

## Discharge advice

Should you develop further breathlessness or chest pain after discharge you should seek urgent review and return to the Accident and Emergency department immediately.

You will be seen in the respiratory clinic 2a within two weeks of discharge to ensure that the pneumothorax has resolved and to assess the chances of recurrence.

Your out-patient appointment:

- Will either be sent to you by post  
or
- Date .....  
Time .....  
Clinic 2a.....  
Consultant .....

You must avoid air travel until you are advised that it is safe and an out-patient follow-up and a chest radiograph has confirmed resolution of the pneumothorax.

Diving should be permanently avoided after a pneumothorax unless you have had bilateral surgical pleurectomy.

If you smoke it is important to stop as you are at greater risk of recurrence of a pneumothorax.

## Contacts/Further information

Pleural Nurse Specialist

Tel: 01223-349189 or

Tel: 01223-245151 ask for bleep 156-2197

Clinic 2a - Tel 01223-216645

### Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact

Patient Information: 01223 216032

or

[patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)



We are currently working towards a smoke-free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS Stop Smoking helpline on 0800 169 0 169

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# Respiratory Medicine

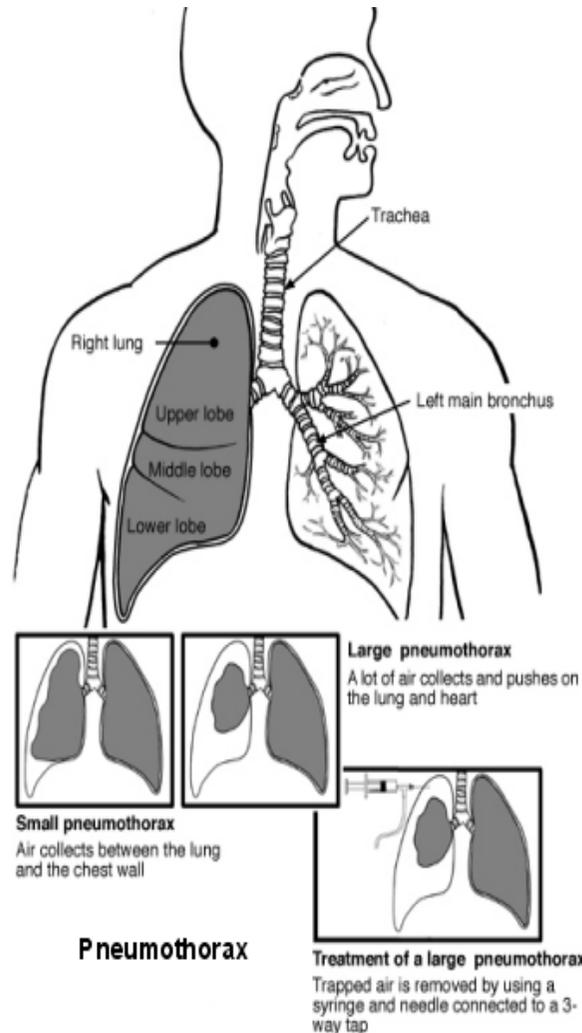
## Pleural Service

### Patient information

# Pneumothorax

## What is a pneumothorax?

A pneumothorax is air that is trapped between a lung and the chest wall. The air gets there either from the lungs or from outside the body.



## What are the causes?

### A primary spontaneous pneumothorax

This means that the pneumothorax develops for no apparent reason in an otherwise healthy person. In about 10% of cases a definable cause can be found especially where there is a family history of the condition. This is why in Addenbrooke's we run a specialised pneumothorax service.

### Secondary spontaneous pneumothorax

This means that the pneumothorax develops as a complication (a 'secondary' event) of an existing lung disease.

### Other causes of a pneumothorax

An injury to the chest can cause a pneumothorax.

## What are the symptoms of a pneumothorax?

The typical symptom is a sharp, stabbing pain on one side of the chest which suddenly develops. The pain is usually made worse by breathing in (inspiration).

You may become breathless. As a rule, the larger the pneumothorax, the more breathless you become.

You may have other symptoms such as a cough or fever, if an injury or a lung disease is the cause.

A chest x-ray confirms a pneumothorax.

After one pneumothorax there is a risk that it may happen again.

Those who smoke are at greater risk.

## Management of a pneumothorax

A small pneumothorax will clear without treatment over a few days as the body heals the leak and the air is gradually absorbed.

A larger pneumothorax needs to have the air drawn out to relieve the symptoms. This is done in hospital with a syringe and needle or by placing a drainage tube into the space to allow the air to come out again. This is called a chest drain. It is inserted under local anaesthetic. It may need to stay in place between a couple of days to one or two weeks, until the lung heals.

Some people have repeated episodes of spontaneous pneumothorax. If this occurs, a procedure may be advised with the aim of preventing further recurrences. For example, an operation is an option if the part of the lung that tears and leaks air out is identified. It may be a small 'bleb' (blister) on the lung surface that can be removed. Another procedure that may be advised is for an irritant powder (usually a kind of talc powder) that can be put on the lung surface. This causes an inflammation which then helps the lung surface to 'stick' to the chest wall better.