

Respiratory medicine

Talc pleurodesis

Information for patients, relatives and carers

Introduction

This leaflet explains:

- what talc pleurodesis is
- why your doctors have advised this treatment
- how to prepare for the procedure

Please read this information carefully. If you have any questions, please ask your medical team.

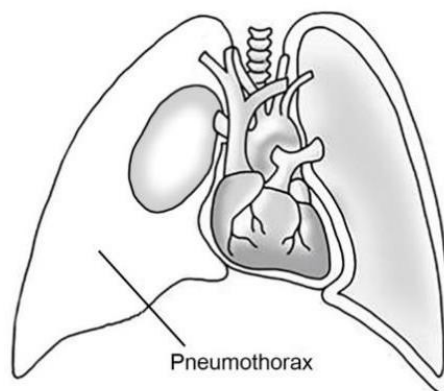
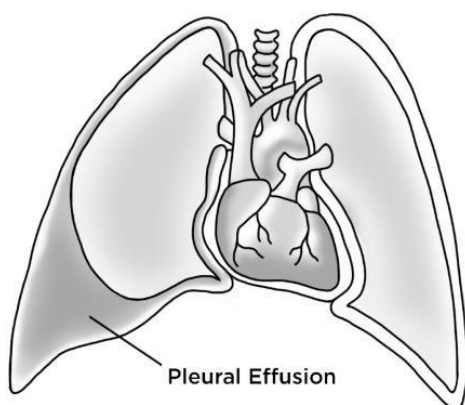
What is talc pleurodesis?

Pleurodesis involves the introduction of medical talc into the space between the lung and the inside of the chest wall (the pleural space). The aim is to stick the linings of the lung (the pleura) together to prevent continuing build-up of fluid or air. The talc is delivered via a chest drain. The procedure is a success for 7 out of every 10 people who have it (a 70% chance of success).

Why do I need a pleurodesis?

We have recommended this to stop further problems with either fluid or air building-up in the space between your lung and the inside of your chest wall.

- a build-up of fluid is a pleural effusion
- a build-up of air is a pneumothorax, sometimes called a 'collapsed lung'



Are there any alternatives?

The main alternatives for managing the build-up of pleural fluid are:

- **insertion of an indwelling pleural catheter** – a permanent chest drain (see our leaflet [Preparing for an indwelling pleural catheter](#))
- **repeated pleural aspirations** – these have the advantage of avoiding a semi-permanent drain, or a longer hospital stay, but are likely to need repeated visits to the hospital for multiple procedures

There is an excellent website we recommend for patients with pleural effusions which explains all your options with videos: [Welcome to 'My Pleural Effusion Journey'](#)

If your pleurodesis is part of treatment for a **pneumothorax** (air in the pleural space), the only real alternative is an operation, but it is likely that your doctor feels this is not the right option for you. Please ask about this though if you would like to consider or discuss an operation instead.

How do I prepare for my pleurodesis?

You already have a chest drain in place. The doctors will ensure that enough air or fluid has been drained from the pleural space to allow the two layers of pleura to be in contact with one another.

It may have taken or take several days for the air or fluid to drain out.

What will happen on the day?

The procedure will be explained to you again. You will have the opportunity to ask any questions before you give your consent to have the procedure.

Your doctor will clean your chest drain and inject the talc in a liquid form into your pleural space via the 3-way tap on your chest drain.

Your chest drain may be closed off at the tap for 2 hours after the talc is injected and then opened again.

The chest drain will remain in for a further 1 to 2 days, or possibly longer if there is ongoing drainage of fluid or air.

Your chest may be attached to some gentle suction to encourage all the remaining air or fluid to come out.

The day after the pleurodesis, you are likely to need a chest X-ray and an ultrasound of your chest to see if the procedure has been successful and the two layers of pleura have stuck together.

Sometimes we repeat the procedure if it has not worked the first time.

Are there any risks with this procedure?

Talc pleurodesis is generally a very safe and well-tolerated procedure, with serious complications being rare. The following can sometimes happen:

Pain

Some patients may experience a degree of pain when the talc is injected. This is usually mild and can be treated with painkillers. Before the talc is injected, local anaesthetic is injected into the pleural space to minimise any discomfort. You will also be given painkillers before the pleurodesis.

Infection

Rarely, patients who have a chest drain and talc pleurodesis may have an infection in the pleural space. If this happens it can usually be treated with antibiotics, but it may require a longer stay in hospital. Very rarely such infections can be serious and need an operation.

Fever (high temperature)

Some patients experience a high fever (and high inflammatory markers in their blood tests) for a day or two after the talc pleurodesis. This can be controlled with paracetamol.

Lung inflammation

Sometimes pleurodesis can cause breathlessness due to lung inflammation caused by the talc. This is very rare (less than 1 in 1000 people) and usually settles over a few days.

The procedure is not successful

The procedure is a success for about 7 out of every 10 people who have it (a success rate of about 70 per cent). If the procedure fails, the team will talk with you about a possible repeat procedure, or alternatives.

When will the chest drain be removed?

Your chest drain will be removed when the doctors feel the procedure has been successful, or if the procedure has failed but further attempts at pleurodesis are not recommended. Removing the drain is straightforward and should not be painful. It only takes a few seconds. A small dressing will be placed over the wound.

How to contact us

If you are an inpatient, please ask your doctors and nurses if you have any questions about your chest drain insertion.

If you are an outpatient and have any questions or concerns leading up to the appointment, please contact the pleural team, Monday to Friday between 09.00 and 17.00.

call: **07876 138 418 / 07393 003 019** email: imperial.pleural@nhs.net

How do I make a comment about my visit?

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**). The PALS team will listen to your concerns, suggestions or queries. They are often able to help solve problems on your behalf.

call: **020 3313 0088** email: imperial.pals@nhs.net

Or, if you need to **complain**, contact the Complaints department.

call: **020 3312 1337 / 1349** email: ICHC-tr.Complaints@nhs.net

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

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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