

Respiratory Medicine

Local Anaesthetic Thoracoscopy

Information for patients, relatives and carers

Introduction

This leaflet explains what a local anaesthetic thoracoscopy (LAT) is and how to prepare for the procedure. Please feel free to ask our team any questions you have about the information below (see contact details on page 5).

What is a Local Anaesthetic Thoracoscopy (LAT)?

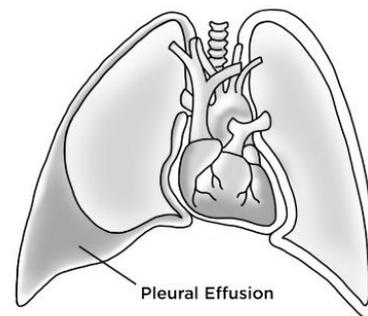
A LAT a procedure in which a camera is passed between the ribs into the chest. A thorough inspection of the lung and pleura (the lining of the lung) can be done, and biopsies can be taken.

It can be used for the diagnosis of pleural effusion (fluid collection) that is not able to be diagnosed by pleural aspiration (fluid sampling) alone. In specific instances, medications such as talc can also be sprayed into the pleural space, which prevents the pleural effusion from returning.

The procedure is carried out using sedation medicine that will help you relax and will make you sleepy. Local anaesthetic is also used to numb the area where the camera is inserted.

Why do I need a LAT?

Your doctor has recommended for you to have this procedure because they feel that this is the best way to find out more about your condition. This decision is made carefully, with your best interest in mind. It is your decision whether to have the procedure or not.



How do I prepare for my LAT?

Please ensure we have your correct telephone numbers (**including your mobile phone number**) and, ideally, an email address for you. We will contact you by telephone a few days before your procedure to confirm your attendance. If we are unable to reach you, your appointment will be given to someone else who is waiting.

Please let us know 48hrs in advance if you will need an interpreter.

You will need a blood test to check that you are not at risk of bleeding. This will usually be done when you see the doctor who suggests you have this test, but it may also be arranged separately.

Bring your belongings for an overnight stay in the hospital in case this is necessary. Bring any glasses needed for reading, as you will need to read and sign a consent form (even if you have already given digital consent prior to the procedure on another day).

If your doctor tells you that you are likely to go home the same day, please arrange for someone to bring you in and take you home after the procedure. You should not be alone overnight after your LAT due to the effects of the sedation. For 24 hours after the procedure you cannot drive, return to work, drink alcohol, operate machinery or sign legal documents.

We need details of **all** your medications (please bring them with you), allergies and any medical conditions.

If you normally take any medication, check with your doctor or nurse when you should take them on the day of the test.

Please also tell your chest doctor or nurse if you are on insulin or tablets for diabetes, or on blood-thinning medication such as warfarin, aspirin or clopidogrel, as special arrangements will need to be made. Due to the fact that you will be fasting we usually advise people not to take their diabetic medications on the morning of the procedure.

It is important to let us know in advance if you take blood-thinning medications as we usually temporarily stop these before your procedure. The details below summarise what to do with any blood-thinning medications. Please contact us if you are not sure what to do.

Blood-thinning medication instructions:

Warfarin	Usually stopped 5 full days before the procedure. You will need an 'INR' blood test 1-2 days before the procedure to ensure your 'INR' is below 1.5. Please let us know if you are on warfarin and why, as in some situations, we may give you an alternative shorter-acting agent to take instead, in the lead-up to your procedure.
Aspirin	Do not take on the morning of the procedure
Clopidogrel	Usually stopped 7 full days before the procedure
Dipyridamole	Usually stopped 7 full days before the procedure
Ticagrelor	Usually stopped 7 full days before the procedure
Rivaroxaban	Usually stopped 2 full days before the procedure
Apixaban	Usually stopped 2 full days before the procedure
Dabigatran	Usually stopped 2 full days before the procedure

Dalteparin (injections) Usually stopped 1 full day before the procedure

Enoxaparin (injections) Usually stopped 1 full day before the procedure

What will happen on the day?

You will be asked to fast for 4 hours before the procedure (you can drink water up to two hours before the procedure). You will then come to the reception desk in Theatres on the 4th floor of the Queen Elizabeth the Queen Mother (QEQM) building at St Mary's Hospital ([Imperial College Healthcare NHS Trust | Hospital map](#)) at the time you have been given.

When you arrive, a nurse will greet you and take your blood pressure, heart rate and temperature, and ask you questions about your medical history, medications and any allergies. Please let us know if you may be pregnant. The procedure will be explained to you again and you will have the opportunity to ask any questions. You will be asked to sign a consent form. A cannula (small plastic needle) will be inserted in your arm to allow the doctors to give you a sedative and pain relief during the procedure.

You will then be taken through to the procedure room and will be asked to lie on your side on a bed. You will have pillows around you to make you as comfortable as possible. Your blood pressure, heart rate and oxygen levels will be recorded throughout the test and extra oxygen can be given if needed. An ultrasound will be used to locate the fluid to make sure there is a safe amount of fluid to proceed with the procedure, and to guide the doctors as to where to insert the camera.

What does the LAT procedure involve?

Your skin will be cleaned, and a sterile drape will be placed over your chest. You will be given some pain relief medicine and a sedative. Then doctors will then use local anaesthetic to numb the area they will make the small (1-2cm) incision in the side of your chest. The scope (a thin tube with a camera) will then be inserted through this incision to allow the doctors to examine the inside of your chest.

Pleural fluid will be drained out of your chest and biopsies will be taken. This part of the procedure takes about 30 - 40 minutes.

After the fluid is drained and the biopsies have been performed, the doctors will then decide how to finish the procedure:

If the lung looks like it **will reinflate** (after being squashed by the fluid) the team will insert a temporary drain into the chest. This will drain any air and fluid immediately after the procedure. If the team think the fluid is likely to come back later, they may also put in a special medical talc to stick the lining of the lung together and try to stop fluid from building up again.

If the lung looks like it **will not reinflate** the team will insert a longer-term drain after the procedure. (Please see patient information leaflet about "[Indwelling pleural catheter insertion](#)")

Your doctor will advise whether you are likely to receive a temporary or longer term drain before you have a LAT.

What happens after the procedure?

After the procedure you will be taken to the recovery area and given a drink and biscuits. You may have some discomfort after the local anaesthetic has worn off so you will be prescribed some pain relief also. If you have had a temporary drain placed, this will be removed when the air and fluid has stopped draining and then you can go home - this is often on the same day, but some people require an overnight stay. If you have a long term drain you can usually go home the same day. Any stitches should be removed by the district nurses after 7-10 days for a temporary drain and 10-14 days for a long-term drain (the Pleural team will arrange this).

If you are going home on the same day, please make sure you have some paracetamol at home in case you have any discomfort over the next 24 hours.

Are there any risks with this procedure?

The procedure is normally very safe and serious complications are rare.

Pain

Some patients may experience a degree of pain, but this is rarely severe. The local anaesthetic stings briefly, and you may feel some pressure on your ribs, but the procedure should not be sore. Occasionally some patients feel pain when a biopsy is taken, if this happens, we can give more pain relief. After discharge from hospital, the chest may be sore for a little while and you may need some mild painkillers.

Infection

Rarely, patients who have a LAT may suffer an infection at the site of the procedure. If this happens it can usually be treated with antibiotics, but you may need to stay in hospital. Very rarely such infections can be serious and require an operation.

Lung damage

There is a very small risk of damage to the lung, which could cause air to leak into the space around the lung. If this were to happen, you may need to stay in hospital overnight.

Bleeding

Rarely, patients may develop bleeding. This often settles without any further intervention but might (very rarely) need a further procedure to control it.

Other risks

If medical talc is used it is quite common to develop a fever after the procedure which usually settles with paracetamol. Rarely the talc can cause a reaction in the lung and cause breathlessness.

Any medical procedure carries a small risk to life and very rarely there may be a death (less than one person in 1000) because of complications from the procedure.

Are there any alternatives to this procedure?

A similar procedure may be done by the thoracic surgeons called a VATS (Video Assisted Thoracoscopic Surgery). For this you would need to meet the surgeons in clinic and get a theatre date for the procedure. It would also require a general anaesthetic which may not always be

suitable if you have other significant medical conditions. A VATS requires at least 1-2 nights in hospital.

Getting the results?

You will be given an appointment to come back to clinic about 2 weeks after you are discharged for the results of your biopsies. We can then decide if you need any further treatment. Only very occasionally the biopsy does not give us enough information and another test may be needed.

How to contact us

If you have any questions or concerns leading up to the appointment, please contact the Pleural Team on 07876138418 or imperial.pleural@nhs.net (Monday-Friday, 09.00-17.00).

If you have had a thoracoscopy performed and experience marked breathlessness, pain, dizziness or light-headedness outside of these hours, please attend your local A&E, taking this leaflet with you.

Pleural Consultant, via secretary Dr Ross / Dr Sinharay T: 02033127942 Monday – Friday 9am – 5pm
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How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3312 7777** (10.00 – 16.00, Monday to Friday). You can also email PALS at imperial.pals@nhs.net The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street
London W2 1NY

Email: ICHC-tr.Complaints@nhs.net

Telephone: **020 3312 1337 / 1349**

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team:
imperial.communications@nhs.net

Wi-fi

Wi-fi is available at our Trust. For more information visit our website: www.imperial.nhs.uk

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