Thoracentesis in the ICU

What is a thoracentesis?
A thoracentesis is a procedure that removes fluid from the space between your lungs and your chest wall (pleural space).

Why is it done? There are many reasons, such as:

• Recent fluid build-up with no clear cause.
• To help diagnose an infection.
• To help diagnose cancer.
• To remove fluid and help the patient breathe easier.

How is it done?
• You will be asked to return to your bed.
• Typically, you will be in a sitting position with your arms and head resting on your bedside table. If you are unable to sit upright, you will be placed on your side, with the side that needs to be drained facing up towards the ceiling. Your top arm will be placed over your head to allow for easier needle positioning.
• The skin around the procedure site will be cleaned and sterile drapes will be placed around the site.
• Numbing medicine will be injected into your skin to lessen the pain.
• A needle or thin, plastic tube will be placed between the ribs and into the chest.
• A small sample of fluid can be removed for testing.

This helps the doctor to figure out what may be causing the fluid build-up in the spaces around the lungs (pleural effusion).
• If there is excess fluid in the chest, the doctor may remove some of it. This is especially helpful if there is so much fluid that you are in pain and having trouble breathing.

Risks
The procedure most often does not cause serious problems, but some risks are involved. These include:

• Pain – You may feel a poke as the doctor inserts the needle into the chest. Numbing drugs will be used to lessen the pain. Once the needle is in, the pain is often mild and goes away.
• Bleeding – When the doctor inserts the needle, there is a risk of nicking a blood vessel. If this happens, the bleeding is often minor and stops on its own. You may notice a bruise. Rarely, bleeding can occur in or around the lungs and require surgery.
• Collapsed lung – Rarely, the needle punctures the lung. Most often, the small hole seals over quickly by itself. If not, air can build-up around the lung and cause it to collapse (pneumothorax). If this were to occur, the doctor may need to insert a chest tube to drain air from around the lung.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 6/2019 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing HF#6340.