

Having an indwelling pleural catheter (IPC) inserted

Respiratory Medicine

Information for Patients

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What is an Indwelling Pleural Catheter or IPC?

There is a very small space between your lungs and chest wall called the pleural space. Normally, there is a tiny amount of fluid in the pleural space. In your case, fluid has collected in the pleural space. This is called a pleural effusion. If there is a lot of fluid, this can put pressure on your lungs. This can cause shortness of breath and sometimes a cough. There are a few different ways that pleural fluid can be drained.



An Indwelling pleural catheter (IPC) is a small flexible tube made of silicone. It is designed to be inserted into the pleural space. The IPC is fixed underneath the skin. It then passes between the ribs into the pleural space. It can stay in place for as long as needed. The IPC is designed to be used at home to drain pleural fluid into bottles either by yourself, family members or the district nurses. At the end of the IPC there is a blue one way valve, this stops fluid leaking out and air leaking in.

Am I attached to a bottle all the time?

When the IPC is not in use it is protected, clean and dry underneath a waterproof dressing until a drainage is needed. A vacuum bottle is attached to the end of the IPC to drain the fluid quickly from the pleural space. This usually takes a few minutes. A new dressing is then put over the IPC until the next drainage. You can lie on the IPC. It will not cause any damage as there are some cushioned layers of dressing for protection.

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IPC cushioned waterproof dressing



Single use 500ml or 1000ml vacuum bottle

How do I prepare for an IPC?

The IPC will be inserted in a clean procedures room. This is normally on ward 29 Glenfield hospital. Normally the day case admission can last up to 2 hours. The IPC insertion takes about 30 to 45 minutes. You may be given pain medication by the nurses before the procedure. You can eat, drink, shower and take your normal medications on the day of the procedure. If you are taking blood thinning medication you will be given instructions of when to stop taking.

What are the risks of inserting a chest drain?

- **Pain:** although painkillers and local anaesthetic are given, some people do have pain during or after the procedure. You can have more painkillers if you need them.
- **Bleeding:** a small amount of bleeding around the site is expected. It usually resolves quickly without treatment. More serious bleeding into the chest or damage to other organs in the chest is extremely rare.
- **Infection:** there is a light risk of introducing infection into the chest. This sometimes needs treatment with antibiotics. There is also a slight risk of a skin infection around the wound where the drain enters the chest.
- **Air leak:** sometimes there may be a leak of air from the chest into the skin around where the drain enters the chest. This is often noticed as a 'crunchy sound' on pressing the skin around the drain.
- **Misplacement:** very rarely the drain may be put in the wrong place (misplaced) and cause damage to other nearby organs. This may be the lung itself, the liver, spleen or heart depending on which side of the chest the drain is inserted.
- **Drain failure, dislodgement or blockage** — sometimes the drain may dislodge and fall out, become blocked or not work.

How is the IPC inserted?

- The procedure will be done by a specialist doctor or trained specialist nurse in the procedures room.
- You will be able to ask questions.

- You will need to sign a consent form if you are happy to go ahead.
- You will be asked to lie on your side
- The best site for the procedure is found using an ultrasound scan machine. The scan gel will be cold but not hurt .
- Your skin is cleaned with an alcohol cleaner to kill any germs.
- A local anaesthetic is injected to numb the area. This can sting for a short time but does not last long.
- 2 cuts are made to fit the IPC under the skin
- You may feel pressure or your body may move during the procedure.
- You may hear a gurgling noise as the IPC is inserted.
- Fluid will be drained into the bottle
- The IPC will be stitched in place and a dressing will be applied
- You will go for a chest X- ray

How does the IPC stay in place?

The IPC has a small cuff around the tube. This will be positioned just underneath the skin. You will not be able to see it. Your body will heal around the cuff. This then helps to keep the IPC in place. Your stitches will be removed by the pleural nurses at a follow up appointment 2 weeks after your IPC was put in. During this appointment your wounds will be looked at, stitches removed and the amount of fluid you have drained will be checked.

Who can drain the IPC?

We can instruct a district nurses to help with your IPC drainage. They can also help to train yourself or family members. The IPC is designed to be used safely outside of the hospital setting. You will be given an individual drainage plan that may change depending on how much is draining.

How often will I need to drain the IPC?

We have a few different drainage plans to start with. These are listed below. You will be given either 500ml or 1000ml bottles depending on the size of your pleural effusion.

- 3 times a week drainage on a Monday, Wednesday and Friday
- 2 times a week drainage (days to suit)
- Once a week drainage (day to suit)
- Only drain when feeling more short of breath (symptomatic drainage)
- IPC plus pathway. Daily drainage for 10 days . After 10 days it may be possible to put sterile medical talcum powder (talc) into the pleural space. This irritation can cause the inner and outer lining of the lung to stick together. If this works the fluid may not build up again.

Can I wash and shower as normal?

It is safe to shower with an IPC in but there are some things to be aware of to keep the IPC clean and dry and free from infection.

- Cover the IPC site with the waterproof dressing provided to stop the water getting in.
- Avoid using high pressure water jets or a strong stream of water on the IPC site as this could force the dressing off and cause problems to your skin and IPC.
- Be careful with soaps and shampoos on the skin closest to the IPC. These could cause the skin to become sore.
- Apply a new waterproof dressing if the gauze gets wet.

It is also possible to swim with the IPC after 1 month as long as the wounds have healed well and are free from infection. If you do swim with the IPC you should follow the same advice above.

What on going issues can I expect with an IPC?

Most patients with an IPC have very few ongoing issues. When your pleural fluid drains from the IPC into the bottle it can be normal to feel some discomfort or a “tugging “ feeling. Slowing drainage down or stopping can help to control this pain. Sometimes the IPC wounds can become infected or the IPC tube could block. If your doctor or nurse thinks that this has happened extra treatment may be needed.

Can the IPC be removed?

Each patient keeps their IPC in for a different length of time. Some patients have the IPC in place for life. Others can have it removed when there is only a very small amount of fluid draining. Your doctor or nurse can talk to you and plan removal of your IPC once they have scanned your chest using the ultrasound machine.

Important information

We have made an appointment for your IPC insertion on:

Date Time.....

Please go to ward 29 Glenfield Hospital 10 minutes before this appointment.

Ward 29 is on the 1st floor. It is best to go in by the south entrance.

Specific advice about your medications:

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If you have any questions about this information please contact the pleural nurse specialists on 0116 2583975.



More information in relation to the Indwelling Pleural Catheter can be found by accessing the website mypleuraleffusionjourney.com Chapter 5.4

Space to write any questions you may have:

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Previous reference:

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