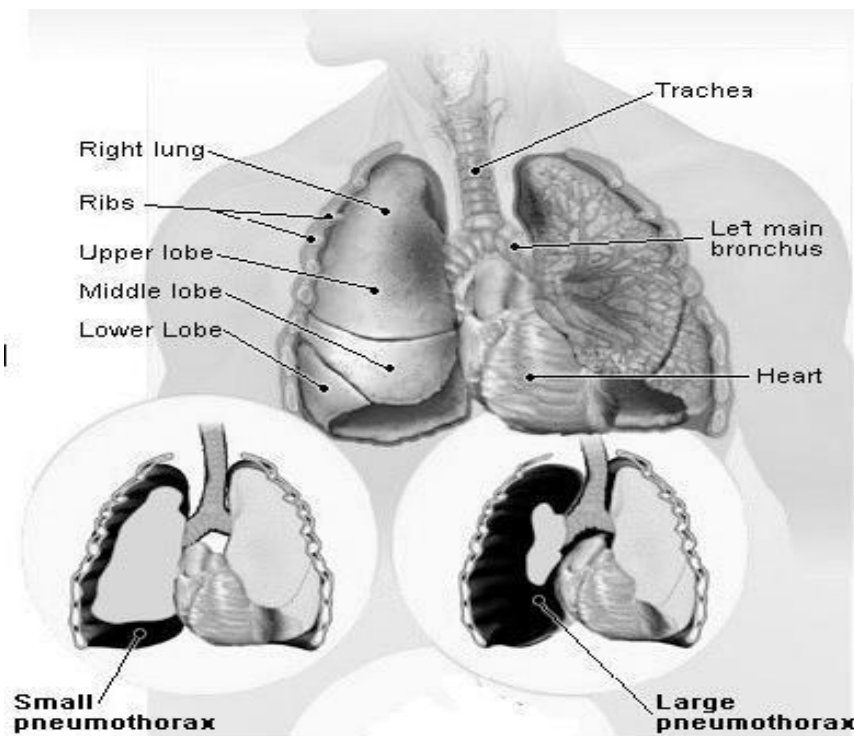


## What is a pneumothorax?

A pneumothorax refers to air in the space between the lung and chest wall. The air gets there either from the lung or from outside the body.



## What are the types of pneumothorax?

- **Primary Spontaneous Pneumothorax (PSP)**  
This develops for no apparent reason in normally healthy individuals. In some cases (~10%) there is an underlying definable cause. It is more common in tall and thin individuals.
- **Secondary Spontaneous Pneumothorax (SSP)**  
This type of pneumothorax occurs as a complication of underlying lung disease such as in individuals with emphysema or cystic fibrosis.

## **What are the symptoms of pneumothorax?**

The typical symptoms are sharp, stabbing chest pain which is typically worse when you breathe in. You may also become breathless.

Generally, the larger the pneumothorax the more breathless you become. You may have other symptoms such as a cough or fever. After one pneumothorax, there is a risk it will recur. This risk is greater in smokers.

## **Management of pneumothorax**

- **Primary Spontaneous Pneumothorax (PSP)**

A small pneumothorax without significant breathlessness will clear spontaneously without treatment as the body heals the leak and the air is gradually absorbed.

A larger pneumothorax may need the air drawn out to relieve the symptoms. This is done in hospital either with a syringe and needle or by insertion of a thoracic vent. If the above measures fail, a drainage tube may need to be placed into the space between the lung and the chest wall. This is called a chest drain and is inserted under local anaesthetic. It usually stays in for a few days, but sometimes up to two weeks.

- **Secondary Spontaneous Pneumothorax (SSP)**

All patients with this type of pneumothorax will be admitted for at least 24 hours and receive supplemental oxygen. A small secondary pneumothorax may need aspiration using a syringe and needle only. However, most patients will require the insertion of chest drain. Patients with repeated episodes of pneumothorax will be advised to have a surgical procedure to prevent recurrences.

## **Discharge Advice:**

- You should return to the Accident and Emergency department urgently if you develop chest pain or breathlessness after discharge.

- You can return to work and resume normal physical activities once your symptoms have all resolved. However, it is advised that sports involving extreme exertion and physical contact should be deferred until you are seen at clinic.
- You should avoid air travel until you are advised it is safe to do so and an outpatient follow-up and chest x-ray has shown resolution of your pneumothorax.
- Scuba diving should be avoided permanently unless you have had a definitive surgical procedure.
- If you smoke it is very important to stop as you will have over a 10 times greater risk of recurrence by continuing to smoke.

Patients are advised to contact the Help Me Quite helpline on 0800 085 2219 or their local services.

**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 these numbers are unavailable, or outside of these hours, – please attend the **Accident & Emergency Department at Nevill Hall Hospital** immediately.