

Talc pleurodesis

Respiratory Medicine Patient Information

This leaflet is for people who are having a talc pleurodesis through a chest drain. A chest drain is a small tube that removes fluid or air from around your lung. This helps you breathe more easily. It is usually removed after a few days.

What is a talc pleurodesis?

A talc pleurodesis is a treatment to stop fluid or air building up around your lung.

A special sterile talc powder is mixed with salt water (saline). It is then put into the space around your lung through the chest drain. The talc makes the lining of your lung stick to the inside of your chest wall. This closes the space where fluid or air can collect.

The treatment works for about 7 or 8 out of every 10 people. If it does not work for you, there are other treatment options that can help.

Why do I need a talc pleurodesis?

Your lungs are covered by two thin layers called the pleura. There is usually a small amount of fluid between them.

Sometimes too much fluid or air builds up in this space. This can stop your lung from working properly. It can make you feel short of breath.

A chest drain can remove the fluid or air, but it may come back after the drain is taken out. A talc pleurodesis helps stop this from happening.

What are the benefits of a talc pleurodesis?

Fluid around the lung is often caused by cancer. It can also happen for other reasons.

A talc pleurodesis can:

- stop fluid or air coming back.
- help you breathe more easily.
- reduce the need for more chest drains.
- reduce the need for surgery.

The treatment is usually done on the ward and does not need an operation.

What are the alternatives to a talc pleurodesis?

Sometimes your lung does not fully open after the fluid has been drained. If this happens, a talc pleurodesis may not work well.

Your doctor may suggest an indwelling pleural catheter (IPC) instead. An IPC is a small, soft tube like a chest drain. It is designed to stay in place for weeks or months. It allows fluid to be drained at home when needed. This may reduce the need for repeat hospital visits.

If you decide not to have a talc pleurodesis, the fluid or air may come back. You may need another chest drain or, in some cases, surgery. Having repeated chest drains also has some risks.

If the talc pleurodesis is to help stop a collapsed lung (pneumothorax) from happening again, your doctor may offer surgery instead. If you choose not to have talc pleurodesis, your lung may collapse again. If this happens, you may need another chest drain or surgery in the future. If you need an operation this is usually done by the specialist Thoracic Surgery Team at Southampton Hospital.

What are the risks of a talc pleurodesis?

Pain is common because the talc irritates the lining of the chest.

To help with this:

- you will be given pain relief before, during, and after the procedure.
- local anaesthetic will be put into the chest drain.
- you can have more pain relief if you need it.

Other possible side effects are:

- a high temperature (fever).
- flu-like symptoms for one to two days.
- low blood pressure, which can make you feel dizzy or light-headed

A serious reaction is very rare. Fewer than 1 in 1,000 people develop inflammation of the lungs that causes breathing problems.

The healthcare team will watch you closely during and after the procedure.

Before the procedure:

- The amount of fluid coming from your drain should have reduced.
- You will have a chest x-ray to check that your lung has reopened and the fluid or air has drained.

What happens during the procedure?

The doctor will explain the procedure and answer your questions. If you agree, you will be asked to sign a consent form.

You will then:

- be given pain relief.
- have your chest drain checked.
- have local anaesthetic put into the chest drain.
- have the talc mixture put through the chest drain.
- have the drain closed for about one hour while the talc works.
- be monitored by the nursing staff.
- have the drain reopened so any remaining fluid or air can drain away.

Tell a member of staff if you have pain at any time.

The next day, your doctor will check the drain. If very little fluid or air is left, the drain may be removed. If you are well, you may be able to go home if there are no other reasons you need to stay in hospital.

How long will it take?

The procedure usually takes about 20 minutes.

After you go home

You may have a follow-up appointment in the Respiratory Clinic and/or Oncology Clinic.

Your GP will be told about your treatment and any follow-up plans.

Contact your respiratory team or seek urgent medical advice if you have:

- more breathlessness or trouble breathing.
- new or worsening chest pain.
- a high temperature, shivering, or feeling unwell.
- redness, swelling, leaking, or increasing pain around the drain site.
- coughing up blood.
- any symptoms that worry you.

Call **999** or go to your nearest Emergency Department if you have severe breathing problems, severe chest pain, or feel very unwell.

Contact information:

Poole

Respiratory Ward Poole: **0300 0192284**

Lung cancer nurses Poole: **0300 0198338**

Royal Bournemouth

Respiratory Ward RBH: **0300 0194710**

Lung cancer nurses RBH: **0300 0194876**

Further information

www.brit-thoracic.org.uk/quality-improvement/guidelines/pleural-disease

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