

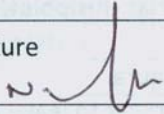


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<p>North Bristol NHS Trust</p>			<p>Oxford Respiratory Trials Unit</p>
<p>TRIAL SPECIFIC PROCEDURE FOR TAPPS</p>			
<p>TSP TAPPS 03.01</p>			
<p>MEDICAL THORACOSCOPY & POUDRAGE (INTERVENTION ARM)</p>			
<p>Effective date: 10th Oct 2012</p>			

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1 INTRODUCTION AND SCOPE

The purpose of the Trial Specific Procedure is to describe the procedures relating to thoracoscopy and poudrage for the purpose of the TAPPS study. It applies to researchers taking part in the TAPPS study and performing the above procedures as per protocol and the delegation log.

2 DEFINITIONS

There are no definitions for this TSP.

3 PROCEDURE

3.1 Thoracoscopy and poudrage

Please also refer as needed to the British Thoracic Society Pleural Disease Guideline 2010 on Local Anaesthetic Thoracoscopy (Appendix – A Practical Guide to the Procedure).

1. Procedure ideally to be performed in dedicated theatre, endoscopy suite or 'clean environment' (e.g. dedicated procedure room).
2. Explain procedure.
3. Obtain written consent for medical thoracoscopy.
4. Position patient and administer sedation as necessary.
5. Perform thoracic ultrasound to confirm safe site for port insertion.
6. Prepare kit, including filling drainage bottle to pre-marked prime line.
7. Don sterile gown and gloves, and sterilise insertion site using appropriate skin preparation.
8. Infiltrate local anaesthetic to skin and down to pleura.
9. Make adequate skin incision.
10. A closing suture should be placed either at this point, or towards the end of the procedure.
11. Create port site by dissecting down to pleura.
12. Insert trocar and port before removing trocar to leave port in-situ.
13. Aspirate chest cavity to dryness using flexible suction catheter. Record total drainage volume.
14. Perform thoracoscopy, including visual survey of chest cavity; pleural fluid collection; targeted biopsies as necessary; and breakdown of minor adhesions if safe to do so.
15. At the end of the procedure spray 4 grams of sterile talc over the pleural surface using a poudrage kit, aiming for an even spread of talc. Ensure that there is

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enough space left around the delivery tube/needle to allow air to escape (to avoid inducing a tension pneumothorax).

16. Remove the thoracoscopy port and insert a 16 – 24 French chest drain via the port tract.
17. Secure drain in place and apply appropriate dressings.
18. Consider attaching a chest drain adaptor (e.g. Thal-Quick Chest Tube Adaptor) to allow easy pleural access without disconnecting the drain.
19. Attach to an underwater drainage bottle using sterile tubing.
20. Admit to ward and ensure adequate analgesia is prescribed.
21. Connect to thoracic suction for at least 24 hours.
22. A chest x-ray should be performed to ensure adequate drain positioning.
23. The drain should stay in place for at least 24 hours post-poudrage.

3.2 Post-thoracoscopy

1. Observations (pulse, temperature, blood pressure, saturations, and respiratory rate should be performed every 15 minutes for the first hour post-procedure, then hourly for the next 3 hours, before reverting to standard frequency if there are no significant complications.
2. A chest x-ray should be performed between 18 and 24 hours post-poudrage.
3. Drainage volumes should be recorded at least every 8 hours.
4. Once drainage volumes fall below 250mls in the preceding 24h hours the drain may be removed.
5. A PA chest x-ray should be performed prior to the patient being discharged home.

4 ASSOCIATED FORMS

There are no forms associated with this TSP.

5 REVISION HISTORY

SOP No	Effective date	Revision summary
03.01	10/Oct/2012	New TSP

6 APPENDICES

There are no appendices associated with this TSP.