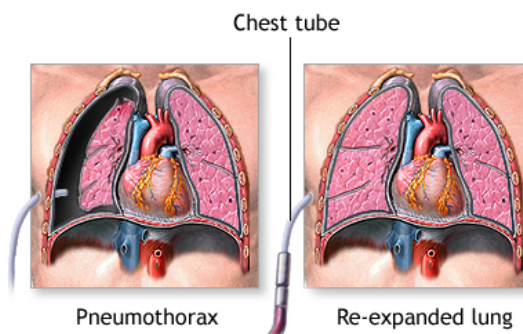


Pneumothorax Patient Handout

What is a Pneumothorax?

- A pneumothorax occurs when air has built up in the area around the lungs (pleural space) from a leak in the lung. Often, but not always, this requires the insertion of a chest tube to remove air from around the lung. Failure to remove such air can be life threatening, if there is a lot of air or a continued leak. Removing the air allows the lung to re-expand and seal the leak. Your physician will have discussed a treatment strategy with you.



Care for your chest tube (if being sent home with one):

- Make sure your chest tube is secure. It should be securely taped to your body.
- Check your chest tube for kinks or loops.
- Do not lie on your chest tube when you are in bed.
- Never clamp the tube yourself or turn any knobs without direct instruction from your healthcare provider.
- Keep your bandage clean and dry.

Self-care (if being treated with or without a chest tube):

- Find a comfortable position. You may have pain or discomfort while the chest tube is in. Lie in a different position to help decrease your pain.
- Cough and breathe deeply as directed. This will decrease your risk for a lung infection. Ideally, take deep breaths and cough 10 times each hour you are awake. This can be done holding a pillow tightly against your incision when you cough.
- Pain medications can be taken as needed, as directed by your healthcare provider.

Seek care immediately if:

- Your chest tube becomes kinked, or dislodged.
- You suddenly feel lightheaded and have shortness of breath.
- You have (worsening) chest pain. Note: it is normal to have some pain when you take a deep breath or cough.
- You develop a fever.
- Your wound is swelling, severely painful, red, draining pus, or has a bad smell coming from it.
- Blood or fluid soaks through your bandage.

FOR PRIMARY CARE PHYSICIANS

You may be asked to follow-up on a patient with a small but stable pneumothorax. This will be one being managed without a chest tube in situ. We recommend the following management strategy:

- Repeat CXR at 24-72 hours post ED discharge. This may be arranged in the ED already to facilitate timing of care.
- Repeat CXR at 1 week, 2 weeks, 4 weeks, 8 weeks, or until complete resolution. That is, once there is complete radiographic resolution of a pneumothorax, no further CXR imaging is required. Note: Only a single view PA CXR is required.
- If at any point the pneumothorax increases in size, or the patient becomes increasingly symptomatic, please send them back to the Emergency Department for further assessment.
- First presentation of a primary spontaneous pneumothorax is often managed non-surgically. If your patient has had 2 or more occurrences of a spontaneous pneumothorax on the same side, a thoracic surgery consultation is generally recommended. There may be times where this has already been arranged by the emergency physician.

NORTH YORK GENERAL HOSPITAL EMERGENCY DEPARTMENT