Your lungs and how they work
When you breathe in through your nose and mouth, the air passes down your windpipe (trachea). This then divides into two tubes (bronchi), one into each lung. The lungs are wrapped in two layers of tissue called the pleura. The outer layer (parietal pleura) lines the chest wall and the inner layer (visceral pleura) covers the lung itself.

A thin film of fluid, which enables the layers to slide over each other as you breathe in and out, separates the two layers.

Pleural effusion
A pleural effusion is a collection of excess fluid in the space between the two layers of pleura. This can compress the lung and may cause shortness of breath. A pleural effusion is usually the result of damage to the pleural membrane and may be due to many disease processes – your doctor will discuss the specific cause of your effusion with you.

Treatment involves draining the excess fluid from the pleural space via a thin chest drain/tube which is inserted through the chest wall into the space between the two layers of pleura. This enables the excess fluid to drain and usually stays in place until the fluid has drained and the lung has re-expanded. (This is decided by chest x-ray or sometimes a scan is needed).
Pleurodesis

In certain cases the fluid can build up again after drainage and so to prevent this, a procedure called pleurodesis is performed. Pleurodesis involves injecting a solution into the pleural space through the chest drain tube. The solution will be made up of sterile talc, normal saline and local anaesthetic. The chest drain will then be clamped for 2 - 4 hours to prevent the talc solution from flowing back out immediately. Following the pleurodesis you will be asked to change your position regularly to improve the distribution of the solution.

Pleurodesis causes the two layers of pleura to become inflamed so that when the lung re-expands they stick together and the lung is anchored to the chest wall. This should prevent the fluid from re-accumulating. The procedure is more effective if the fluid has been drained off completely leaving the pleural space completely dry; suction may therefore be applied to the drain before the procedure takes place.

The chest drain will be left in position for a few hours after the procedure and may in some cases be re-attached to suction to help the lung stick against the chest wall. Occasionally fluid may drain from the pleural space for a while after the pleurodesis and the drain will be left in until this slows right down or stops.

After the procedure has been performed you will experience some pain on that side of the chest. Please make sure that you are as pain-free as possible by asking for painkillers regularly.

If you have any questions about your chest drain, pleural effusion or pleurodesis please do not hesitate to ask the nurses or doctors looking after you.

Who can I contact if I have further questions before or after the test?
You should contact your consultant at Wycombe Hospital via their secretary on the extension numbers below:

Dr. C. Campbell 01494-425745
Dr. A. Prasad 01494-425006
Dr. M. Shahidi 01494-425453
Dr. D. Taylor 01494-425453
Dr. C. Wathen 01494-425006

Reducing Infections
Infection control is important to the well being of our patients and, for that reason, we have infection control procedures in place.

Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you and anyone visiting you use the hand rub (special gel) available at the main entrance of the hospital and at the entrance to every ward before coming into and after leaving the ward or hospital. In some situations hands may need to be washed at a sink using soap and water rather than using the hand rub. Staff will let you know if this is the case.

For infection control purposes and to keep safe and well visitors are requested not to:
Visit you if they are unwell
Sit on your bed or use the patient toilets
Touch your wounds, or any medical devices, drips or catheters.

Can you help us?
SCANNAPPEAL purchased much of the specialist equipment in the Trust’s hospitals and is now raising funds for equipment for the early detection of lung cancer, via the CANCER FIGHTING FUND to help patients in this unit. If you would like to support their work, please ring 01494 727752 or email: info.scannappeal@buckshosp.nhs.uk or visit the website: www.scannappeal.org.uk

CANCER FIGHTING FUND – PROVIDING NEW TECHNOLOGY FOR LOCAL PATIENTS