

Insertion of Indwelling Pleural Catheter (IPC)

This leaflet explains IPC, including the benefits, risks, any alternatives and what you can expect when you come to hospital.

If you have any further questions, please speak to a doctor or nurse caring for you.

What is IPC?

This drain is specially designed as a small soft flexible tube to drain the fluid around your lungs when it is needed. The IPC has a one-way valve on the end which prevents fluid leaking out of the tube and air entering the space. The drainage will be done by the district nurse team or a family member / carer if the option is available. This will allow you to be at home and carry on your normal activity whilst you have your treatment and it avoids the need for repeated chest drain insertion every time the fluid collects.

Why should I have IPC?

The pleural space consists of two membranes, one lining the lung and the other lining the chest wall. Normally we can have up to 30mls of fluid in this space but in some conditions a larger amount of fluid collects. This can need repeated drainage as it can compress your lung and cause breathlessness.

An IPC is a safe way to drain this fluid at home and means that you can avoid repeated hospital visits or in patient stays.

What are the risks?

The main risk is infection entering the chest through the drain to the chest. The risk is minimised by good catheter care and hygiene and you will be taught how to look after your drain. It is very important to keep the drain site clean and dry for the first seven days. The site should be checked regularly for signs of infection (redness, swelling, oozing, pain and fever) please inform the Pleural Nurse in the hospital or District Nurse team or your GP as soon as possible for further management.

The other risk during placement is bleeding but serious bleeding is rare, although 1 in 500 patients may develop significant bleeding during the procedure. We always check if you are on any special medication that can increase the risk of bleeding and we will ask you to stop the medication before having the procedure.

Some patients might experience pain and discomfort after the procedure but we can prescribe pain relief and control the pain.

Are there any alternatives?

It is possible to aspirate the accumulated fluid as it builds up but every procedure will require a hospital visit and if repeated procedures are required this could increase the risk of introducing infection.

A chest drain could be placed and talc slurry instilled through the drain, once all the fluid has been removed, with the aim of stopping the fluid from coming back. This requires an inpatient hospital stay of up to six days and will not work if your lung does not fully re-inflate (trapped).

Both these options can be discussed with you when you are seen in clinic.

How can I prepare for IPC?

You may need to answer a couple of questions regarding your medical history and allergy and medicine list. If you are on any blood thinning medications, we will ask you to stop the medicine in appropriate time before the procedure to reduce the risk of bleeding. You can eat and drink as normal.

Asking for your consent

It is important that you feel involved in decisions about your care. For some treatments, you will be asked to sign a consent form to say that you agree to have the treatment and understand what it involves. You can withdraw your consent at any time, even if you have said 'yes' previously. If you would like more details about our consent process, please ask for a copy of our policy.

What happens during insertion of IPC?

You will be placed in a comfortable position and we will take precautions to minimise infection. Anaesthetic injection will be injected under your skin to numb the area. This injection can sting but the discomfort passes quickly.

The doctor / specialist nurse will make two small cuts in the numbed area of your skin and gently open a path for the drain. One cut is for the catheter to pass through the skin and the second is for it to be passed into the chest. There is a soft cuff around the tube which is positioned under the skin around which the skin heals, making the drain more secure.

Once the local anaesthetic is instilled, the procedure should not be painful and you should only feel pressure. We can offer other types of pain relief to minimise the discomfort. When the drain is inserted we will drain fluid; the amount we drain depends on how much you can tolerate.

What happens after IPC insertion?

After the procedure you might feel bruised and sore for the first 48 hours but this can be controlled by pain relief. Please ensure you keep the drain site clean and dry to minimise the infection risk. The site will be covered by a waterproof dressing which allows you to shower but not to bathe.

There will be two stitches which will be removed after 10 days in your clinic appointment with the pleural nurse. Once the stitches are removed you can bathe, go swimming and carry on as normal.

What do I need to do after I go home?

You will be discharged after insertion of the drain and we will see you on the third day after procedure to drain some fluid, monitor the drain site and teach you and your carer about the drain care. Depending on our discussions together, we can refer you to District Nurse Team for further management if needed or you and family members can be trained to drain at home with DN and our support.

You will be given the contact number of the pleural team and whilst you have the drain in place, we will monitor you by telephone follow up and / or clinic visits. The rate of the fluid drainage varies between people and some patients need daily drainage whilst others require only weekly or less. This will be communicated between the Pleural Team and the community team and yourself.

When is the IPC taken out?

The IPC is designed to remain in position permanently if it is required, however sometimes the fluid drainage from chest dries up and IPC no longer needed. In this case we will remove the IPC under local anaesthetic.

Useful sources of information

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Contact us

If you have any questions or concerns about IPC insertion or after care, please contact the Pleural CNS by calling 020 8672 1255 and asking for bleep 7809 (Monday to Friday, 9am to 5pm). Out of hours please attend A&E.

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

Please contact PALS in advance to check if there are any changes to opening times.

The Walk-in and Advisory telephone services are closed on Wednesdays.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough Wing.

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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