



Information for
patients and
carers

Having an Indwelling Pleural Catheter (IPC) removed

Patient's name:

Your appointment is at Royal Preston Hospital (01772 522412)

Endoscopy Unit on: Date: Time:

Theatre (Ward 3/DOSA on: Date: Time:

Indwelling Pleural Catheter (IPC) removal

This leaflet has been produced to answer questions you may have about having your IPC removed and what to expect during your visit. If you have any other questions, please ask a member of the nursing team.

What is an IPC?

An indwelling pleural catheter is a specially designed small tube that drains fluid from around your lungs whenever it is needed.

Why do I need my IPC removed?

The pleural space consists of two thin membranes – one lining the lung and the other lining the chest wall. Between these layers, there is a very small space which is usually almost dry. In your case fluid had collected in this space so that the lung could not function properly making you short of breath. The tube may be removed when drainage is minimal (less than 50mls on 3 separate occasions) or has stopped; this may be in a few weeks or months.

What are the risks of having my IPC removed?

IPC removal is normally a very safe procedure but can result in a reaction to the sedation medication; this is usually managed with close monitoring and rarely with the use of medicines to reverse the effect of sedation. Other rare complications are a 1% risk of infection requiring

antibiotics, persistent air leak or bleeding that may require surgery. Rarely patients may experience ongoing pain at the site of the drain. Rarely the catheter may fracture leaving part inside the chest; this may need surgery to remove.

A trained nurse will monitor you at all times to ensure that any problems are quickly recognised and treated.

What are the alternatives to having my IPC removed?

For some people the IPC may remain in place.

What do I need to do before I have my IPC removed?

- To make sure that your stomach is empty it is important NOT to eat for 6 hours or drink for 2 hours before the test
- If you are diabetic please read the enclosed leaflet
- If you are taking blood thinning medications such as, Warfarin, Rivaroxaban, Sinthrome, Dabigatran, Edoxaban, Apixaban, Dipyridamole, Aspirin, Clopidogrel, Prasugrel, Ticagrelor, Dalteparin/Clexane injections you may need to stop taking them, please ring **01772 522412** for further information
- Bring an up to date list of medications and allergies
- Remove nail polish and false nails
- Bring your consent form (read it but please do not sign it)
- Do not bring valuables or jewellery into the department. We cannot be held responsible for any loss or damage
- Please let us know in advance if you need an interpreter or sign guide

What to expect

- Certain tests may be carried out prior to the removal e.g. blood tests, chest x-ray and ultrasound scan of your chest
- A nurse or doctor will explain the procedure to you and this is your opportunity to ask any questions you have
- Do not be afraid to let them know if you are worried
- You will be asked to sign the consent form that shows that you understand the test and the risks involved
- Sedation may be given for this procedure, a nurse or doctor will insert a small cannula into a vein in your hand or arm. The sedation will be given through this when you are in the treatment room
- On the day of your test it is important NOT to eat anything for 6 hours or drink for 2 hours before the test

Will I find the procedure uncomfortable?

You may have some discomfort. A trained nurse will be talking to you throughout and will reassure you and explain what is happening during each stage of the procedure. If you request sedation, this will be injected into your vein through a cannula. The sedation will make you feel drowsy and relaxed but will not make you unconscious. You will be in a state called 'conscious sedation' which means that you will still hear what is said to you and will be able to follow simple instructions during the procedure.

Sedation makes it unlikely that you will remember anything about the procedure. When the procedure has ended, you will be taken to the recovery area for about one hour.

What happens during the procedure?

For your comfort and reassurance, a trained nurse will be with you throughout the procedure. Occasionally an ultrasound scan will be performed just before the procedure.

When you enter the room the doctor will speak to you. You will be asked to lie on the unaffected side with your arms up at head level. A 'peg' will be placed on your finger to monitor your pulse and oxygen levels, and a cuff on your arm to measure your blood pressure. Sedation will be given before the procedure starts if requested. The doctor will clean the skin around the catheter area. They will cover the surrounding area with sterile towels and then inject the skin with local anaesthetic; this may sting a little but then numbs the chest. The catheter can then be removed.

What happens after the procedure?

At the end of the procedure, you may need a chest X-ray and then return home to rest.

Rarely, you may feel some discomfort from where the catheter was sited. Painkillers can be taken to control this discomfort. The doctor may have put medical glue to the area. Please keep the area dry for 7 days to ensure the wound has healed well.

Frequently asked questions

How many people will be in the procedure room?

Two doctors along with two to three trained nurses and a healthcare assistant will be in the room. There are often extra doctors or nurses in the room that are there to learn.

How long will I be in hospital?

Most people are able to return home on the same day, but some may have to stay in hospital; this would normally be discussed with you prior to the procedure.

Checklist

- Stop eating 6 hours before the test
- Stop drinking 2 hours before the test – only water on the day of the test
- Take up to date list of medications
- Bring the Consent Form but do not sign it
- Write down any questions/concerns

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk

All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Gujarati:

આ માહિતીને સમજવામાં સહાયતા જોઈતી હોય તો કૃપા કરીને પૂછો. આ માહિતી મોટા છપાણ માં અને અન્ય ભાષામાં ઉપલબ્ધ કરી શકાય છે.

Romanian:

Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informații. Aceste informații pot fi puse la dispoziție în format mare și în alte limbi."

Polish:

Poinformuj nas, jeśli potrzebna jest ci pomoc w zrozumieniu tych informacji. Informacje te można również udostępnić dużym drukiem oraz w innych językach

Punjabi:

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਵੱਲੋਂ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰਿੰਟ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੱਲੋਂ ਮੁਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

Urdu:

دو سرى زبانون او ر بڑى اكر آب كو هى معلومات سمجھنے كے يے ل مدد كى ضرورت بے تو
يى چھپيا يمن يه ابى دست بو ي سكت بے برا ء مبر يمان پو ے ي چھه ي معلومات

Arabic:

مطبوعة بأحرف كبيرة و بلغات إذا كنت تريد مساعدة في فهم هذه المعلومات يُرجى أن تطلب
أخرى يمكن تو فير هذه المعلومات

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Division: Medicine/DCS
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