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Patient Information Thoracocentesis (Pleural aspiration or pleural tap)

Nevill Hall Hospital

What is a thoracocentesis?

Thoracocentesis is a procedure to remove fluid from the space between the lungs and the chest wall. This is called the pleural space or cavity.

Normally, the pleural space is filled with a small amount of fluid (less than a tablespoonful) but some conditions, such as heart failure, lung infections and tumours, can cause more fluid to build up. When this happens, it is called a pleural effusion. A lot of extra fluid can press on the lungs, making it hard to breathe.

Why do I need a thoracocentesis?

This is performed to try and find the cause of a pleural effusion; it may also be done to help you to breathe easier.

How is it done?

- No special preparations are needed before the test. It is performed on ward 4/4 the entire procedure takes between 15-20 minutes.
- Tell your doctor or nurse about any previous bleeding problems, any allergies to medicines or latex.
- You will be positioned in a comfortable sitting position leaning forward, resting your arms on a table. The advanced nurse practitioner or doctor will clean and anaesthetise the skin prior to inserting a thin needle or plastic tube into the pleural space.
- The advanced nurse practitioner or doctor may use ultrasound (sound waves which create images of your lungs) to find the right place to insert the needle or tube.

You should try not cough, breathe deeply or move during the test to avoid lung injury. Once the fluid is removed the needle or tube is removed and a small dressing is placed where it was inserted. You can remove this dressing after 24 hours.



Positioning for thoracocentesis

What does thoracocentesis show?

The fluid removed will be sent to the laboratory to be tested to try and establish the cause of the pleural effusion. The appropriate treatment can then be discussed.

What to expect after the test?

You may need a chest x-ray after the test to check for any lung problems. Observations such as blood pressure, breathing and oxygen levels will be checked before you can go home to rule out any complications.

What are the risks?

The risks are usually minor. Your doctor may do a chest x-ray after the procedure to check for lung problems.

The risks include:

- Pneumothorax: (where air collects into the pleural space).
- Sometimes air comes in through the needle or the needle makes a hole in the lung. Usually, it will self-heal. However, in some cases the lung will collapse and insertion of a chest drain may be required to resolve the problem.
- Pain, bleeding, bruising or infection at the needle site (less than 5% of cases)
- In rare cases bleeding may occur in or around the lungs – your doctor may need place a chest drain to drain the blood. In some cases surgery is needed.

Advice on discharge

- In some cases, fluid is removed to help you breathe easier.
- Your doctor may be planning to do an investigation to look inside your chest (thoracoscopy) to help find out the cause of your chest symptoms. The nurse specialist or doctor will discuss this with you and provide you with further information of the test. Thoracoscopy is done every fortnight and requires a short stay in hospital.
- If after going home to await the test you become short of breath, this can often be managed by doing another thoracocentesis (fluid removal) as an outpatient. This does not require an admission to hospital.
- In such a situation, please contact:-
 - Clare Tagg, Respiratory Nurse Practitioner, Nevill Hall Hospital (*details under Emergency Contacts*). She can then arrange for you to come to the ward to have a further thoracocentesis.
- An alternative would be to contact the ward [01873 732513] for advice.
- However, if you have severe breathing difficulties then contact your GP or doctor immediately.

Emergency Contacts:

Monday – Friday, 9am – 5pm

Clare Tagg, Respiratory Nurse Practitioner,
Nevill Hall Hospital
(01873 732732 – ask for bleep 5695)

Respiratory Medicine Registrar, Nevill Hall Hospital
(01873 732732 – ask for bleep 5392 or 5568)

If none of these numbers are available or outside of these hours and your breathlessness is severe – please contact your GP or attend the Accident & Emergency department at Nevill Hall Hospital.

Additional information:

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