

Tunnelled Indwelling Pleural Catheter (TIPC)

Information for patients



Cardio-Respiratory
Service

This information leaflet is for patients with a pleural effusion who are planning to have Tunnelled Indwelling Pleural Catheter (TIPC).

Your doctor or nurse specialist should have discussed the information included in this leaflet with you in clinic. If you have any questions about the contents of this leaflet, please discuss them with your doctor or nurse specialist. Contact details for the medical and nursing teams are given below.

Secretary for Dr Callister, Dr Gracie, Dr Kennedy, Dr Paramasivam, Dr Robson and Dr Rodger

Telephone: 0113 206 4159

Lung Nurse Specialist

Telephone: 0113 206 7916 (Answerphone)

(Or your own Specialist Oncology Nurse)

David Beevers Bronchoscopy/Pleural procedures Unit

Telephone: 0113 206 6653

Your TIPC insertion is booked for:

Date:/...../..... Time:

Location:

Your first drainage appointment is:

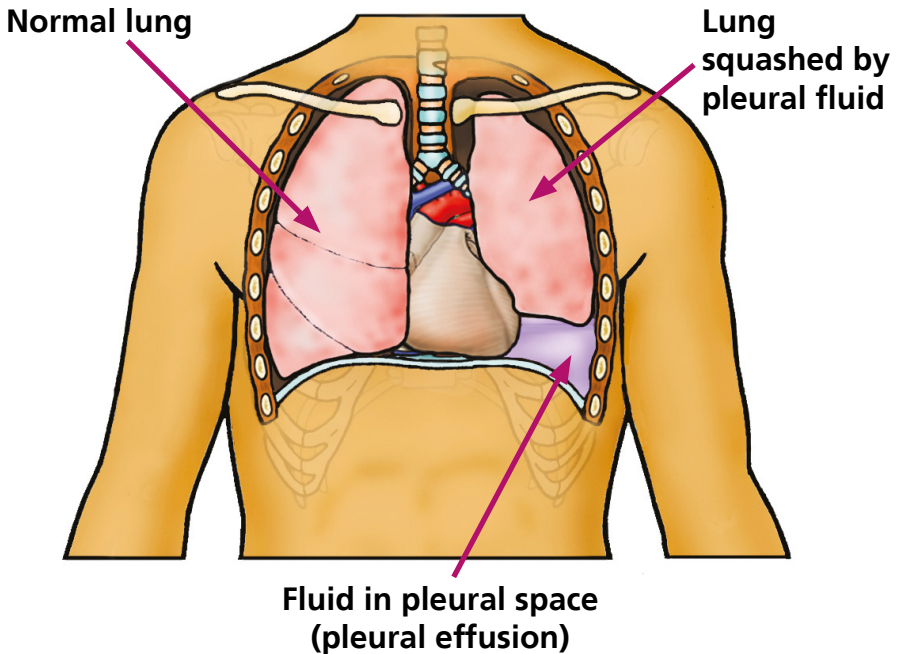
Date:/...../..... Time:

Location:

What is a pleural effusion?

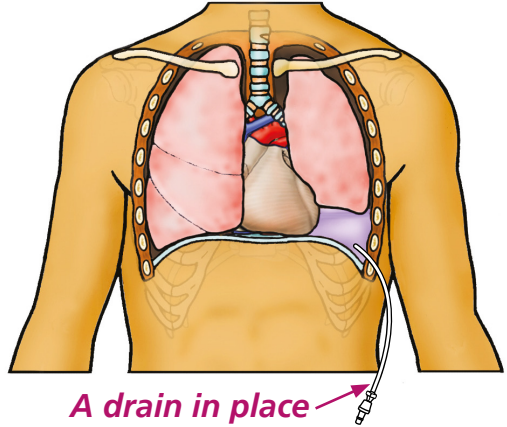
Your lungs and the inside of your chest wall are covered by two very thin linings with the space in between called the pleural space. Sometimes diseases can affect the pleura causing fluid to build up in the pleural space (called a pleural effusion) which stops the lung working properly causing breathlessness.

A method used to drain the fluid is the use of a long-term **Tunnelled Indwelling Pleural Catheter (TIPC)** which means the fluid can be drained, when needed, at home without the need for repeat procedures or coming back to hospital.



What is a Long-term Tunnelled Indwelling Pleural Catheter (TIPC)?

A TIPC is a small soft flexible tube that is thinner than a pencil which remains inside the chest (in the pleural space) and passes out from under the skin and remains in place when you go home. There is a one way valve on the end which prevents fluid leaking out when the drain is not in use.



District Nurses then visit you at home and remove pleural fluid using specially designed bottles.

How do I prepare?

You should have a shower/bath and wash your hair the day before the procedure. MRSA swabs will have been taken at your clinic visit. You can eat and drink before the procedure. You should still take your usual medicines, but your doctor should have asked you to stop taking blood thinners such as Warfarin, Clopidogrel, Ticagrelor, Rivaroxaban or Apixaban before the procedure – ***please mention if you are still taking these medicines.***

Most TIPC's are inserted in the David Beevers Bronchoscopy/ Pleural Procedures Unit at St James's University Hospital. Patients attend the David Beevers Unit on the morning of their drain insertion.

When you arrive, you will meet the nursing and medical teams who will explain what is going to happen (including possible risks) and ask you to sign a consent form.

How is the TIPC inserted?

Insertion of the drain takes about 30 minutes. You will be asked to lie on your side in a comfortable position and your body will be covered with a sterile drape (sheet) to keep the area clean. A nurse will sit with you throughout the procedure and your pulse, blood pressure, breathing and oxygen levels will be monitored. You will have a drip in your arm in case any painkillers are needed. An ultrasound will be used to find the best place to place the drain. The doctor will then inject some local anaesthetic into your chest wall to numb the area.

This should not be painful although you may feel some pressure or tugging. The TIPC will be secured in place with a small stitch which is removed 10-14 days later by the District Nurses. If you feel any discomfort during the procedure, please let the doctors and nurses know and they give you extra local anaesthetic. After the procedure, the drain is normally covered with a dressing, and the area is protected with a waterproof cover.

What happens afterwards?

After the drain is inserted you be able to have a rest and a cup of tea and some biscuits. Then you will have an X-ray to check that the drain is a satisfactory position. After an hour or so you should be able to go home.

The nurses will send off referral forms to your District Nurses who will visit you at home to continue removing fluid after that. You will be given a separate information pack about the TIPC (trade name Pleurx drain) when you leave including some frequently asked questions.

If there are urgent problems with your breathing after you have gone home attend the A&E department at St James's University Hospital.

If the concerns are not urgent then contact the David Beevers unit or your lung CNS on the numbers above or alternatively your GP or District Nurse.

Are there any risks with a TIPC?

There can be some **discomfort** when the local anaesthetic wears off which may require some painkillers for a few days. If you do not have painkillers please ask for a prescription before you leave to go home.

The procedure is normally very safe but there are some small risks to the procedure itself. These include causing **bleeding** from blood vessels in the chest wall whilst inserting the drain, or damaging the lung or other internal organs during the insertion process.

The doctors will use an ultrasound machine to accurately locate the fluid before inserting the TIPC, to reduce this risk. Very rarely serious bleeding occurs which can require an operation to stop it and very rarely this could be fatal. Of course everything possible will be done to avoid this.

The main on-going risk with TIPC's is **infection** around the drain. The doctors inserting the drain will thoroughly clean your chest, and insert the drain carefully to reduce the risk of infection. Similarly, the District Nurses will always ensure that the drain is kept clean whilst draining fluid. Despite this, infections do sometimes occur. If the skin around the drain becomes red or painful you may need treatment with antibiotics, or in some situations the drain may need to be removed. Please seek advice as soon as possible if you think the drain may become infected.

How long will the TIPC stay in for?

TIPC's are meant to be a long term solution to the problem of pleural fluid although they can be removed (under local anaesthetic as a day case in David Beevers) if they are no longer needed.

The drain will be in your chest until fluid stops recurring. The amount of time this takes will vary from patient to patient, and can be from a few weeks to several months. In some patients fluid build-up does not stop, and so the drain needs to stay long term.

How often do I need to have the fluid drained?

The rate at which the fluid builds up varies between people and sometimes drainage is required 2-3 times a week (usually of about 500mls).

If less than 50ml drains into the bottle on three separate occasions, the TIPC may need to be removed.

In this case your district nurse will be able to get in touch with the David Beevers Unit (Telephone: 0113 206 6653) or the Lung Nurse Specialists (Telephone: 0113 206 7916) to be reassessed.

Can I wash and shower normally?

After the TIPC is inserted there will be a dressing over the drain. We ask you to keep this dry until the stitches are removed 10-14 days later. After this you can shower and bath normally.

Feedback

We are keen to make your TIPC insertion and care as straightforward and comfortable as possible. If you wish any further information or wish to make any suggestions for improvement please contact our Lung Nurse Specialists:

Telephone: 0113 206 7916

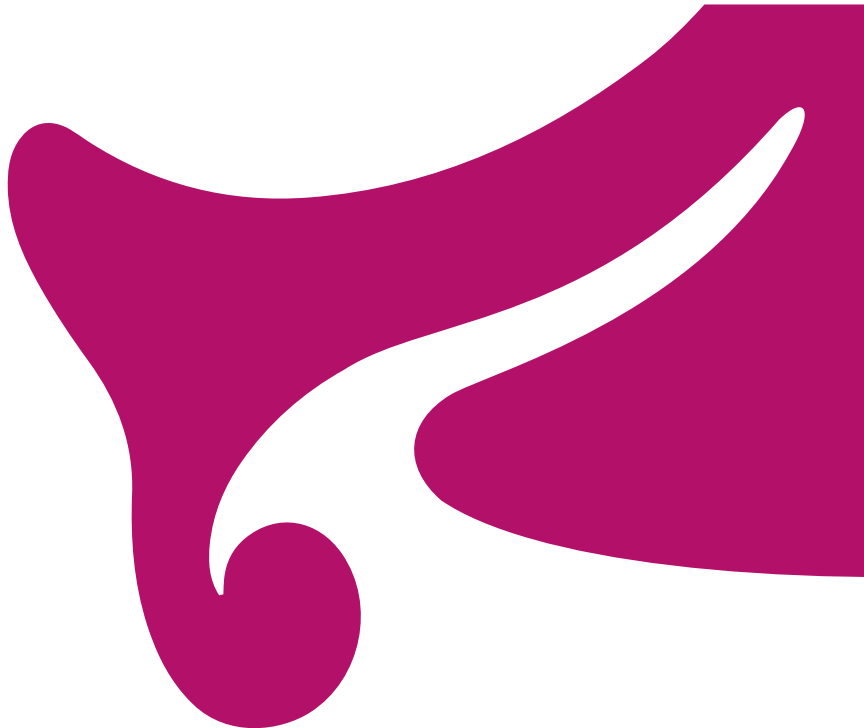
St James's University Hospital site plan



- 1** David Beever's Unit
- 2** Gledhow Wing
- 3** Lincoln Wing
- 4** Chancellors Wing
- 5** Bexley Wing

- P** Visitor parking
- ♿** Disabled parking
- P** Staff parking
- Bus** Bus stops





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