

## **MCRG Interventional Radiology Patient Discharge Education Thoracentesis**

### **About Your Procedure**

Thoracentesis is a procedure that is done to remove a sample of fluid from around the lung. The lung is covered with a tissue called the pleura. The inside of the chest is also lined with pleura. The space between these two areas is called the pleural space. This space normally contains just a thin layer of fluid; however, some conditions such as pneumonia, cancer, or congestive heart failure may cause excessive fluid to develop (*pleural effusion*). To remove this fluid for evaluation (testing) or to reduce the amount of fluid, a procedure called a thoracentesis is done.

Thoracentesis involves placing a thin needle or tube into the pleural space to remove some of the fluid. The needle or tube is inserted through the skin, between the ribs and into the chest. This procedure may be done to remove fluid for testing or for treatment. The needle or tube is removed when the procedure is completed.

### **What should I expect after the Thoracentesis?**

- You may notice it is easier to breathe and to take a deep breath. Limit your activity for the rest of the day. Avoid lifting or pushing 10 pounds or more for 1-2 days after this procedure.
- You may return to work after 24 hours, unless your primary doctor instructs you otherwise.
- You do not have any diet restrictions because of this procedure, but should continue any that were given to you by any other doctors.
- Continue all previously prescribed medications.

### **Bathing & Wound Care:**

- You may shower after 24 hours; do not tub bath or submerge in water for 3 days.
- Apply a warm compress to affected area for comfort as needed.
- If the drainage site(s) become red, tender, swollen, or start to drain, contact us.

### **For Patients Who Have Received Conscious Sedation:**

- You must have someone drive you home when you leave the hospital. It is also good to have a responsible adult stay with you the first night.
- For 24 hours after your procedure, do not do anything where you need to be mentally alert. This includes making important decisions, operating machinery, signing important papers, etc.
- Eat light for the first 24 hours, and then start eating more as you are able. Drink plenty of fluids.
- If you are taking pain medications:
  - Take as directed.
  - Do not drink alcohol while taking narcotic pain medication.
  - Do not drive until you know how your pain medication affects you mentally.

- If you are constipated, drink more fluids and eat more fiber. You can also use an over-the-counter stool softener.

**Follow-up visit information:**

Call your primary doctor after discharge for a follow-up appointment if you don't already have one. Follow up with Interventional Radiology is not routinely necessary.

**When to Get Medical and Emergency Help:**

Call our non-emergent line at (407) 649-6823:

- Temperature greater than 101°F.
- Increasing redness, swelling or drainage from the abdominal access site.
- Increasing pain not relieved by medication.
- Go to your nearest Emergency Room:
- Bleeding or drainage from the needle site that is saturating the Band-Aid.
- You have shaking chills or a temperature over 101°F.
- New, sudden difficulty breathing.
- New pain when taking a deep breath.
- A cough that produces blood.

**Interventional Radiology Contact Information**

Office Hours 8:00 am - 5:00 pm

**Non-emergent questions:**

Phone: (407) 649-6823 Fax: (407) 246-0374

Email: [IRSupport@MCRG.com](mailto:IRSupport@MCRG.com) – *non urgent concerns only*

**IR Clinic Scheduling:**

Phone: (321) 841-8104 Fax: (407) 649-7873

Email: [IRSupport@MCRG.com](mailto:IRSupport@MCRG.com) – *non urgent appointment requests only*

**For all Urgent issues:**

On nights and weekends for immediate concerns you may

Page the Interventional Radiologist at:

**(321) 841-8122**

Or call your Doctor.