Indwelling Pleural Catheter (IPC)

Information for you
What is an indwelling pleural catheter?

An indwelling pleural catheter is a specially designed small tube to drain fluid from around your lungs easily and painlessly whenever it is needed. It avoids the need for repeated painful injections and chest tubes every time the drainage of fluid is needed.

The drainage can be performed either by you on your own or with the help of a nurse, whichever suits you.

The pleural catheter is a soft flexible tube that is smaller than a pencil, which remains inside the chest and passes out through the skin. There is a valve on the outer end of the tube to prevent fluid leaking out of the tube.

Why do you need an indwelling pleural catheter?

The pleural space consists of two thin membranes (skin lining) – one lining the lung and the other lining the chest wall. Between these layers, there is a very small space which is usually almost dry. In your case fluid has collected in this space so that the lung cannot function properly making you short of breath.
What can be done to help me when this happens?

Draining away the fluid that has collected helps relieve breathlessness for a short period, but the fluid then often re-collects making you short of breath again. While it is possible to have repeated drainage of fluid in this way, it can be uncomfortable and means many inconvenient trips to hospital. The indwelling catheter is a way of allowing fluid to be repeatedly drained without you having to come to the hospital and without you having to have painful fluid drainage procedures.

How is the indwelling catheter put in my chest?

The tube will usually be put into your chest as a day case. After you have come to the hospital you will be met by a nurse. A small cannula (needle) will be put into your arm in order to give you sedation if needed.

You will be asked to either sit or lie in a comfortable position by your doctor. Sometimes a sedative medicine will be given through the needle in your hand. This is to make you sleepy. However, this is not essential and almost all of our patients have the procedure without sedation. If you would like to have sedation, please discuss this with your
consultant and the nurse taking care of you and they will be able to talk you through this.

Once you are resting comfortably, the skin will be cleaned with an alcohol containing cleaner to kill any bacteria. This fluid often feels cold.

A Local Anaesthetic (that freezes the area) is then injected into the skin and the tissue under the skin to numb the area where the IPC will be inserted. The Local Anaesthetic stings for a few seconds as soon as it is injected. If you are able to bear with this, the pain passes off quickly.

Your doctor will then make two small cuts in the numb area of skin and gently open a path for the indwelling catheter. This should not be painful, although you may feel some pressure or tugging. One cut is for the catheter to pass through the skin, and the second is for it to be passed into the chest. The indwelling catheter is then gently eased into the chest.

**Will it be painful?**

Local anaesthetic is injected into the skin before the drain is put in, so that you do not feel the drain going in and painkilling medications are given to control any pain. At the end of the procedure
the chest may feel “bruised” or “sore” for about a week. We will provide you with pain killing tablets to relieve this discomfort.

**How long do I have to stay in hospital?**

The IPC catheter insertion is done as a day case and after a short stay on the ward and a Chest Xray, you will be free to go home. However, we ask you to come prepared to stay overnight in hospital. This is only as a precaution in case we feel that this is required after the IPC has been inserted.

After your discharge, it is best that someone is able to accompany you home from hospital and stay with you that night.

**How does the drain stay in position?**

Indwelling pleural catheters are designed to be a permanent solution to the problem of pleural fluid (though they can be removed if they become unnecessary). There is a soft cuff around the tube which is positioned under the skin and the skin heals, so the drain is made secure.

There will be stitches put in place when the IPC is inserted. Your community nurse will remove these seven to 10 days after the IPC has been inserted.
Who will drain the fluid from my tube once it is in place?

The Drainage of the IPC tube is a straightforward procedure and this can be done in a number of ways.

In Ayrshire, one of our community nurses, attached to your GP practice will visit you at home periodically, to drain the IPC.

The drainage is done by attaching a vacuum filled bottle to the IPC valve and releasing the vacuum to suck fluid out. This will help ease your breathing.

We can also teach you or a family member to drain the IPC tube into the vacuum bottle. This will require some organisation and coordination with your hospital consultant who will supervise your training. Since the IPC drainage procedure needs to be done under careful, clean and sterile techniques, we would prefer that, it would be our community nurses who drain your IPC.

If needed, your community nurses are able to speak with your hospital consultant directly should they have any queries about your IPC drainage.
How often can I drain fluid and how often do I need to do this?

When your catheter is inserted the doctor will remove most of the fluid from your chest at the same time. The rate the fluid returns varies between people and some patients need daily drainage whilst others require only weekly drainage or less. You can drain fluid as often or as infrequently as is needed.

How will drainage bottles be supplied to me?

As soon as you have been given a date for your pleural catheter placement we will contact your local community nurses who will order catheter drainage bottles (or bags) to be delivered directly to your home address. These will usually arrive within two to three days of your clinic appointment and in plenty of time for your catheter placement appointment.

It is sensible to take two to four bottles with you if you are ever admitted to hospital in the future to ensure that there are no delays in your pleural drainages while an inpatient.
Are there any risks with indwelling catheter insertion?

In most cases, the insertion of an indwelling pleural catheter and its use in treatment is a routine and safe procedure. However, like all medical procedures, they can cause some problems. All of these can be treated by your doctors and nurses.

Most people get some pain from their indwelling catheter in the first week. We will provide you with pain killing medication to control this.

Sometimes indwelling catheters can become infected but this is uncommon (affecting about one in 50 patients). Your doctor will thoroughly clean the area before putting in a chest drain to try and prevent this and we will teach you how to keep your catheter clean. Tell your doctor if you feel feverish or notice any increasing pain or redness around the chest drain.

Are there any risks associated with long term indwelling catheter use?

Generally indwelling pleural catheters are very well tolerated in the long term.

The main risk is infection entering the chest down the tube. This risk is minimized by good catheter care and hygiene. We will teach you how to look after your catheter.
Sometimes cancer tissue can affect the area around the indwelling catheter. Please let your doctors know if you develop a lump, or any pain, around your catheter in the weeks after it is inserted. If this problem does develop, your doctor will advise you on appropriate treatment.

**Can I wash and shower normally?**

After insertion there will be a dressing placed on the catheter and we advise you to keep this dry until the stitch is removed seven days later. Providing the site is then clean and dry, you will be able to bath and shower normally. After a month it is even possible to go swimming.

**What should I do if something happens to the IPC tube?**

Indwelling pleural catheters (IPC) are designed to remain in position permanently. If there are any concerns about the IPC tube, your community nurse will contact your hospital consultant and he will invite you back to hospital to make an assessment.
What happens if the fluid draining from the IPC stops?

Sometimes the fluid drainage from your chest could dry up. If there has not been a drainage from the IPC over a period of 6 weeks, your community nurse will contact your hospital consultant and he will invite you back to hospital for an examination to assess the amount of fluid remaining within your chest.

Based upon this assessment, if there is no more free fluid left to drain, you will be offered a choice of either keeping the IPC in place (with the community nurses visiting you weekly to change the dressing) or have the IPC removed.

If you choose to have the IPC removed, your consultant will arrange for this to be done as a Day case.

If you would like any further information about this procedure please contact Dr Anur Guhan via his secretary on ☏ 01292 617164 and he will return your call.

If you have already had an IPC inserted and have any queries or concerns, please ring your community nurses in the first instance. They will be able to address your concerns either immediately or after liaising with Dr Guhan.
Your feedback is encouraged.

We are keen to make indwelling pleural catheter care as straightforward and as comfortable as we possibly can. Please feel free to make any suggestions for improvements to your doctors or nurses.

References and further information


We would like to acknowledge with grateful thanks the original information leaflet provided by NHS Trust North Bristol.
All of our publications are available in different languages, larger print, braille (English only), audio tape or another format of your choice.

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