

Thoracentesis/Pleural Biopsy

The lungs are covered with a double lining and press tightly against the ribs in the chest. This double lining is called the pleura. Sometimes fluid or air collects in the space between the two linings. This can make you feel uncomfortable and short of breath. In *thoracentesis* a needle or catheter (thin flexible tube) is passed through the chest wall into the pocket of fluid or air. Then some of the fluid or air can be removed. If a *pleural biopsy* is done, several tiny pieces of the pleura are removed with a special needle.

These tests take 30 to 40 minutes but plan to spend about two hours at the medical center. There are things that need to be done before and after the test.

Risks of Thoracentesis/Pleural Biopsy

These risks will be explained in greater detail when you come for your test.

- Infection – sterile equipment is used
- Bleeding – you will have blood tests that tell us how well your blood clots
- Pneumothorax or collapse of part of the lung – you will have a chest x-ray after the test so the doctors can see how your lungs look after the test

Before the Test

- In some cases a chest ultrasound is done to locate the fluid pocket. This is done in the Radiology Department. This test will not cause any discomfort. Ultrasound uses sound waves to examine your lungs. A jelly is put on your chest and a plastic bulb is held against your skin. This picks up the sound waves in your chest. They form a picture on a television screen showing the size of pocket of fluid or air and where it is.
- You can eat breakfast and take your medications the morning of the test.
- Arrange to have someone drive you to the medical center and take you home after the test. If possible, bring someone who can stay with you before and after the test.
- If you are an outpatient, report to the Ambulatory Evaluation Clinic (AEU) on the fourth floor (4E) at your scheduled time.

During the Test

You will change into a patient gown so the doctors can reach your back.

You will sit in a comfortable position with your arms resting on a table in front of you. Part of your back will be wiped with a cool, cleaning solution. You will feel a

needle prick and stinging when you are given medicine to numb a small area of your back.

You may feel as if someone is pushing on your back as the catheter is put in place. Try not to move suddenly while the catheter is in place. Tell the doctor if you feel

(over)

any changes in your chest as the fluid is removed. You may feel like coughing or you may feel an ache. This probably means that enough fluid has been removed. The doctor may ask you to hum as the catheter is removed.

The puncture spot is covered with a band-aid or a small dressing. Keep the band-aid or dressing on and keep your back clean and dry for the next 24 hours.

After the Test

You will go to Radiology for a chest x-ray. You will wait on 4E until your doctor gets the x-ray results.

If samples are sent for tests, the results will not be available that day. Your doctor will arrange to tell you the results.

You will be given written instructions to follow and phone numbers to call in case you have questions after you leave the hospital.

Things to watch for

If you have:

- shortness of breath
- chest pain
- a temperature above 100°

tell your doctor or nurse right away. If you are an outpatient you will be given telephone numbers to call if you have questions or problems.

Other Information

More information about lung problems and medical tests is available in the Patient Education Center on the 1st floor.

If you have any questions before the test, call the Ambulatory Evaluation Unit at (612) 725-2289.

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