

# Pleural Vent device to remove air from around your lung

## Respiratory Medicine

Information for Patients

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### Introduction

This leaflet is for patients who have a pneumothorax and are being treated as an outpatient. The information here tells you about this condition. We hope it helps to answer any questions you may have.

### What is a pneumothorax?

A pneumothorax is air that is trapped between the lung and the chest wall. The air gets there either from the lungs or from outside the body.

- **Primary spontaneous pneumothorax**

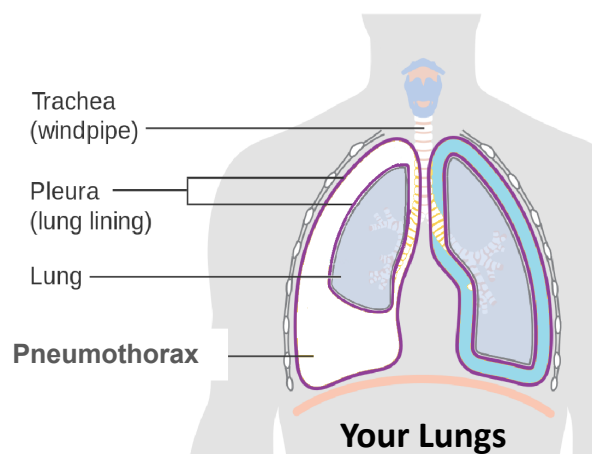
This means that the pneumothorax develops for no clear reason in a healthy person.

- **Secondary spontaneous pneumothorax**

This means that the pneumothorax develops because of an existing lung problem.

- **Other causes of a pneumothorax**

An injury to the chest can cause a pneumothorax. Pneumothorax can also happen after some procedures, for example a CT guided lung biopsy or after a pacemaker is inserted.



### What are the symptoms of a pneumothorax?

- You might have a sharp, stabbing pain on one side of the chest.
- The pain is usually made worse when you breathe in (inspiration).
- You may become breathless. Usually, the larger the pneumothorax, the more short of breath you become.
- You may have other symptoms if an injury or an existing lung problem is the cause. For example, cough or fever.

**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

Visit [www.leicestershospitals.nhs.uk](http://www.leicestershospitals.nhs.uk) for maps and information about visiting Leicester's Hospitals  
To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

## How is a pneumothorax diagnosed?

A chest X-ray can show us if you have a pneumothorax. You may need other tests if we think you might have a lung disease.

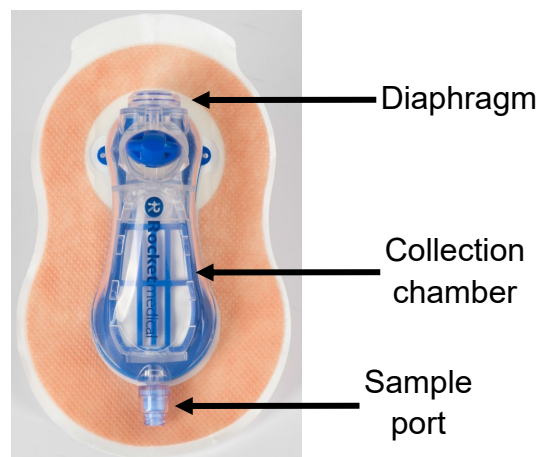
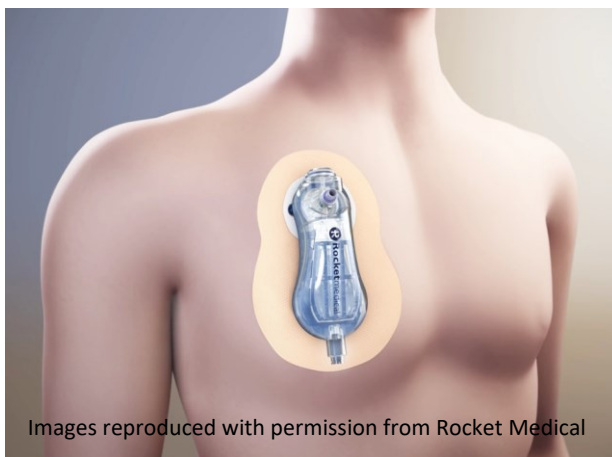
## How do you treat a pneumothorax?

The treatment of a pneumothorax depends on its size. Smaller ones are usually treated with pain relief and get better on their own.

Larger ones may need some of the trapped air to be removed. In most people we can do “needle aspiration” to suck the air out. Around half of patients who have needle aspiration also need a chest drain (tube into the chest cavity) if there is a large amount of air there. These patients usually have to stay in hospital, sometimes for a few days.

## What is the Pleural Vent device?

The Pleural Vent is a small device that we insert into the front of your chest. It goes in between the ribs into the space where the air is trapped between the lung and chest wall. The Pleural Vent has a one way system. This lets air and fluid leave the space around your lung, but stops it from going back in again. This will help to treat the pneumothorax and let your lungs get back to normal.



The Pleural Vent device lets you go about daily life while it treats your pneumothorax. The device is able to do the same job as a needle aspiration (suck some of the air out with a needle) and a small chest drain. This makes your treatment more simple.

## What are the benefits of the Pleural Vent?

- It is simple to put in. This only takes a few minutes with use of some local anaesthetic.
- It avoids the need for 2 procedures - needle aspiration and/or chest drain.
- You are able to walk around as normal.
- You may go home with the device and be looked after as an outpatient (ambulatory pneumothorax pathway).
- You may shower (but not take a bath or soak the device in water).

## What are the risks of the Pleural Vent?

When we put the Pleural Vent in you may feel some pressure or discomfort. There is a very small risk that the device could go into the lung instead of the space around the lung. This risk also exists with needle aspiration and chest drain. The Pleural Vent has extra safety features which help reduce this risk.

## Who will insert the Pleural Vent?

A senior doctor who is trained in dealing with a pneumothorax will insert the Pleural Vent. You will have a local anaesthetic.

## How do I look after my Pleural Vent?

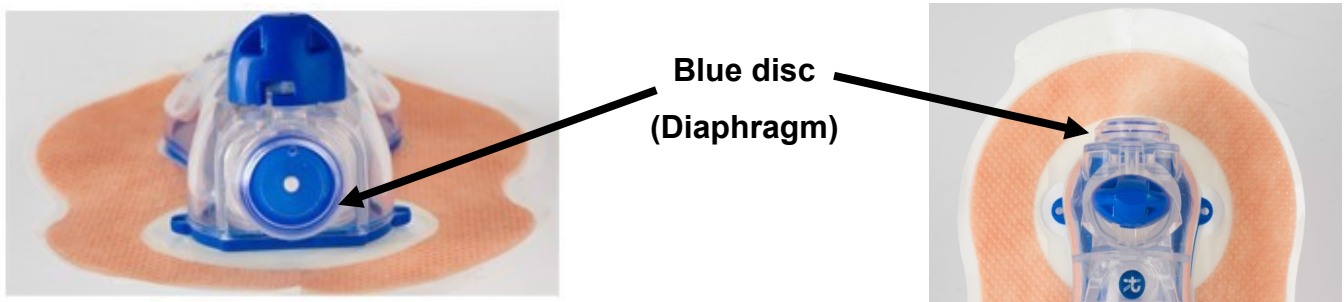
Tell the nurses or doctors if you have any pain or feel unwell.

Take some deep breaths throughout the day. This will help to drain the air.

Try to walk around as much as possible.

Record movement of the blue disc and amount of fluid drained at least twice a day.

Make sure you empty any fluid out regularly (see next page) and record it in your diary.



On the top of the Pleural Vent is a circular blue disc. This moves up and down as you breathe in and out. When the disc stays in the down position it means that your pneumothorax may have got better. You should make a note of this and tell your doctor.

The Pleural Vent has a large dressing attached to it. This is to stop it from falling out. Your doctor may also have put some stitches in to stop the Pleural Vent from accidentally being removed.

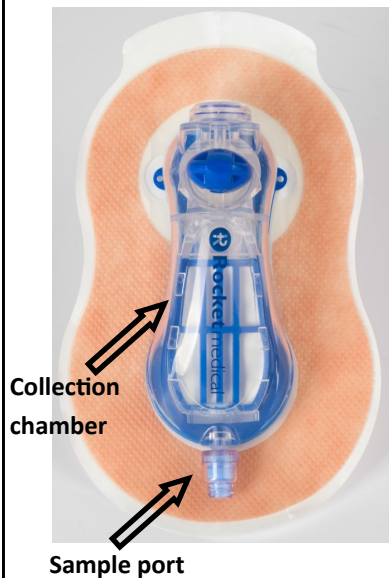
You can shower with your Pleural Vent in place. But, you should try to keep the Pleural Vent and the dressing as dry as possible. If the dressing gets wet it will not be as secure. This could also make your skin very sore. Do not take a bath, go swimming or completely cover the device in water. This might make your breathing worse.

## What happens if my Pleural Vent falls off?

The Pleural Vent should only be taken out by a trained healthcare professional. If it falls out, you should get urgent medical help. You should call 999 or come back to the Clinical Decisions Unit (CDU), Ward 19 at Glenfield Hospital, if safe to do so.

## Emptying fluid

If lots of fluid builds up in the chamber of the Pleural Vent, you can remove this easily at home using a syringe attached to the sample port at the bottom of the device. We suggest you remove the fluid when the pleural vent collection chamber is half full.



### How to remove fluid from your Pleural Vent:

1. Wash and dry your hands well with soap and water.
2. Clean the sample port (clear blue end) of the Pleural Vent with an alcohol wipe (provided).
3. Carefully remove a syringe from the packet. Put the end of the syringe into the sample port and twist it clockwise.
4. Hold the syringe and pull the plunger away from the Pleural Vent. This will pull the fluid out into the syringe.
5. Untwist the syringe anticlockwise from the sample port and empty the fluid into the toilet.
6. Write down how much fluid was taken out (in mL, on side of syringe) in your drainage diary. Take this record to your clinic appointment. The empty syringe can then be thrown away in your household rubbish.

## What do I do if I feel more unwell after the Pleural Vent is put in?

When you have your Pleural Vent put in we will give you an alert card before you go home. You should show this to any ambulance or medical teams that treat you.

If you have more shortness of breath or chest pain when you are at home, this could mean that the Pleural Vent has stopped working and the pneumothorax may have come back. You should get urgent medical help. You should call 999 or come back to the Clinical Decisions Unit (CDU) Ward 19 at Glenfield Hospital. You will be seen and you will have a chest X-ray.

## Can I drive with the Pleural Vent in place?

No. You should not drive whilst having treatment for your pneumothorax.

## How will I be followed up?

You will come back to the outpatient Ambulatory Pneumothorax Clinic at Glenfield Hospital. Your appointment will be made before you go home. If you feel worse before your appointment, you can come to CDU at any time. A senior doctor will always be available for help and advice.

## Who will take out my Pleural Vent and how?

A senior doctor or specialist nurse will take your Pleural Vent out. This will take a couple of minutes. You do not need anaesthetic for this. Most patients do not feel the vent being removed. They will take the dressings off and remove any stitches. They will then pull the Pleural Vent out of your chest. They will put a simple dressing over the wound. You will have another chest X-ray. We will observe you for an hour before you can go home. About 2 weeks after this, you will have a follow up appointment in the Pleural Clinic.

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## Who do I contact for more help or information?

If you have any more questions or want to talk about your care, please speak to your doctor or nurse.

### During work hours, Monday to Friday - 9am to 6pm

Pleural Nurse Specialists: 0116 258 3975 or 07950 891181

### During out of hours

For any urgent queries go to the **Clinical Decisions Unit (CDU)** with your alert card to see a healthcare professional. If you feel unwell dial 999 and ask to go to CDU at Glenfield Hospital.

### In an emergency

Dial 999 and ask the ambulance crew to bring you to CDU at Glenfield Hospital.

### Online resources

You can find out more information about pneumothorax online by visiting [www.patient.info/](http://www.patient.info/) and typing 'pneumothorax' into the search bar.

## Tell us your views

We are keen to make your visit as easy and comfortable as possible. Please let us know if you have any comments or suggestions as to how we can improve your experience.

You can also give us feedback online at: [www.leicestershospitals.nhs.uk/contact/feedback/](http://www.leicestershospitals.nhs.uk/contact/feedback/)

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔  
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل  
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।  
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