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Thoracentesis

A Patient Guide

What is a Thoracentesis?

Thoracentesis is a procedure to remove fluid from the space between the lungs and the chest wall called the pleural space. A needle or sometimes a plastic catheter is inserted through the chest wall. Ultrasound pictures are often used to guide the placement of the needle. The pleural fluid that is obtained is sent to a lab to determine what may be causing the fluid to build up in the pleural space.

A small amount of pleural fluid present in the pleural space is considered normal. A buildup of excess pleural fluid (pleural effusion) may be caused by many conditions, such as infection, inflammation, heart failure, or cancer. If a large amount of fluid is present, it may be hard to breathe.

Fluid inside the pleural space may be found during a physical examination and is usually confirmed by a chest X-ray.

Why is a thoracentesis done?

Thoracentesis may be done to:

- Find the cause of excess pleural fluid (pleural effusion).
- Relieve shortness of breath and pain caused by a pleural effusion.

What can I expect with a thoracentesis?

- The doctor will explain the procedure and discuss any risks with you before having you sign a consent form.
- Certain conditions may increase the difficulty of the thoracentesis. Let your doctor know if you have:
 - Had lung surgery (the scarring from the first procedure may make it difficult to perform the procedure).
 - A long term (chronic) and irreversible lung disease, such as emphysema.
- Tell your doctor if you:
 - Are taking any medications.
 - Have allergies to any medicines
 - Have any bleeding problems or take blood thinners, such as aspirin, warfarin (Coumadin), plavix, or pradaxa.
 - Are or might be pregnant

- Talk to your doctor about any concerns you have regarding the need for the test, its risks, how it will be done, or what the results will mean. .
- A chest X-ray is usually done before the procedure. Your doctor may order certain blood tests, such as a complete blood count (CBC) and clotting factors, before your procedure
- This procedure may be done in the X-ray department of a hospital, in an emergency room, or at your bedside in the hospital. Your doctor may have a nurse assist with the procedure.
- You will need to take off all or most of your clothes (you may be allowed to keep on your underwear if it does not interfere with the procedure). You will be given a cloth or paper covering to use during the procedure. During the procedure, you will be seated but leaning forward on a padded bedside table. If your test is done in the X-ray department, X-rays or an ultrasound may be used to confirm the location of fluid in your chest
- The needle site between your ribs will be cleaned with an antiseptic solution. Your doctor will give you a local anesthetic in your chest wall so you won't feel any pain. Once the area is numb, your doctor will insert the needle to where the fluid has collected (pleural space). You may feel some mild discomfort or pressure as the needle enters the pleural space.
- A syringe or a small tube attached to a vacuum bottle is used to remove the pleural fluid. Your doctor will collect fluid to send to the lab. Once the fluid is removed, the needle or small tube is removed and a bandage is put on the site.
- If a large amount of pleural fluid was removed during the procedure, you will probably be able to breathe more easily.
- An X-ray may be taken right after the procedure to make sure that no complications have occurred. If more pleural fluid collects and needs to be removed, another thoracentesis may be done later.
- This procedure takes about 10 to 15 minutes.
- Tell your doctor or nurse if you feel faint or if you have any shortness of breath, chest pain, or uncontrollable cough.

Are there any risks to this procedure?

Thoracentesis is generally a safe procedure although there is always some risk. Complications may include:

- A partial collapse of the lung (pneumothorax). This may occur if the needle used to remove the pleural fluid punctures the lung, allowing air to flow into the pleural space.
- Pulmonary edema, which may occur if a large amount of fluid is removed.
- Infection and bleeding.
- Damage to the liver or spleen, though this is rare.

When can I expect results back?

Results from a lab are usually available in 1 to 2 working days. If the fluid is being tested for an infection, such as tuberculosis, results may not be available for several weeks.

If you have any questions or do not understand any of these instructions, please ask the doctor or call our office, 610-521-1300.

