

Pneumothorax - Remote Monitoring Virtual Ward (RMVW)

Information for patients who have had
a spontaneous primary pneumothorax
but do not require a chest drain



RMVW

Remote Monitoring Virtual Ward Hub

This leaflet explains what a pneumothorax is and how it is managed.

Please feel free to ask our team any questions you have about the information below.

What is a pneumothorax?

A pneumothorax is an abnormal collection of free air in the chest, caused by the escape of air from the outer part of the lung. There are many causes but yours is called a spontaneous primary pneumothorax because we do not think you have an underlying lung condition, or it was caused by an injury to the chest. Usually in these cases a small blister on the surface of the lung develops an air leak. This commonly causes a sharp pain in the chest and breathlessness.

What treatment will I have?

Your lungs should slowly absorb any remaining air trapped in the chest, but this can take several weeks. Sometimes we can speed this process up by using a needle and syringe to draw out the air. If this does not work, or you are breathless, or if you would prefer, then a chest drain can be inserted to let the air out (this would require a hospital admission). The doctor who is seeing you will discuss the risks and benefits of these treatments.

In your case we do not think you have an underlying lung condition to cause this and you do not have a lot of symptoms. Therefore, you can be treated without admitting you to hospital, with remote monitoring if you have access to a smart phone and able to return to hospital quickly if you feel more breathless.

What happens next?

We would like to make sure that things are continuing to improve so we would like to offer you support from the Remote Monitoring Virtual Ward (RMVW). This means you will have twice daily phone calls from nurses to check on your symptoms and they can monitor your oxygen levels, heart rate, blood pressure and temperature remotely.

Before leaving hospital you will be given an appointment date for another chest x-ray to see if your lung has re-inflated. This will be approximately two weeks from the date of your first chest x-ray. This appointment will be at the Same Day Emergency Care (SDEC) department, Chancellor Wing, St James's Hospital.

Your x-ray will be reviewed by a respiratory doctor, and the outcome discussed with you. The doctor will decide whether your lung has healed or whether any further action is needed.

Your date to attend for a chest x-ray:

Please attend the Same Day Emergency Care (SDEC) department at Chancellor Wing, St James's Hospital, between 8am-10am on this date.

What happens if I begin to feel more breathless?

Please contact the Remote Monitoring Virtual Ward

Tel: **07836 743440** between 8am-7pm.

If the nurses from the Remote Monitoring Virtual Ward feel you are not getting better, they will arrange for you to be seen the same day by the respiratory doctor and have a chest x-ray at the Same Day Emergency Care (SDEC) department, Chancellor Wing, St James's Hospital.

If you feel unwell with increasing breathlessness or chest pain between 7pm-8am, please come immediately to Accident and Emergency

You may need urgent treatment if the air leak has got worse.

Could this happen again?

If you have had a pneumothorax, you are at a higher risk of having another one.

The risk is much higher if you smoke.

If you do smoke and wish help to stop please contact the Leeds Stop Smoking Service:

Web: www.leedsstopsmoking.co.uk

Tel: **0800 169 4219**

If you have had a pneumothorax you are advised to never take up scuba diving, be a professional diver or apply for a pilot's licence, unless you have had a surgical procedure to prevent this happening again.

You can fly after one week of your lung being fully reinflated.

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