

ASCENSION ST VINCENTS

THORACENTESIS PATIENT HANDOUT

Radiologist who performed your procedure:

Procedure Description:

- An image-guided thoracentesis is a procedure used to remove fluid from around one of the lungs. It is usually done to improve breathing or to obtain a sample of the fluid for testing. The skin is cleaned with antiseptic, and local anesthetic is used to numb the area. A thin catheter is inserted into chest, and the fluid is removed.
- The procedure itself usually takes 10–20 minutes.

Benefits:

- Minimally invasive: The procedure uses a small catheter with no incisions or stitches.
- Symptom relief: The procedure usually improves shortness of breath and breathing capacity.
- Diagnostic value: Sometimes the fluid is tested to help determine the cause of the fluid buildup (such as liver disease, heart failure, renal failure, infection or cancer).
- Low risk of complications: The risk of serious complications is low, with most side effects being mild and temporary.
- Rapid recovery: Most patients return to normal activities soon after the procedure.

Risks & Potential Complications:

- Pain: Pain can occur (up to 10-20% of cases). The pain is usually mild, usually goes away within a few days and can be managed with over-the-counter pain medicine.
- Bleeding: Minor bleeding/bruising can occur (up to 10% of cases). Significant bleeding is rare (less than 0.1% of cases).
- Infection: Infection is rare (less than 0.1% of cases). Most infections are mild and can be treated with antibiotics.
- Pneumothorax: A collapsed lung can occur (about 5-10% of cases). This results from air leaking into the space surrounding the lung. Many mild cases are observed with chest radiographs, while some cases (up to 2%) require placement of a small tube to remove the air and require a hospital stay.
- Vasovagal reaction: Feeling faint or lightheaded can occur during or after the procedure (up to 2% of cases). It is usually mild and goes away quickly.
- Allergic reaction: A reaction to the local anesthetic, topical antiseptic or other medications is rare (less than 1% of cases).
- Death: Death is rare (less than 0.1% of cases).
- Re-accumulation of fluid is common depending on the cause of the fluid buildup.

Alternatives:

- Observation: Observation and monitoring if the fluid buildup is mild and not causing symptoms.

- Medications: Medications such as diuretics (water pills) can help the kidneys remove the fluid in some patients.
- Tunneled catheter: A drainage catheter tunneled under the skin is sometimes placed in patients who have to undergo frequent thoracentesis to allow for fluid removal at home.
- Pleurodesis: A procedure can be performed to try to seal the pleural space to prevent fluid from re-accumulating.
- Surgery: Surgery can be performed to remove fluid in uncommon, complicated cases.

Aftercare:

- A bandage will be applied over the procedure site. Skin glue may also be applied to the site. You may remove the bandage 24 hours after your procedure, however, allow the skin glue to flake off on its own (do not pick it off).
- You may shower and allow water to flow over the site 24 hours after your procedure, however, do not submerge the site in water (bath, pool, hot tub or ocean) until the site has healed.
- Do not apply lotion/ointment to the site until it has healed unless instructed to do so.
- Avoid strenuous physical activity for at least 48 hours. Then increase your activity level as tolerated.
- It is normal to experience mild pain and bruising after your procedure. You can take acetaminophen (Tylenol), aspirin, ibuprofen (Motrin) or naproxen (Aleve) for relief. It is safe to take aspirin, ibuprofen or naproxen soon after your procedure, however you may experience more bruising if you do so.
- Contact Radiology or your ordering clinician if you have any concerns or experience any of the following: continued bleeding, significant swelling, severe pain not responding to over-the-counter medications, signs of possible infection (significant redness or purulent drainage from the site, severe pain, fever or chills), shortness of breath and/or chest pain that is worse than normal for you, dizziness / lightheadedness when standing or a faster than normal heart rate. Call 911 in the event of an emergency.
- Weekdays 8 am to 5 pm call 308-8401 (Riverside), 296-3886 (Southside), 602-1360 (Clay) or 691-1297 (St Johns). Weekdays 5 pm to 10 pm or weekends 6 am to 10 pm call 308-8401. If outside of these hours, call the hospital operator at 308-7300 and ask to speak to the Interventional Radiologist on call.

How Do I Receive Procedure Results?

- The fluid removed during your procedure may be sent for laboratory analysis. Results can take up to 5 days (sometimes longer) to become available. Please contact your provider's office to obtain results and for follow-up instructions.