given the results by your consultant or one of his team.

This advice will be discussed with you in more detail before you go home and you will be given a discharge advice sheet.

For further information visit:
www.lhch.nhs.uk
www.lunguk.org
www.dipex.org

Or contact:
The British Lung Foundation North West on 0151 224 7778.

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 فى الحصول على نسخة من هذه المعلومات بأيّ لغة أخرى أو بشكل آخر (على سبيل المثال بخطوط كبيرة) ، الرجاءالاتصال علينا على الرقم 0151 600 1257 موضحاً الشكل او اللغة التى 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。
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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.
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Liverpool Heart and Chest Hospital NHS
NHS Foundation Trust

Video Assisted Thoracoscopy

(A procedure to examine the lungs and the cavity around the lungs)

Excellent, Compassionate and Safe care for every patient, every day

This leaflet has been written to provide information about a procedure to obtain a sample of fluid or tissue from the lung cavity (Video Assisted Thoracoscopy, VATs). 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 Video Assisted Thoracoscopy?

A Video Assisted Thoracoscopy is a procedure that allows the surgeon to examine the lungs and the cavity around the lungs (pleural cavity). Samples of the lung or pleural tissue will be taken for examination.

How is it done?

The procedure is performed under a general anaesthetic therefore you will be asleep during the procedure. Once you are asleep your doctor will make several small incisions in your side. A thin rigid tube with a camera and a light at the end of it (endoscope) is inserted through one of the incisions into the area between the lungs and the chest wall (pleural space). The surgeon is able to see the pleural tissue through the endoscope and obtain a sample of tissue. If there is any fluid present in the cavity this will be drained and a sample taken for examination.

Your consultant may carry out a further procedure at this time, to help prevent fluid re-accumulating in the cavity (pleurodesis). This will be discussed with you prior to the procedure if appropriate.

During the procedure a chest drain is inserted to allow drainage of any fluid and to aid expansion of your lung. This will be removed prior to discharge.

How long does it take?

The procedure takes approximately 1 hour although this can vary.

Will I have any pain or discomfort following the procedure?

You may feel some discomfort after the procedure but you will be given medication to help control this. If you are in any pain or discomfort you should inform the staff.

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 provide your doctor with important information which may help to diagnose or rule out certain lung conditions and can help your doctor determine the best treatment options.

Draining fluid from the lung cavity may improve your breathing.

What are the risks involved?

As with any procedure there is a small risk of complications.

There is a small risk of bleeding and infection at the incision site.

There is also a risk of collapsing the lung during the procedure. If this happens you may require treatment to reinflate the lung. Any risks involved with the procedure will be discussed with you in more detail before you sign a consent form.

What alternatives do I have?

This depends on your symptoms and your condition.

Other procedures that obtain samples of lung tissue include needle biopsies and bronchoscopies (this involves passing a tube down your throat in order to examine the airway and lungs and obtain a sample of lung tissue).

Another way to drain fluid from the lung cavity is to perform a pleural aspiration. This involves inserting a needle into the cavity and drawing off the fluid.

Other tests that can provide information about the chest and lungs include chest x-rays and CT scans (Specialised scan).

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

What can I expect after the procedure?

Following 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 regularly. You will have a chest x –ray following the procedure. Staff will inform you when you are able to eat and drink. Any chest drains will be removed by staff on the ward when they have stopped draining fluid and air.

When can I resume normal activities?

You may be able to go home the next day, or in a few days after the procedure. You will be given information about how to care for your wound. You should not drive for 1 week and you should take at least 1 week off work. You will be reviewed as an outpatient after the procedure and if you have had a sample of tissue or fluid taken for examination you will be