



# Pneumothorax

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**This leaflet explains what a pneumothorax is and how it is treated, and gives advice to aid your recovery at home.**

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## What is a pneumothorax?

A pneumothorax is a collapsed lung and happens when air becomes trapped in the space between the lung and the chest wall. The air enters this space either from the lung or from outside the body.

## How is it diagnosed?

It is diagnosed on a chest x-ray. In some cases you may need a CT scan for a more detailed assessment.

## What causes a pneumothorax?

There are different types:

- **Primary pneumothorax** – a pneumothorax without any underlying lung problems. They are common and usually occur in healthy, young adults.
- **Secondary pneumothorax** – when someone has an underlying lung condition, e.g. chronic obstructive pulmonary disease (COPD), which makes them more likely to develop this condition.
- **Traumatic pneumothorax** – when someone has suffered an injury to the chest wall, such as during a fall.
- **Iatrogenic pneumothorax** – this happens after a medical procedure, such as lung biopsies and procedures to remove fluid from around the lung.

## What symptoms may I get?

- Sudden sharp chest pain that is made worse when taking a deep breath in.
- Breathlessness. As a rule, the larger the pneumothorax, the more breathless you become.
- You may have other symptoms if an injury or a lung disease is the cause – for example, cough.

## What is the treatment for a pneumothorax?

The treatment depends on the size of the pneumothorax and what your symptoms are.

- A small pneumothorax may not need any treatment and is likely to heal by itself within 1-2 weeks. You may be advised to take painkillers if you have chest pain / discomfort.
- A larger pneumothorax may also not require any treatment, but in some cases you might need one of the following procedures, which remove the air and allow the lung to re-inflate.
  - **Pleural aspiration** – a needle is inserted into your chest and the air is drawn out through a syringe.

- **Chest drain** – a hollow tube is inserted into your chest to remove the air. The tube usually stays in for several days and is removed before you leave the hospital.
- If you have a large pneumothorax, we will discuss the options with you to determine the best course of action.
- If you are discharged without being admitted to hospital, you will have a follow-up chest x-ray in 48 hours, followed by appointment in the Respiratory Clinic with repeat chest x-ray within 2-3 weeks, to check your lungs have returned to normal.

### **What if the pneumothorax happens again?**

In some cases, where the lung collapse is difficult to control or keeps coming back, the doctor may talk to you about fixing your lung to the chest wall. This can be done through surgery or by injecting a chemical into the space between the lung and chest wall to stick them together (called 'pleurodesis').

### **What if my symptoms return?**

Please attend the nearest emergency department if your symptoms return (chest pain and/or breathlessness). If you are too unwell to do this, then please ring 999 and explain you have had a pneumothorax recently.

### **Advice on discharge**

- You will be able to return to work and get back to **gentle** physical activities once you feel your symptoms have all eased. However you should avoid activities that involve extreme exertion, heavy lifting or physical contact sports until you are seen in clinic or after your follow-up x-ray. This may impact on your employment if you are required to do heavy lifting- please discuss with your medical team prior to discharge if you have any concerns.
- Avoid air travel until you have the 'all clear' from your doctor (this may be your GP or doctor at the hospital and will be explained to you on discharge). Most people will be able to fly one week after their pneumothorax has completely resolved.
- Avoid scuba diving permanently unless you have had an operation to prevent the pneumothorax coming back.
- Smoking cigarettes and cannabis is a significant risk for the development of pneumothorax, so it is strongly recommended to stop.

### **Contact information**

If you are experiencing any problems then please contact:

- 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](http://www.royalberkshire.nhs.uk)

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

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