleurodesis, you will need to stay in hospital for a few days.

Returning to normal activities

If you had sedation and you go home the same day:

- A responsible adult should take you home in a car or taxi and stay with you for at least 24 hours.
- Be near a telephone in case of an emergency.
- Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.
- Do not sign legal documents or drink alcohol for at least 24 hours.

You should be able to return to work after about 1 to 5 days unless you are told otherwise.

Once at home, if you have severe chest pain, continued vomiting, a high temperature lasting more than 12 hours, sudden shortness of breath or you cough up more than a tablespoon of blood, let your doctor know straight away.

Lifestyle changes

If you smoke, stopping smoking will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

The future

The healthcare team will tell you what was found during the thoracoscopy and discuss with you any treatment or follow-up you need. Results from biopsies will not be available for a few days so the healthcare team may arrange for you to come back to the clinic for these results.

You should usually not fly for a month. If you have a small pneumothorax, it may get larger during the flight, making it difficult for you to breathe. If you want to fly in less than 1 month, you should discuss this with your doctor.

Summary

A thoracoscopy is usually a safe and effective way of finding out if there is a problem in the space between your lungs and ribcage. However, complications can happen. You need to know about them to help you make an informed decision about the procedure. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

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

Reviewer

Samuel Kemp (MBBS, MD, FRCP)

Illustrator