



Information for patients having a thoracoscopy

Your doctor has advised that you need a test called a thoracoscopy. This leaflet will explain what this test entails.

What is a thoracoscopy?

A thoracoscopy is a way of obtaining a sample of tissue (biopsy) from the lining of the chest cavity, using a small telescope inserted through the chest wall. It helps us to find out what is wrong. Any excess fluid in the chest cavity can be drained at the same time, which will usually improve your breathing.

Will I need a general anaesthetic?

No. A thoracoscopy can be done using local anaesthetic and light 'sedation', you do not need to be put to sleep. A small injection is used to numb the skin. Some medication will also be injected into the bloodstream to calm and relax you; this is called sedation. One effect of this medication is that you may not remember much about the test afterwards.

Can I eat and drink before the test?

The test takes place in the afternoon, so you may have a light breakfast (for example a cup of tea and a slice of toast) before 08:00 on the day of the test. You should not have anything to eat or drink after 08:00 hours.

Do I take my tablets on the day of the test?

Unless advised otherwise, yes you should take your medication on the day of the test. The doctor you saw in the clinic will have checked your medicines with you beforehand. You should not be taking blood thinning treatment such as warfarin, clopidogrel, prasugrel, apixaban, ticagrelor, rivaroxaban or dabigatran. You are allowed to take aspirin. Special arrangements may need to be made if you are diabetic, you can discuss these with the doctor who arranges the test for you.

What happens during the test?

- The test takes place in an operating theatre to ensure that high standards of cleanliness can be maintained.
- A needle will be put into a vein in the back of your hand to administer the sedation.
- You will be asked to lie on your side, and then, after cleaning an area of skin on the side of your chest, the doctor will numb the skin with an injection of local anaesthetic.
- Once the skin is numb, a small cut is made in the skin so that a telescope can be inserted into the chest cavity.
- The doctor can then drain any fluid present and take biopsy samples.
- The samples are then sent to the laboratory and examined under the microscope by a specialist, called a pathologist, to help determine the cause of your problems.
- You may also receive an additional treatment to prevent fluid recurring on your lungs. This involves using a special substance with 'glue-like' features called 'talc'. If you require this further treatment this will be discussed with you before the test.

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- Once all necessary samples have been taken, the telescope will be removed, and a plastic tube (chest drain) will be left in place to remove the air and any remaining fluid from the chest cavity. This tube will be attached to a drain bottle and will usually be removed after 1 hour.

Will I experience any pain during the test?

The local anaesthetic may sting for short period after it is injected, but after that it should not be painful. Some people may experience some pain after the procedure has taken place and the anaesthetic begins to wear off.

Painkillers will be prescribed, and the nurses will offer these to you. If you are still in pain, ask the nurses and they will arrange for some stronger medication.

How long does the test take?

The test usually takes between 45–60 minutes.

Where will the test happen?

Usually you will be admitted on the day of the procedure to the Ambulatory Care located on the Ground Floor of the Queen Elizabeth Hospital, Birmingham.

When can I go home after the procedure?

Most patients will be able to go home 2 hours after the procedure, but a few may need to stay overnight. If talc is administered, you will need to stay in hospital for at least 2 days.

What are the risks of having a lung biopsy?

Introducing a telescope into the chest cavity and taking biopsy samples can cause some bleeding. A small amount of blood is very common, but it is rare for this to cause a major problem. Less than 1 in every 100 patients will require further treatment (such as blood transfusion) to treat a major bleed following the procedure.

There is also risk of infection either at the skin site where the telescope was inserted, or more uncommonly within the chest cavity itself.

Although the procedure is performed in a very clean environment, infection can occur, but it does so in less than 1 in 20 cases. If infection occurs, you will need antibiotics.

Will there be any side effects after the biopsy?

Most patients do not experience any problems following the test. If you suddenly become short of breath or have severe chest pain, then you should attend the Accident and Emergency Department at the Queen Elizabeth Hospital Birmingham.

Can I drive after the biopsy?

No you cannot drive, someone else must drive you home after the test. You should be able to drive again the next day if you feel well.

Are there any problems flying in an aircraft after a biopsy?

You should not fly for 6 weeks after the biopsy.

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When can I go back to work?

You should be able to go back to work within 2–3 days of the test unless advised otherwise.

When will I get the results?

It usually takes at least a week for the results to come back to the doctor who requested the test. You should then be given an appointment to see the doctor again. If you have not heard anything from the hospital within 10 days of the biopsy you should telephone the consultant's secretary to make another appointment.

Department address and contact information:

RESPIRATORY TEAM

Queen Elizabeth Hospital Birmingham

Mindelsohn Way, Edgbaston Birmingham, B15 2GW

Telephone: 0121 627 2000

If you require this information in another format, such as a different language, large print, braille or audio version please ask a member of staff or email patientexperience@uhb.nhs.uk.