What is a Pleurodesis?

A pleurodesis is a procedure that is done to treat recurrent collapsed lungs or fluid build up between the lung and chest wall lining that will not go away. Medicines (Doxycycline or talc powder) are put into the space between your lung and chest wall. This causes irritation or inflammation between the two layers, helping the lung stick to the wall of the chest. The goal is to stop the buildup of fluid and/or air in that space and keep the lung inflated.

When done in your hospital room, Doxycycline or talc is injected into a chest tube. The chest tube is then clamped or hung from a pole to make sure that the medicine stays in your chest. You will be asked to change your position every 30 minutes for about two hours to move the medicine around inside your chest cavity. You will have pain with this procedure. You will be given a PCA (Patient Controlled Analgesia) which allows you to give yourself your own dose of medicine to help relieve pain. Your nurse will check your breathing and heart rate often.

If done in the operating room, the medicines can be put right on your lung. You will not need to change positions.

In either case (done in the room or in the operating room) a chest tube will remain in place for at least 48 hours or until the lung tissues have stuck together. You will have a daily chest X-ray to check your progress.

Incision Care

- You may have more than one small incision depending on whether you had lung surgery or just a chest tube placed for this procedure.

  After the chest tube is removed, leave the chest tube dressing in place for 48 hours. Remove the dressing on _________________.

- After the chest tube dressing is removed (48 hours), you may shower or wash the wound(s) daily with a mild soap. Pat them dry. Do not rub them because this prevents healing.

- Do not put lotions, powders, or ointments on the incision(s).

- Do not soak in a bathtub, hot tub, or go swimming until they are healed.

- Check wounds daily for:
  - Increased redness
  - Pus-like drainage
  - Excess swelling or bleeding
  - Temperature (by mouth) greater than 100.4 ° F. for two readings taken 4 hours apart
There may be a small amount of drainage from the chest tube site for a day or two. Wear a Band-aid® or small dressing over it until the drainage stops. Change the dressing daily as needed.

**Pain Relief**

It is common to have pain.

When you are in pain, take your pain pills as ordered. If the pain is sharp and constant or gets worse, call your doctor.

Avoid anti-inflammatory pain medicines (NSAIDS) such as ibuprofen and Motrin® for at least 7 days. You will be told if you can start taking them again after your follow up visit.

**Activity**

- Do not strain, bear down, or hold your breath during activities, such as during a bowel movement.
- Do not lift more than 10 pounds until your doctor says it is okay.
- Do not drive for 2 weeks and/or if you are taking narcotic pain pills.
- Check with your doctor before going back to work.

**When to Call the Doctor**

- Signs of infection
  - Increased redness or warmth of the incision
  - Pus-like drainage
  - Excess swelling or bleeding
  - Temperature over 100.4°F (by mouth), for two readings, 4 hours apart.
- Pain not controlled with pain pills
- Fatigue or tiredness
- Body aches

Sudden start of sharp chest pain with shortness of breath or difficulty with breathing – Call 911.

**Phone Numbers**

- **Surgery Clinic**, Mon-Fri: 8:00 – 4:30, (608) 263-7502
- **Dr. Maloney’s Office**: (608) 263-5215
- **Dr. Macke’s Office**: (608) 263-5215

**After hours, nights, weekends, holidays** the paging operator will take your call (608) 262-2122. Ask for the thoracic surgery resident on call. Leave your name, and phone number with area code. The doctor will call you back.

If you live out of the area, please call: **Toll Free**: 1-800-323-8942.