



Talc pleurodesis

This leaflet is for patients who are having a talc pleurodesis via a chest drain.

What is talc pleurodesis?

This is a procedure in which sterile talc mixed with saline is inserted via a tube in order to cause an inflammatory reaction (irritation) in the lining of the lung. The aim is to prevent fluid building up in the lining of the lung. It is successful in approximately 70%-80% (7-8 in every 10) patients.

Why do I need a talc pleurodesis?

The pleural space consists of two thin membranes – one lining the lung and the other lining the chest wall. Between these layers, there is a very small space which is usually almost dry. In your case, fluid has collected in this space. If there is a significant volume of fluid then the lung cannot function properly making you short of breath. Under these circumstances we would drain the fluid, but in some instances the fluid builds up again. When this occurs we usually recommend inserting a chest drain (tube) to remove all the fluid and then introducing the talc mixture with the aim of preventing the fluid from returning once the drain is removed.

What are the benefits of a talc pleurodesis?

In most cases, the fluid has accumulated in the lining of the lung due to a cancer. This can be a cancer from the lung, but may be related to cancers elsewhere in the body. Very occasionally, we may recommend pleurodesis for fluid that reoccurs for other reasons. A talc pleurodesis can be carried out on the ward. If it is successful, it prevents the need for further invasive chest drain procedures or fluid removal.

What are the alternatives to a talc pleurodesis?

There may be an alternative option to insert an indwelling pleural catheter (IPC), which you can go home with and have drained regularly at home, usually by the district nursing team or a trained family member. Your healthcare professional will discuss with you whether this is a possibility for you. In some cases, despite removing fluid from the pleural space, the lung remains collapsed and is unable to fully re-expand. In these circumstances, a pleurodesis is unlikely to be successful and an IPC may be a better option. Sometimes, if a talc pleurodesis or IPC is not appropriate, we will recommend repeat intermittent drainage for symptoms as needed.

What are the risks of a talc pleurodesis?

Inserting talc into the pleural space causes inflammation and therefore pain is a frequent side effect. As such, all patients are given morphine-based painkillers before the procedure and local anaesthetic is flushed through the chest drain before the talc is given. We prescribe regular painkillers to be taken after the procedure. Patients may have flu-like symptoms for 24-48 hours or experience a fever. We monitor you closely as some patients may develop a low blood

pressure. There is very small risk of a severe reaction from talc pleurodesis in which inflammation can occur in the lungs and lead to breathing difficulties. This is rare and occurs in less than 1 in 1000 cases.

Preparing for the procedure

The procedure can be performed once your drain output has reduced and you will have a chest x-ray to confirm that your lung has re-expanded and the fluid has drained.

What happens on day of the procedure?

- The clinician performing the procedure on the day will explain the whole procedure to you and ask you to sign a consent form to ensure you are happy to have it done.
- You will be given a dose of oral morphine solution as an initial painkiller.
- The clinician will ensure your drain is flushing easily with normal saline and that it is working properly and does not leak.
- They will then put local anaesthetic into the drain and turn the tap off so that this remains in the lung lining, helping to anaesthetise or numb it.
- The talc mixture will then be flushed into the drain slowly over several minutes. The drain tap is left closed for 1 hour to allow the talc to work. If you experience pain please let the team know and you will be given further painkillers.
- The nursing staff will monitor you over the following hour.
- The drain tap is then opened and fluid allowed to drain out.

The day after the procedure, if there has been minimal fluid output from your drain, it will be removed and you may be able to go home as long as there are no other reasons for you to remain in hospital.

How long will it take?

The procedure is very quick and takes approximately 20 minutes, although you will be monitored in hospital for 24 hours afterwards. Patients are usually able to have their drains removed within 24-48 hours and can then go home.

Aftercare advice

The procedure is very safe and generally tolerated well. If you experience pain then please let your nurse know so that further painkillers can be given. After discharge you may have a plan in place to return for review in the Respiratory Clinic (or Oncology Clinic if you are under their care). Your GP will receive a discharge letter outlining the procedure that has been undertaken. If you have any questions or concerns about your procedure afterwards you can either contact your GP or call our Pleural Service answer phone (see overleaf).

Further information

- Patient information website: <https://mypleuraleffusionjourney.com/>

Contact information

If you are experiencing any problems then please contact:

- Pleural Service answer phone – 07799 072517 (Mon-Fri 9am-5pm, excluding bank holidays) or email rbft.pleuralservice-refs@nhs.net
- Kennet & Loddon Unit – 0118 322 7491 (Mon-Fri 9am-5pm)
- The Department of Respiratory Medicine – 0118 322 8296 (Mon-Fri 8am to 5pm)
- For **urgent** issues out of hours, contact NHS 111 for advice

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

Dr Lynne Curry, Consultant Physician, Department of Respiratory Medicine

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