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اگر نیاز به ترجمہ دارید، لطفاً با شماره 01932 723553 تماس بگیرید۔

ਜੇ ਤੁਹਾਨੂੰ ਤਰਜਮੇ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ ਤੇ فون ਕਰੋ: 01932 723553

اگر آپ اس کا اردو زبان میں ترجمہ چاہتے ہیں، تو براہ کرم اس فون نمبر 01932 723553 پر رابطہ کریں

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यदि आपको अनुवाद की ज़रूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

Ashford Hospital
London Road
Ashford, Middlesex
TW15 3AA
Tel: **01784 884488**

St. Peter's Hospital
Guildford Road
Chertsey, Surrey
KT16 0PZ.
Tel: **01932 872000**

Website: www.ashfordstpeters.nhs.uk

Tunnelled Indwelling Pleural Catheters

Department of Respiratory Medicine



Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email patient.advice@asph.nhs.uk. If you remain concerned, the team can also advise upon how to make a formal complaint.

Author: Dr Shashank Sharma

Department: Respiratory Medicine

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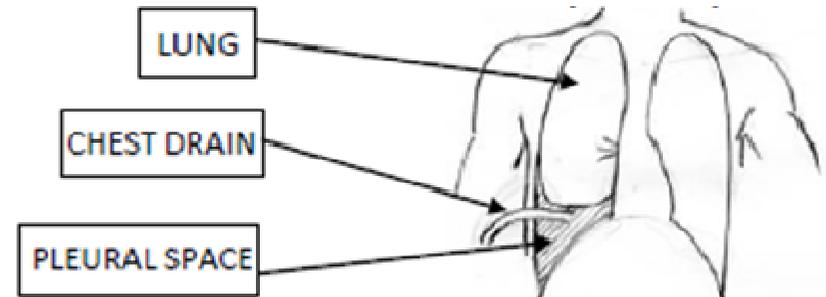
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What is a tunnelled indwelling pleural catheter (TIPC)?

A TIPC is a specially designed small tube to drain fluid from around your lungs easily and painlessly whenever it is needed. This can stay in the chest cavity for many months and even for years in some cases. It avoids the need for repeated painful injections and insertion / removal of chest tubes every time fluid needs to be drained. The drainage can be performed either by you on your own or with the help of a nurse, whichever is easier for you.

The catheter is a soft flexible tube that is thinner than a pencil, which remains inside the chest and passes out through the skin. There is a valve on the outer end of the tube to prevent fluid leaking out.



Why do I need a tunnelled indwelling pleural catheter?

The pleural space consists of two thin membranes – one lining the lung and the other lining the chest wall. Between these layers there is usually a very small space which is almost dry. In your case fluid has collected in this space so that the lung cannot work properly, making you short of breath.

What can be done to help me when fluid collects?

Draining away the fluid helps relieve breathlessness for a short period, but the fluid often re-collects, making you short of breath again. While it is possible to have repeated drainage of fluid with a new tube each time it collects, it can be uncomfortable and means many inconvenient trips to hospital. A TIPC allows fluid to be repeatedly drained without you having to come to the hospital and have repeated uncomfortable procedures.

How is the TIPC put in my chest?

The TIPC will be put into your chest in a special procedure room. You will be shown to a bed and a nurse will take your temperature, pulse, blood pressure respiratory rate, oxygen saturations and ask you some questions.

You will be asked to sit or lie in a comfortable position by your doctor. The doctor will use an ultrasound scanner to identify the best place to insert the TIPC. The ultrasound scan is not painful. It involves having a probe covered with jelly moved over your skin. The jelly is wiped off your skin at the end of the scan. Once you are comfortable, your skin will be cleaned with an

Contact:

After discharge, should you have any concerns or queries, please contact the following number:

Palliative care team - 01932 723697

Aspen ward – 01932 723907

We will ring you back within 24 hours, if we are not able to answer your call immediately.

- Sometimes the cancer can affect the area around the TIPC, causing lumps to form under the skin around the TIPC. These may be uncomfortable or painful in some patients. Sometimes radiotherapy is used to help prevent this. Please let your doctors know if you develop a lump, or any pain, around your TIPC. If this problem does develop your doctor will advise you on appropriate treatment.

Can I wash and shower normally?

Initially after the TIPC insertion, a dressing is placed to keep the wound dry and clean. Usually after 10-14 days, when the stitches are removed, you can shower as long as wound is clean and dry.

When is the TIPC taken out?

TIPCs are designed to remain in position permanently. However, sometimes the fluid in the chest dries up and the TIPC is no longer needed. In this situation the TIPC can be removed as a day-case procedure.

antiseptic fluid. A local anaesthetic is then injected into the skin to numb the area where the TIPC will go. This can sting initially and feel mildly uncomfortable, but this feeling passes off quickly. Your doctor will then make two small cuts in the numb area of skin and create a path for the TIPC. This should not be painful although you may feel some pressure or tugging. One cut is for the TIPC to pass through the skin and the second is for it to be passed into the chest. The TIPC is then positioned into the chest.

Will it be painful?

The skin and the lining of the lung are numbed using the local anaesthetic. If you feel any pain, please inform the doctor and more local anaesthetic can be given. Painkilling medications can also be given to control any discomfort. At the end of the procedure the chest may feel bruised or sore for about a week. The medical staff will suggest painkilling tablets to relieve this discomfort.

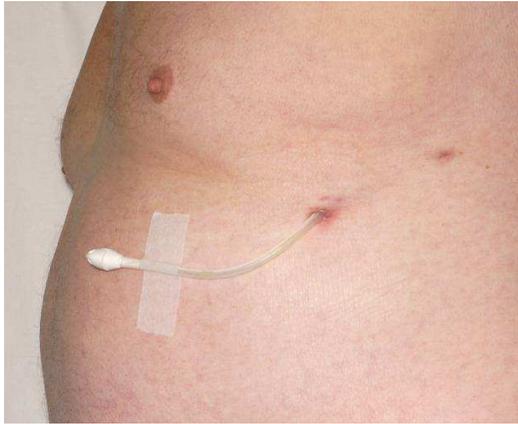
How long do I have to stay in hospital?

The procedure is usually done as a day case, although it may require a short stay in hospital. It is best that you don't drive or use heavy machinery, on the day of procedure, as there might be discomfort after the procedure.

How does the drain stay in position?

TIPCs have a soft collar, which sits under the skin and this helps to keep them secure. Overtime skin heals around this collar and prevents TIPC from falling out. Initially stitches are put to close the wound and support the TIPC; however they are usually taken out after 10-14 days.

The TIPC's can be removed if they are no longer needed.



Who will drain the fluid from my TIPC once it is in place?

The TIPC is designed to make the drainage procedure straightforward. A trained member of staff will be able to teach you, a relative or a friend, how to drain the fluid so that it can be done in your home. If required, arrangements can be made for a member of hospital team (Medihome) or district nurses to do it for you. All of these arrangements will be made for you, so you will not need to organise any of this for yourself.

How often can I drain fluid and how often do I need to do this?

Most of the fluid from your chest, will be drained when the TIPC is inserted. How quickly the fluid comes back varies between people. Some patients need daily drainage while others may require only weekly drainage or less. You can drain fluid as often

or as infrequently as needed. You will be advised how often this may need to be done.

Are there any risks with insertion?

TIPC insertion is a routine and safe procedure in majority of cases. There are some problems associated with TIPC insertion, including:

- **Pain:** Most people get some discomfort from their TIPC in the first week. You will be provided with painkilling medication to control this.
- **Bleeding:** During the insertion, the doctor may accidentally damage a blood vessel and cause bleeding. The doctor will use of an ultrasound scan immediately before insertion to reduce this risk to a minimum. In one of the reported studies of TIPC, 1 in 125 patients had some bleeding following TIPC insertion.

Are there any risks associated with long term TIPC use?

Generally TIPC's are well tolerated in the long term.

- TIPC's can occasionally get infected but this is uncommon (affecting about one in 50 patients). Your doctor will thoroughly clean the area before putting in the TIPC and you will be taught how to keep your TIPC clean. There are phone numbers listed at the end of this leaflet, should you feel the need to contact regarding any problems, for example, fever, increasing pain or redness around the TIPC.