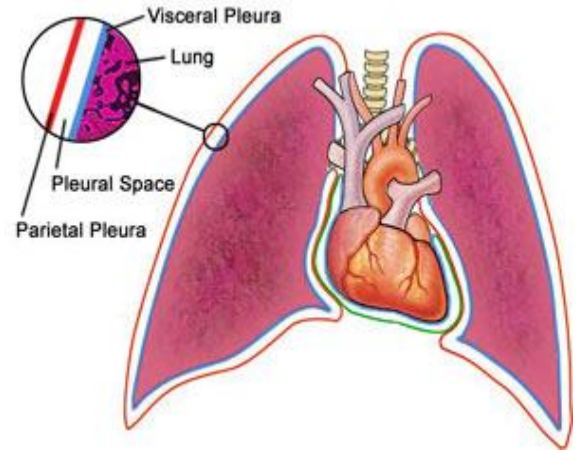


Introduction

Use of chemical solution to induce adhesion of the two facing pleura so that the pleural space is artificially obliterated to prevent re-accumulation of air or fluid in the pleural space.

The Operation

1. The procedure is performed under local anaesthesia.
2. If you do not have a chest drain in your pleural cavity, a plastic tube will be inserted into the pleural space first. A chemical substance is then introduced through the chest tube into the pleural cavity. The chest tube is clamped after the introduction of chemical solution.
3. It induces an inflammatory reaction in the pleura so that they will adhere to the wall of the pleural cavity.
4. This will minimize or delay future accumulation of air or fluid in the pleural space.
5. After instillation of the chemical solution, you will be asked to lie in various positions so that the chemical solution is evenly distributed over the pleural surface.
6. The chest tube will usually be removed in the next few days.



Preoperative Preparation

A written consent is required. Please inform medical staff of any known allergy, especially drug allergy before the procedure.

Postoperative Instruction

General

1. Local anesthesia is added to the instilled chemical solution to reduce the chest pain caused by the inflammatory reaction. Further analgesics may be prescribed if patient need them.
2. The patient should use a semi-recumbent position to facilitate lung expansion and change position regularly to facilitate drainage from the chest cavity.
3. Take deep breathe and coughing exercise to enhance lung function and prevent chest infection.
4. The hospital stay is usually 2-7 days.

Wound care

1. The chest drain will be clamped after instillation of the chemical solution . If you experience shortness of breath after the clamping of chest drain, inform the medical or nursing staff.
2. Keep the dressing clean and dry.
3. Keep the chest drain for the drainage of any tissue or fluid, blood and air in place. Do not pull, twist, clamp or apply pressure on the drainage tube
4. Depending on how much drainage and the result of chest x-ray, the drain will be removed in 2-7 days.

Common Risks and Complications

1. Pain introduction of the chemical due to irritation and inflammation of the pleura.
2. Occasionally, patients with underlying pneumothorax may develop rapid re-accumulation of air in the pleural space leading to shortness of breath.

Things to take note after discharge

1. Contact your doctor or a nearby Accident & Emergency Department if you find increasing discharge, pain or redness around the wound, high fever over 38°C or 100°F, etc.
2. Take analgesics prescribed by your doctor as necessary.
3. Keep the wound dressing clean and dry, change the dressing if necessary.
4. Continue the breathing exercises to help with the recovery.
5. Resume daily activity gradually. Heavy lifting and strenuous exercises should be avoided for first 1-2 months.
6. Attend Follow-up consultations as scheduled.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

Reference

Union Hospital: "Information of Pleurodesis" (2015)
https://www.union.org/new/consent_form_files/GS-22e.pdf (20-07-2023)