Tunneled Indwelling Pleural Catheter (TIPC)

Information for patients
This information leaflet is for patients with a pleural effusion who are planning to have Tunnelled Indwelling Pleural Catheter (TIPC).

Your doctor or nurse specialist should have discussed the information included in this leaflet with you in clinic. If you have any questions about the contents of this leaflet, please discuss them with your doctor or nurse specialist. Contact details for the medical and nursing teams are given below.

My consultant is ..............................................................................................................

My nurse specialist is ...................................................................................................

Dr Callister, Dr Rodger, Dr Paramasivam and Dr Robson’s secretary
0113 206 4159

Lung Nurse Specialist
0113 206 7916 (Answerphone)

(Or your own Specialist Oncology Nurse)

David Beevers Bronchoscopy/Pleural procedures Unit
0113 206 6653

*Your TIPC insertion is booked for*

Date: .........../........./.......... 

Time: ................................

Location: ..........................................................................................................................
Your first drainage appointment is
Date: .............../..............
Time: ................................
Location: ...........................................................................................................

What is a pleural effusion?

Your lungs and the inside of your chest wall are covered by two very thin linings with the space in between called the pleural space. Sometimes diseases can affect the pleura causing fluid to build up in the pleural space (called a pleural effusion) which stops the lung working properly causing breathlessness. A method used to drain the fluid is the use of a long-term Tunnelled Indwelling Pleural Catheter (TIPC) which means the fluid can be drained when needed at home without the need for repeat procedures or coming back to hospital.

Fluid in pleural space (pleural effusion)

Lung squashed by pleural fluid

Normal lung
What is a Long-term Tunnelled Indwelling Pleural Catheter (TIPC)?

A TIPC is a small soft flexible tube that is thinner than a pencil which remains inside the chest (in the pleural space) and passes out from under the skin and remains in place when you go home. There is a one way valve on the end which prevents fluid leaking out when the drain is not in use.

District Nurses then visit you at home and remove pleural fluid using specially designed bottles.

How do I prepare?

You should have a shower/bath and wash your hair the day before the procedure. MRSA swabs will have been taken at your clinic visit.

You can eat and drink before the procedure. You should still take your usual medicines, but your doctor should have asked you to stop taking Warfarin, Clopidogrel or Ticagrelor before the procedure – please mention if you are still taking these medicines.

Most TIPCs are inserted in the David Beevers Bronchoscopy/Pleural Procedures Unit at St James’s University Hospital. Patients attend the David Beevers Unit on the morning of their drain insertion. When you arrive, you will meet the
nursing and medical teams who will explain what is going to happen (including possible risks) and ask you to sign a consent form.

**How is the TIPC inserted?**

Insertion of the drain takes about 30 minutes. You will be asked to lie on your side in a comfortable position and your body will be covered with a sterile drape (sheet) to keep the area clean. A nurse will sit with you throughout the procedure and your pulse, blood pressure, breathing and oxygen levels will be monitored. You will have a drip in your arm in case any painkillers are needed. An ultrasound will be used to find the best place to place the drain. The doctor will then inject some local anaesthetic into your chest wall to numb the area. This should not be painful although you may feel some pressure or tugging. The TIPC will be secured in place with a small stitch which is removed 7-10 days later. If you feel any discomfort during the procedure, please let the doctors and nurses know and they give you extra local anaesthetic. After the procedure, the drain is normally covered with a dressing, and the area is protected with a waterproof cover.

**What happens afterwards?**

After the drain is inserted you be able to have a rest and a cup of tea and some biscuits. Then you will have an X-ray to check that the drain is in a satisfactory position. After an hour or so you should be able to go home. The nurses will arrange a time for you to return to the David Beevers Unit, usually after 3-7 days, for your first fluid drainage (although some fluid will have been taken off during the TIPC insertion). They will also send off referral forms to your District Nurses who will visit
you at home to continue removing fluid after that. You will be given a separate information pack about TIPC (trade name Pleurx drain) when you leave. This contains a DVD that you may wish to watch, together with an information leaflet with frequently asked questions.

**If there are urgent problems with your breathing after you have gone home attend the A&E department at St James’s University Hospital.**

If the concerns are not urgent then contact the David Beevers or your lung CNS on the numbers above or alternatively your GP or District Nurse.

**Are there any risks with a TIPC?**

There can be some discomfort when the local anaesthetic wears off which may require some painkillers for a few days. If you do not have painkillers please ask for a prescription before you leave to go home.

The procedure is normally very safe but there are some small risks to the procedure itself. These include causing bleeding from blood vessels in the chest wall whilst inserting the drain, or damaging the lung or other internal organs during the insertion process. The doctors will use an ultrasound machine to accurately locate the fluid before inserting the TIPC, to reduce this risk. Very rarely serious bleeding occurs which can require an operation to stop it and very rarely this could be fatal. Of course everything possible will be done to avoid this.

The main ongoing risk with TIPCs is infection around the drain. The doctors inserting the drain will thoroughly clean your chest, and insert the drain carefully to reduce the risk of infection.
Similarly, the District Nurses will always ensure that the drain is kept clean whilst draining fluid. Despite this, infections do sometimes occur. If the skin around the drain becomes red or painful you may need treatment with antibiotics, or in some situations the drain may need to be removed.

Occasionally TIPC may get blocked. There is some information about how to deal with this in the patient information booklet you will be given. If the blockage persists however, drains sometimes need to be removed.

How long will the TIPC stay in for?

TIPCs are meant to be a permanent solution to the problem of pleural fluid although they can be removed if they are no longer needed. The drain will be in your chest until fluid stops recurring. The amount of time this takes will vary from patient to patient, and can be from a few weeks to several months. In some patients fluid build-up does not stop, and so the drain needs to stay as long term.

How often do I need to have the fluid drained?

The rate at which the fluid builds up varies between people and sometimes drainage is required 2-3 times a week (usually of about 500mls). If less than 50ml drains into the bottle on three separate occasions, it may need to be removed. In this case your district nurse will be able to get in touch with the David Beevers Unit (0113 206 6653) to be reassessed.

Can I wash and shower normally?

After the TIPC is inserted there will be a dressing over the drain. We ask you to keep this dry until the stitches are
removed seven days later. Providing the site is clean and dry you can bath and shower normally.

Feedback

We are keen to make your TIPC insertion and care as straightforward and comfortable as possible. If you wish any further information or wish to make any suggestions for improvement please contact our Lung Nurse Specialists 0113 206 7916.

St James’s University Hospital site plan