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**Title:** Medical thoracoscopy – Patient and procedure characteristics

Dr. Arun 25030 Lakhanpal aruvid@hotmail.com <sup>1</sup>, Dr. Apollinaris 25031 Kwok APOLLO.KWOK@aintree.nhs.uk <sup>1</sup>, Dr. Sizheng 25032 Zhao steven.zhao.25@gmail.com <sup>1</sup>, Dr. Christopher James 32815 Warburton CHRIS.WARBURTON@aintree.nhs.uk <sup>1</sup> and Dr. Biswajit 33832 Chakrabarti BISWAJIT.CHAKRABARTI@aintree.nhs.uk <sup>1</sup>. <sup>1</sup> Respiratory Medicine, Aintree University Hospital, Liverpool, Merseyside, United Kingdom .

**Body:** Medical Thoracoscopy(MT) is a sensitive diagnostic and therapeutic tool for pleural disease<sup>1,2</sup>. Patient selection, premedication, analgesia and sedation are largely the operator's choice<sup>1</sup>. We studied the case records of 169 patients who underwent rigid MT for diagnosis or pleurodesis at University Hospital Aintree between December 2003 and October 2012. Data was collected on Patient characteristics(Table1), Procedure details including doses of analgesia/sedation used and complications(Table2)

## Patient Characteristics

Gender	126Males,43Females
Age,years(Range)	72(42-89)
Smoking	29(17%)Yes,42(25%)No,98(58%) Ex-smoker
Asbestos exposure(n=164)	78(48%)Yes,82(50%)No,3(2%) Possible
FEV1% (n=121)	60.6(Range=30-99)
WHO Performance status	Median:1.5(Range 0-3)

## Thoracoscopy details and complications

Midazolam,mg	5.9±2.3
Morphine,mg	7.5±2.4
Metoclopramide,mg*	Median-10
1% Lidocaine ml (n=155)	12.8±4.1

Drain size (n=150)	Median=20French(Range 16-24)
Good views	122(72%)
Failed pneumothorax	17(10%)
Biopsy taken	147(87%)
Pleurodesis	21(13%)
Pain (n=167)	10(6%)
Drain dislodged (n=159)	18(11%)
Infection (n=163)	5(3%)
Surgical emphysema (n=164)	14(9%)
Minor Lung injury	5(3%)

\*5 patients received Cyclizine 50mg instead

Conclusion-MT can be safely performed on patients with a wide range of Performance status and FEV1 as in our study population. Further studies are needed to define the patient and procedure characteristics to minimise failure rates and complications. References: 1.Local Anaesthetic Thoracoscopy–BTS Pleural Disease Guideline 2010.Najib M Rahman,Nabeel J Ali,Gail Brown,et al. 2.The role of thoracoscopy in the evaluation and management of pleural effusions.Boutin C,Astoul P,Seitz B.Lung.December 1990;Volume168,Issue 1 Suppl,pp1113-1121.