

For further information visit:

www.lhch.nhs.uk
www.nhsdirect.nhs.uk
www.dipex.org

If you require a copy of this leaflet in any other format or language please contact us quoting the leaflet code and the language or format you require.

إذا لديك الرغبة في الحصول على نسخة من هذه المعلومات بأي لغة أخرى أو بشكل آخر (على سبيل المثال بخطوط كبيرة) ، الرجاء الاتصال علينا على الرقم 0151 600 1257 موضحاً الشكل أو اللغة التي ترغب فيها.
如果您想索取一份以其他語文或形式（如大字體）編印成的資料傳單，請致電 0151 600 1257 向我們查詢，並說明您所需要的形式和語文。
ئەگەر ئەم زانیاریانەت بەھەر زماننیکى تر یاخود شیولازنیکى تر دەوئیت (بۆ نموونە بە چاپى گەورە) ئەوا تەکاىە بە ژمارە تەلەفونى 0151 600 1257 پەیوەندیان پێوە بکە و ئاماژە بدە بەر زمانەى یاخود شیوەیەى کە دەتەوئیت
W celu uzyskania niniejszej informacji w innym języku lub formacie (np. dużym drukiem), prosimy o kontakt z nami pod numerem 0151 600 1257 podając wymagany format lub język.
Haddii aad u baahan tahay koobiga wargelintan oo luqad ama qaab kale (sida far waaweyn) fadlan nagala soo xiriir 0151 600 1257 adiga oo noo sheegaya luqadda ama qaabka aad wax ku rabtid.

CTPALS027 Version 2
Date of Publication: February 2018
Date for Review: February 2021

Liverpool Heart and Chest Hospital NHS Foundation Trust
Thomas Drive, Liverpool, Merseyside L14 3PE Telephone: 0151-600 1616
© Liverpool Heart and Chest Hospital NHS Foundation Trust



This leaflet has been written to provide information about a procedure to remove the pleura, the lining between the lungs and the chest wall (Pleurectomy). We hope it answers some of the questions or concerns you may have about the procedure. It is not intended to replace talking with medical or nursing staff.

What is a Pleurectomy?

A Pleurectomy is a procedure to remove the lining between the lungs and the chest wall. It is used following recurrent episodes of collapsed lungs (spontaneous pneumothorax) to help the surface of the lung to stick to the chest wall and so preventing further lung collapse.

How is it done?

You will be given a general anaesthetic and therefore you will be asleep during the procedure. Once you are asleep your surgeon will make an incision at the side of your chest or alternatively may use keyhole surgery to access the affected lung through your rib cage. The surgeon will then strip the lining between the lung and the chest wall. Chest drains are then inserted to drain any blood and manage any air leaks from the lungs in order for your lung to expand. The incision is then closed, usually with dissolvable stitches.

How long does it take?

The procedure takes approximately 1 hour although this can vary.

Will I have any pain or discomfort after the procedure?

You may be slightly uncomfortable after the procedure but you will be given medication to help control this. You may be given a special pump to treat any pain or discomfort (patient controlled analgesia).

The pump is attached to you by a small tube, usually in the back of your hand. You will be given a hand held button which

delivers a measured amount of pain relieving medication each time you press it. Alternatively you may be given continuous pain relief through a different type of pump (epidural). Your anaesthetist will discuss pain relief with you prior to your surgery.

How do I prepare for the procedure?

You may be invited to a pre admission clinic prior to your admission date, to prepare you for your procedure.

Normally you will be admitted to hospital the day before or the morning of the procedure.

If you haven't already had investigations at pre admission clinic, you may need to have a chest x-ray, a heart tracing (ECG), routine blood tests and a breathing test.

You will be given an antiseptic wash to use before the procedure to help prevent infection. You will be informed when to stop eating and drinking prior to the procedure.

What are the benefits of having the procedure?

The procedure can help to prevent collapse of the lungs for patients suffering from recurrent lung collapse (spontaneous pneumothorax).

What are the risks involved?

This varies from patient to patient. Any risks involved with the procedure will be discussed with you in more detail before you sign a consent form

Risks include breathing difficulties, pneumonia and bleeding.

Sometimes air can leak from around the lungs into the skin (subcutaneous emphysema) following the procedure.

What alternatives do I have?

You may choose not to have surgery as not every patient

suffering from a pneumothorax will require a pleurectomy. In many patients once the lung has reinflated further treatment is not required.

Your doctor would be happy to discuss any alternative treatments or procedures if they are applicable to you.

What can I expect after the procedure?

After the procedure you will be taken to a recovery room in theatre and closely monitored until you are awake. You will then return to the ward where staff will continue to monitor you. You will be given oxygen via a facemask overnight and you will be given fluids through a drip in your arm. If you have an epidural to control your pain you will also have a small tube inserted into your bladder (catheter) which will allow urine to drain and be monitored by staff. Staff will inform you when you are able to eat and drink.

When can I resume normal activities?

The day after the procedure you will be encouraged to sit out of bed and will be seen by a physiotherapist who will help you with deep breathing exercises. The chest drains are usually removed 2 days after the procedure and most people are able to go home after 1 week although this varies. You will be informed how to care for your wound and arrangements will be made for removal of any stitches if appropriate. Do not drive following discharge until you have been reviewed at your outpatients appointment, usually about 6 weeks after surgery, and advised by your surgeon that it is safe to do so. This information will be discussed with you in more detail before you go home and you will be given a discharge advice booklet.