

# Preparing for your **Thoracoscopy**



This booklet covers important information about your thoracoscopy. It describes how to prepare, what to expect on the day of the test and how to take care of yourself once you are back at home. Please review it carefully. Speak to us if you have questions or concerns.

**Produced by the MCI Day Hospital Team, 2019**

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## **A special message for you**

Learning that you need to have a thoracoscopy can be stressful, but you are not alone. Our team of health care experts is here for you.

Using our experience and what patients and families have told us, we have designed this booklet to help you prepare for your thoracoscopy and the care you will need afterwards at home. This booklet also contains information about important support resources that are available to you.

Please review this booklet carefully. Bring it with you on the day of your appointment.

Do not hesitate to ask questions. Writing your questions down before you meet with your doctor may help you to remember them.

We want to be sure that you receive the best care possible. Speak to us about your feelings, fears or worries. Knowing how you are doing will help us better meet your needs.

Sincerely,

*Your Pleural Care team*

*Montreal Chest Institute*

*McGill University Health Centre*

# How to reach us

## Our address:

Montreal Chest Institute,  
McGill University Health Centre (MUHC)  
Glen site - 1001 Decarie Blvd  
Montreal Quebec H4A 3J1

## Our telephone #:

514-934-1934 extension: 32568  
Monday to Friday from 8am to 4pm

## Our clinic location and room #:

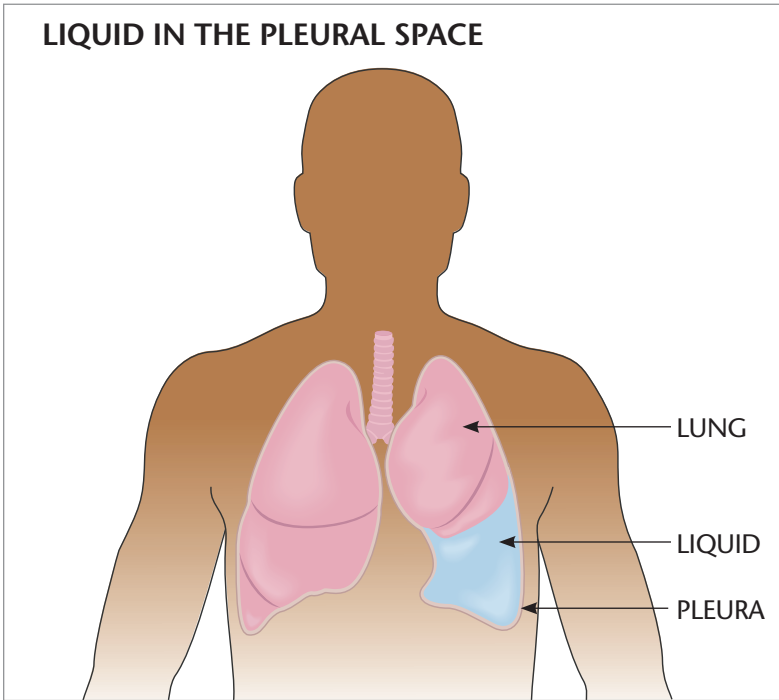
Montreal Chest Institute (MCI) Day Hospital &  
Out-Patient Clinics



# About Thoracoscopy

## Why Do I Need a Thoracoscopy?

Liquid is building up between your lungs and your ribs in what is called the **pleural space**. This space is surrounded by a lining known as the **pleura**. There is normally almost no liquid in the pleural space.



Many different diseases can affect the pleura and cause liquid to build up in the pleural space. Cancer, heart problems and infections are common examples.

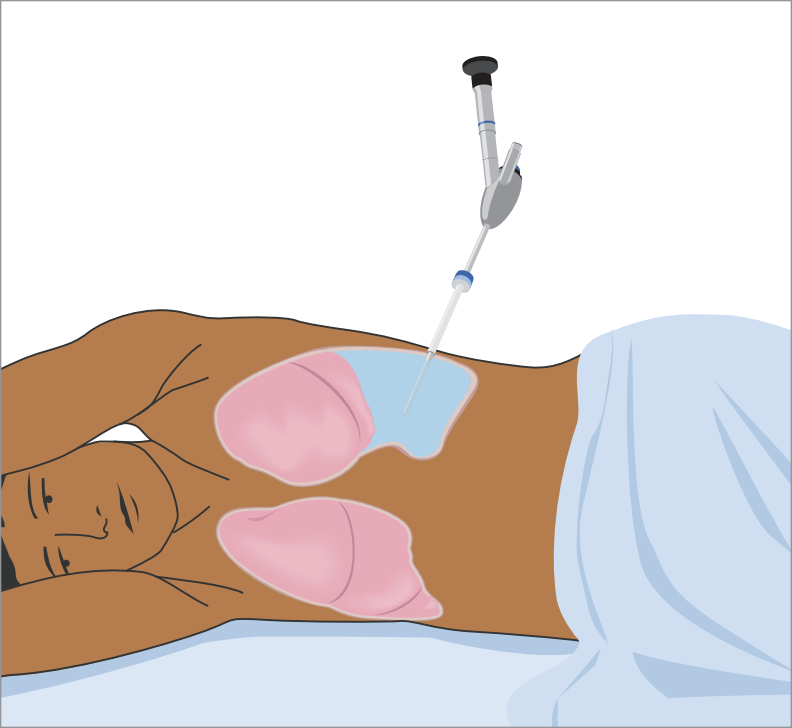
Testing the liquid inside the pleural space can help us find out what is causing it, but for many people, only testing the liquid does not provide an answer.

If this is the case for you, your doctor may recommend that you have a **thoracoscopy**.

## What Is a Thoracoscopy?

A thoracoscopy is a procedure where your doctor will remove liquid in the pleural space to look at the pleura and take **biopsies** (take small pieces) of it. These pieces will be tested to find out why liquid is building up.

The procedure is done using a small camera that goes in between your ribs and into the pleural space.



## How Can a Thoracoscopy Help Me?

A thoracoscopy can help in different ways, such as:

### Finding the Cause of the Liquid

A thoracoscopy can help your doctor to find out why liquid is building up and figure out what the best treatment is for you.

### Lowering Your Stress

When you learn that you have liquid around your lung and don't know why, this can be stressful. Finding out what is causing it can help you manage that stress.

### Helping You Breathe More Easily

During a thoracoscopy, all the liquid present in the pleural space will be removed. This will help you to breathe more easily.



You may have already had other procedures where this liquid was removed but came back quickly and made your breathing difficult. If this is the case for you, your doctor can do some things to help with this issue during your thoracoscopy.

**The options include:**

- Injecting talc powder through the camera to make the lung stick to the inside of the ribs. This helps keep the liquid from coming back.
- Placing a small drainage tube in the space between your lung and your ribs. It is not connected to a bag. It is hidden underneath a bandage. A nurse from the CLSC will come to your home to drain the liquid. It can stay in place for as long as needed.

Both of these options can help your breathing.

The main difference is that with the talc powder, you have to be admitted to the hospital for a few days, but you will leave without a drainage tube.

With the tube, you go home the same day, but you will need repeated drainages at home by a CLSC nurse.

You and your doctor will discuss these options and make the best choice for you.

## What Are the Risks?

Most people who have a thoracoscopy don't have any major problems or complications. However, as with any medical procedure, there are certain risks. In other words, there is a small chance that you may have a complication.

Your doctor will talk to you about these risks and what each of these means for you.

### **REMEMBER:**

There are risks with any medical procedure. Your doctor has recommended a thoracoscopy for you because the **benefits of having this are far greater than the risks.**

Some complications can occur **during or shortly after a thoracoscopy**, but they are very rare. They include:

- Trouble breathing
- Heart problems
- Lung collapse
- Heavy bleeding inside the chest

If one of these complications occurs, you may have to stay in the hospital for treatment.

For people without other major medical problems, the risk of dying from the test is extremely low.

Other complications can occur **days or weeks after a thoracoscopy**, but they are also very rare. They include:

- **Skin or chest infection** – You can get an infection if germs enter the pleural space through the spot where the camera went inside your chest. You can lower the chance of this happening with good hygiene and bandage care. This means making sure the bandage does not get wet and that it stays well in place.
- **Persistent pain or numbness over your ribs** – The spot where the camera went inside your chest will be sore for a few days. It is very rare for pain or numbness to last more than one week.
- **Cancer growth around the scar** – if the liquid was caused by cancer, cancer growth can happen at the spot where the camera went inside your chest. This can cause your skin to harden and cause some pain. This is not common and if it happens, it can be treated.

# Preparing for the Test

## Medications to Stop Taking ahead of Time

### IMPORTANT

Below you will find **general** guidelines on medications that you may need to stop taking before your thoracoscopy.

If you are taking any of these medications, speak to your doctor or call the Day Hospital team.

**DO NOT stop any of these medications without first discussing this with your doctor.** We will explain which medications to stop taking and when you should stop.

### Diabetes Medications

In general, you should stop most of the medications you take to treat diabetes **on the day of your test** because you will not be eating or drinking that morning.

If you take insulin, your dose may need to be adjusted for the evening before and the morning of your test. Your doctor will discuss how to manage your insulin with you.

#### Diabetes Medications to Stop or Adjust on The Day of Your Test

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## Blood Thinners & Anti-Inflammatory Medications

Most blood thinners and anti-inflammatory medications need to be stopped before the procedure to lower the chance of bleeding.

Your doctor will tell you when it is safe to start taking your medications again after the procedure.

- Aspirin** (EC ASA, ASA, acetylsalicylic acid, Asaphen, Entrophen, Novasen)

**If you have never had a stroke or heart problems:** usually, you should stop taking Aspirin 5 days before the procedure. For example, if your procedure is booked for May 10<sup>th</sup>, your last dose of aspirin should be taken on May 4<sup>th</sup>.

**If you have had a stroke or heart problems:** you should continue taking Aspirin.

- Non-Steroidal Anti-Inflammatory Agents (NSAIDs)** (Advil, Motrin, Caldolor, Ibuprofen, Naproxen, Naprosyn, Aleve)

Usually, you should stop taking these medications 5 days before the procedure.

- Coumadin** (Warfarin)

You should stop taking Coumadin 5 days before the procedure.

**Note:** Some people may need to take **heparin** injections during the time that they stop taking Coumadin (for example, if you have metallic heart valve or are at high risk of stroke). Your doctor will explain if this is the case for you.

- Low-Molecular-Weight Heparin** (Fragmin, Dalteparin, Lovenox, Enoxaparin, Innohep, Tinzaparin)

You should take **half of your usual daily dose** 24 hours before the procedure. You should not take this medication on the day of the procedure.

For example, if you usually take 10,000 units, then you should take 5000 units the day before the procedure in the morning, and none at all on the day of.

**Plavix** (Clopidogrel), **Effient** (Prasugrel) **or** **Brilinta** (Ticagrelor)

Usually, you should stop taking these medications 5 days before the procedure, unless you have recently had a stroke, heart attack, or a cardiac stent put in.

**Eliquis** (Apixaban), **Xarelto** (Rivaroxaban) **or** **Lixiana** (Edoxaban)

Usually, you should stop taking this medication 2 days before the procedure.

For example, if your procedure is on May 10<sup>th</sup>, you should take your last dose on May 7<sup>th</sup>.

**Pradaxa** (Dabigatran)

Usually, you should stop taking Pradaxa 2 days before the procedure.

**If you have kidney problems:** you will stop taking this medication 4 days before the procedure.

### **Blood thinners and Anti-Inflammatory Medications to Stop or Adjust on The Day of Your Test**

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## What to Bring to the Hospital

- This booklet
- An up-to-date list of all your medications
- Your Medicare card
- Your MUHC hospital card (blue card)

**If you will be having talc powder injected during your test, you will need to stay at the hospital for a few days. If this is the case for you, you should also bring:**

- Comfortable clothing and slippers
- Toiletries and personal care products

## Plan to Bring Someone with You

It is important that you **bring a family member or friend with you to the hospital on the day of your thoracoscopy.**

During your thoracoscopy, you will receive medications that can make you sleepy and affect how you think and act for a short time after the procedure. Because of this, you will need someone to be with you when you leave the hospital.

**If you live alone, you should ask someone to stay with you until the morning after your procedure.**

# On the Day of the Test

## In the Morning before Your Test

### Washing

We recommend that you take a shower either the night before or the morning of your test.

### Eating & Drinking

You should not eat or drink after 4 AM on the day of your test. You are only allowed sips of water with your medications.

### Medications

You should take all your usual medications on the day of the test, except for those your doctor has told you not to take (see page 10).

## Where to Go for Your Test

On the day of your test, you should go to the **Day Hospital of the Montreal Chest Institute (Room D RC.3314)** for 7:30 AM.

The clinic's doors will be locked, but a nurse will come to meet you and let you inside. While you wait for the nurse, you may sit on the bench in front of the clinic.



## How Long Does the Test Take?

The test itself takes from 30 to 60 minutes, but because of the preparation and the recovery times needed for this test, you should expect to spend the whole day with us.

Normally, you will **not** need to stay overnight in the hospital after this test.

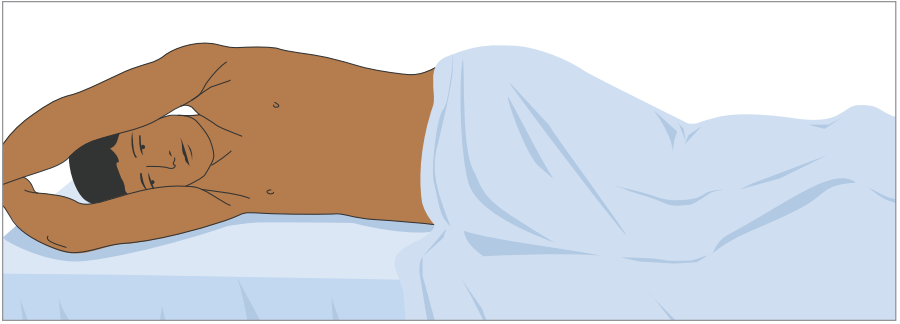
That said, there are two special cases where you might need to stay longer at the hospital:

- If you and your doctor decide to use talc powder to prevent the liquid from coming back, you will need to be admitted for a few days.
- If a complication occurs during or after the thoracoscopy, you may have to stay overnight in the hospital.

# What Happens During the Test?

## During the Preparation

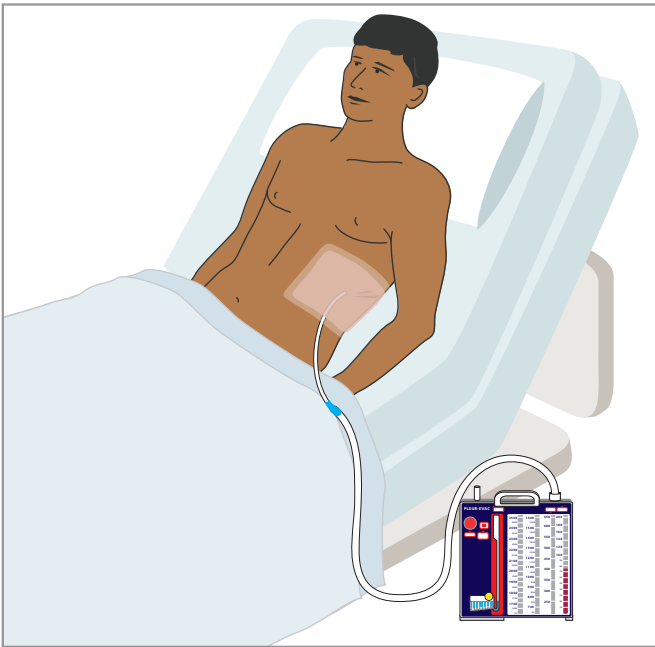
- 1 You will be asked to change into a hospital gown.
- 2 A nurse will do a physical check-up, ask you some questions, and insert a tube called an **intravenous (IV) line** into a vein in your arm. This will allow you to receive medications during the test.
- 3 You will go over the procedure with the doctor. You will be asked to **sign a consent form**. By signing this form, you are stating that you have understood what was explained to you, that your questions have been answered and that you agree to have this procedure.
- 4 You will have an ultrasound. Your doctor will ask you to sit or lie in a comfortable position. This is painless. This is done to find the best place to insert the camera.
- 5 The doctor will freeze your skin, remove some liquid from around your lungs and replace it with air, using a needle. This makes it safer to put the camera inside your chest later on. This will be similar to earlier procedures you have had where liquid was taken out.
- 6 Once the air is inside your chest, you will be brought to the procedure room and asked to lie in a comfortable position. The nurse will then put wires on your chest to monitor your heart and your breathing during the test.



## During the Test

- 1** The doctor will disinfect your skin with a pink liquid and a sponge. This will feel cold.
- 2** Sterile drapes will be placed over your body. The doctor and nurse will make sure that you have enough room to breathe comfortably.
- 3** A nurse will be close to you at all times. Throughout the test, they will follow your blood pressure and pulse (vital signs), give you medications and make sure that you are comfortable.
- 4** The doctor will use a needle to freeze the skin where they will insert the camera. You may feel uncomfortable at first, but your pain will quickly go away.
- 5** You will get medications (sedatives such as fentanyl and midazolam) to make you comfortable through the IV line on your arm.
- 6** When you are comfortable and your skin is well frozen, the doctor will make a small cut in the skin to put the camera inside your chest, between your ribs.
- 7** The doctor will remove the liquid in the pleural space to see the pleura.

- 8 The doctor will take many small pieces of the pleura from different spots.
- 9 The doctor will next put in a drainage tube through the hole that the camera went in. This is to remove the air that was put in at the beginning.
- 10 The small cut in the skin will be closed with stitches.
- 11 Finally, a bandage will be placed over the tube and the stitches.



## After the Test

You will be brought back to the Day Hospital and a chest X-ray will be taken. This is to make sure the tube is in the right place.

You will be allowed to eat and drink 2 hours after the test is done.

A few hours after the test, you will have another chest X-ray to check if the air around the lung has left. We will then remove the tube and place a bandage over the stitches.

## Will the Test Hurt?

For most of the test, you will not feel any pain.

The doctor will freeze your skin and the space between your ribs with a needle before the procedure. You will also get IV medications that will make you sleepy and block pain.

When the doctor takes small pieces from your pleura, you may feel a pinching pain under your ribs. This will only last a few minutes and we can give you more pain medications if needed.

When you recover in the afternoon, the freezing will wear off and you may feel pain between your ribs from the tube. We will give you pain medications to make you comfortable. Once the tube is out, you will feel better.

# What to Expect after the Test

## What Activities Should I Avoid after the Test?

The pain medications that you will be given can make you sleepy for many hours and affect how you think and act even if you are fully awake.

For these reasons, **you should avoid the following activities for 24 hours after the test:**

- Drinking alcohol – mixing alcohol with your pain medications can cause severe sleepiness and breathing problems.
- Driving a car or operating any machinery.
- Signing any contracts or documents.
- Going to work.

## When Can I Go Back to My Regular Activities?

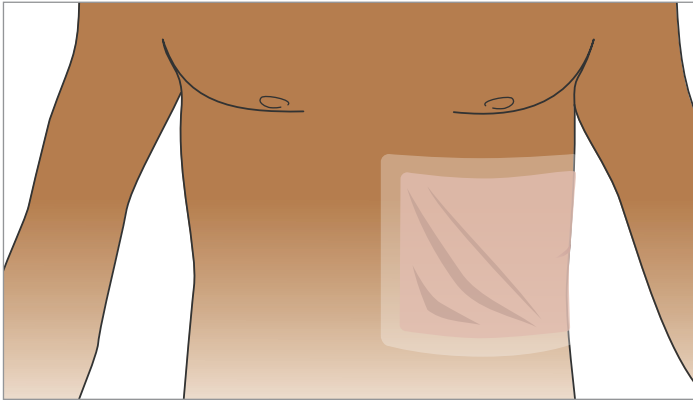
You should avoid heavy lifting or exercising while you still have the bandage on. Once it is removed, if you do not have major pain, you can go back to your regular activities.

You should not fly or scuba dive for 2 weeks after the test to avoid lung collapse.

## Washing

Because your bandage must stay dry, sponge baths are the easiest way to clean yourself until it is removed. The bandage must not come into contact with water. This is important to avoid infection. For the same reason, you should not go swimming until the bandage is removed.

## What Happens to the Bandage and the Stitches?



The bandage will need to stay dry and will cover the wound for 7 days after the test to allow your skin to heal.

We will make arrangements for a CLSC nurse to change the bandage if needed and to remove the stitches 7 days after the test.

Once your skin has fully healed, you will have a small scar about the size of a dime.

## Pain Control

After the procedure, your chest may feel bruised or sore for about 1 week.

Your doctor will talk to you about using pain medications.

Acetaminophen (Tylenol) is safe and is usually all that is needed to control the pain. If acetaminophen is not enough, you can take anti-inflammatory medications like ibuprofen (Advil or Motrin) to ease the pain **unless your doctor has told you not to use them.**

## When Will I Get the Results of My Test?


Your biopsy results will be available 10 to 14 days after the test. If the doctor who referred you works at the MUHC, we will make sure that you have a follow-up with them to discuss the results 2-to 3 weeks after the test. If your doctor is not from the MUHC, you will need to schedule an appointment with them.



# When to Call Us for Help

**Do not wait.** Call us if you have questions or concerns.

- **During opening hours (Monday to Friday, 8 AM to 4 PM):** Contact the Day Hospital at 514-934-1934, extension 32568.
- **When the Day Hospital is closed:** leave a message at the number above and we will call you back as soon as we can. If you are not feeling well and you cannot reach the Day Hospital team, go to the Emergency Department.

<b>CONTACT YOUR DAY HOSPITAL TEAM</b>	 <b>GO TO THE NEAREST EMERGENCY DEPARTMENT</b>
<p><b>IF:</b></p> <ul style="list-style-type: none"><li>• There is liquid or blood leaking through your bandage.</li><li>• You have a fever higher than 38.3°C/100.9°F.</li><li>• Your pain is not controlled with the medications you have been given.</li><li>• Your stitches have not been removed 7 days after the procedure.</li><li>• There is redness of the skin around the wound. This can be a sign of infection and you may need antibiotics.</li></ul>	<p><b>IF:</b></p> <ul style="list-style-type: none"><li>• You have <b>new</b> chest pain or pain around the wound that is quickly getting worse.</li><li>• Your chest, your neck or your face are swollen and feels crackly to the touch. This may mean that you have a collapsed lung.</li><li>• Are having trouble breathing and it is getting worse.</li></ul> <p><b>Do not wait. If no one can drive you, call 9-1-1!</b></p>



