

## Having a Thoracentesis

This handout offers information on how to prepare for a thoracentesis. A thoracentesis is a procedure that allows the buildup of fluid between your lungs and chest wall (called a pleural effusion) drain out. This buildup of fluid can make you feel short of breath (have difficulty breathing).

A thin needle with a small tube attached to it is placed in between your ribs and into the space around your lungs. The fluid drains out through the small tube. Having a thoracentesis will make it easier for you to breathe. It also allows your doctor get a sample of the fluid for testing.

### Preparing for a thoracentesis

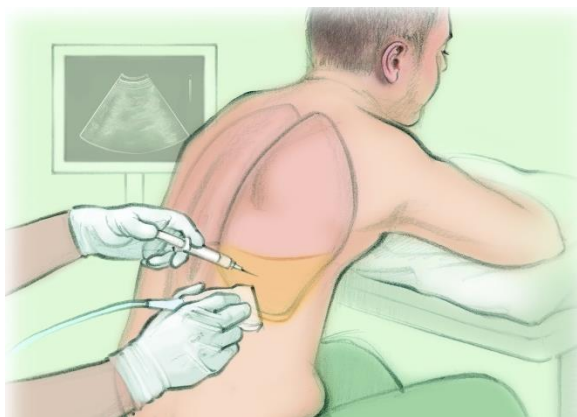
- If you take a **blood thinning medication**
  - Ask the doctor or nurse if you need to stop the blood thinning medication before your thoracentesis.
- You need to have a chest x-ray or a CT scan before you have a thoracentesis. This allows the doctor to see how much fluid is around your lungs.
- The nurse will let you know if you need to have bloodwork done before the thoracentesis.

### On the day of your thoracentesis

- Drink fluids and eat your normal diet before your thoracentesis. You do not need to 'fast' for a thoracentesis.
- Plan to have someone come with you to this appointment. This is not needed but may be helpful for you.
- Bring your health card and a list of the medications you are taking.

### Having your thoracentesis

1. You will be asked to change into a hospital gown.
2. The doctor and nurse will explain how a thoracentesis is done and answer your questions.
3. You will be awake during your thoracentesis.
4. A nurse will care for you while you have your thoracentesis.
5. You will sit at the side of the bed with your arms resting on a table.
6. The doctor will use an ultrasound machine to see the fluid around your lung.



7. An area of skin on your back will be cleaned with an antiseptic solution. This is to keep you from getting an infection. It will feel cold and wet and may colour your skin pink.
8. You will receive two needles. The first needle has medication in it that freezes (numbs) the area so you do not feel the thoracentesis needle going in.
9. The thoracentesis needle has a small tube attached to it. The fluid drains out through this small tube and into a container.
10. Tell your doctor or nurse if you have any pain or discomfort during this time. The draining of the fluid may cause you to cough.
11. The needle and small tube are removed after the fluid has drained out.
12. A small dressing is placed over the site where the fluid drained out.

### **After your thoracentesis**

- You will go to the radiology department to have a chest X-ray. The doctor will look at your X-ray before you can leave the hospital.
- You will be given an appointment to receive the results from your thoracentesis.
- **If you take a blood thinning medication**
  - Ask the doctor or nurse when to restart your blood thinning medication.
- You will receive information on how to contact the nurse if you have questions or concerns.

### **At home**

- Rest for the remainder of the day.
- It is normal for you to have a small amount of pain or discomfort in your chest after your thoracentesis.
- You may replace your dressing if it becomes wet with any drainage from your incision.
- Remove the small dressing 48 hours after your thoracentesis. It is normal to see a small amount of blood on your dressing. Apply a band-aid if needed.
- You can shower 48 hours after your thoracentesis.
- Do not fly for at least 24 hours after your thoracentesis. Talk to your doctor about this if you have questions or you already have a flight scheduled.

### **Go to the emergency department at the hospital closest to you if you have:**

- A fever above 38.3° C/100.9°F at any time or above 38.0° C/100.4°F for more than an hour
- Shortness of breath (difficulty breathing) that starts suddenly or your breathing is very fast
- A new cough and you are spitting up blood
- Weakness, dizziness (you feel lightheaded) or feel like you might faint
- Pain in your chest that increases when you take a breath
- A large amount of drainage or bleeding from the area where the needle was put in
- Redness, swelling or severe pain in the area where the needle was put in

Take this handout with you and give it to the nurse or doctor in the emergency department.

Last reviewed: April 2024