香港浸信會醫院
Hong Kong Baptist Hospital

Chemical Pleurodesis

Procedure Information Sheet

Introduction

Chemical pleurodesis is a procedure that induces adhesion of the pleural cavity to prevent recurrent pleural effusion or recurrent pneumothorax by instilling a chemical substance.

The Operation / Procedure

The procedure may be performed at the bedside under local anaesthesia or at the time of thoracoscopy under general anaesthesia. A chest tube is inserted into the pleural space. A chemical substance is then instilled through the tube into the pleural cavity. An inflammatory reaction is induced in the pleura so that the pleura will adhere to the chest wall.
After instillation of the chemical substance, patient may be asked to lie in various positions to facilitate even distribution of the chemical in pleural cavity. The chest tube can usually be removed in the next few days.

Before the Operation / Procedure

1. A written consent is required.
2. Inform medical staff of any known allergy, especially drug allergy before the procedure.
3. Oxygen and oximetry monitoring may be required.

After the Operation / Procedure

1. Local anaesthetic is added to chemical substance to reduce the pain caused by the inflammatory reaction. Doctor will prescribe further analgesics if needed.
2. Please inform the medical or nursing staff immediately if there is any discomfort.

Risk and Complication

1. The most common adverse effects of chemical pleurodesis include pain, fever and shortness of breath.
2. Rare adverse effects include respiratory failure, cardiovascular complications e.g. arrhythmia and empyema.

Disclaimer

This leaflet only provides a general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

1. Bhatnagar, R., Corcoran, J. P., Maldonado, F., Feller-Kopman, D., Janssen, J., Astoul, P., & Rahman, N. M. (2016). Advanced medical interventions in pleural disease. *European Respiratory Review*, *25*(140), 199-213.
2. Feller-Kopman, D. J., Reddy, C. B., DeCamp, M. M., Diekemper, R. L., Gould, M. K., Henry, T., ... & Rahman, N. M. (2018). Management of malignant pleural effusions. An official ATS/STS/STR clinical practice guideline. *American journal of respiratory and critical care medicine*, *198*(7), 839-849.
3. Heffner, JE. (2020). Chemical pleurodesis. *UpToDate.* Retrieved from: https://www.uptodate.com/contents/chemical-pleurodesis?search=chemical%20pleurodesis&source=search_result&selectedTitle=1~71&usage_type=default&display_rank=1
4. Leemans, J., Dooms, C., Ninane, V., & Yserbyt, J. (2018). Success rate of medical thoracoscopy and talc pleurodesis in malignant pleurisy: A single-centre experience. *Respirology*, *23*(6), 613-617.

Patient's Label
Patient Name: _____
Hospital No:_____
Episode No:_____

Patient's Signature:_____ Date:_____