Pneumothorax

What is a pneumothorax?
A pneumothorax is air that is trapped between a lung and the chest wall. The air gets there either from the lungs or from outside the body.

What are the causes?

Primary spontaneous pneumothorax
This means that the pneumothorax develops for no apparent reason in an otherwise healthy person. This is the common type of pneumothorax. It is thought to be due to a tiny tear of an outer part of the lung - usually near the top of the lung. Most occur in healthy young adults who do not have any lung disease. It is more common in tall thin people and much more common in smokers compared to non-smokers.

Secondary spontaneous pneumothorax
This means that the pneumothorax develops as a complication (a 'secondary' event) of an existing lung disease., for example, as a complication of COPD (chronic obstructive airways disease), pneumonia, tuberculosis, sarcoidosis, cystic fibrosis.

Other causes of pneumothorax
An injury to the chest can cause a pneumothorax. For example, a car crash or a stab wound to the chest.

What are the symptoms of a pneumothorax?

- The typical symptom is a sharp, stabbing pain on one side of the chest which suddenly develops.
- The pain is usually made worse by breathing in (inspiration).
- You may become breathless. As a rule, the larger the pneumothorax, the more breathless you become.
- You may have other symptoms if an injury or a lung disease is the cause. For example, cough or fever.

A chest x-ray can confirm a pneumothorax. Other tests such as a CT scan may be arranged as required.

What is the treatment for pneumothorax?
No treatment may be needed
You may not need any treatment if you have a small pneumothorax. A small pneumothorax is likely to clear over a few days. A doctor may advise an X-ray in 7-10 days to check that it has gone. You may need painkillers for a few days if the pain is bad.

Aspirating (removing) the trapped air is sometimes needed
This may be needed if there is a larger pneumothorax. As a rule, a pneumothorax that makes you breathless is best removed. The common method of removing the air is to insert a very thin tube through the chest wall with the aid of a needle. (Some local anesthetic is injected into the skin first to make the procedure painless.) A large syringe with a three-way tap is attached to the thin tube that is inserted through the chest wall. The syringe sucks out some air, the three-way tap is turned, and the air in the syringe is then expelled into the atmosphere. This is repeated until most of the air of the pneumothorax is removed.

Sometimes a larger tube is inserted through the chest wall to remove a large pneumothorax. This is more commonly needed for cases of secondary spontaneous pneumothorax when there is underlying lung disease. Commonly, the tube is left place for a few days to allow the lung tissue that has 'torn' to heal. You will need to stay in hospital.

Recurrences
If a recurrence does occur it is usually on the same side and usually occurs within three years of the first one. If you are a smoker and have had a primary spontaneous pneumothorax, you can reduce your risk of a recurrence by stopping smoking.

Things to avoid

Smoking
Increases the risk of a further pneumothorax.

Diving
Except under certain rare circumstances diving should be permanently avoided.

Flying
Should be avoided until a period of one week after full resolution of symptoms and chest X-ray has confirmed absence of a pneumothorax.

The risk of the pneumothorax recurring during commercial flights at high altitudes does not fall significantly until one year after the initial pneumothorax. Advice should be sought from your doctor before flying.

Returning to normal activities

You may return to work and resume normal physical activities once all symptoms have resolved. Sports that involve extreme exertion and physical contact should be avoided until complete full resolution of symptoms and a chest X-ray has confirmed absence of pneumothorax and after discussing with your doctor.

If you suddenly develop worsening shortness of breath or chest pain, seek medical help urgently Dial 999 and ask for an ambulance

Patient Experience
We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback
Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)
If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.
Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.
If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:
The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.
If you are unable to understand this leaflet, please communicate with a member of staff.

For additional medical advice, if your symptoms or condition worsens:

Contact your GP

NHS 111:	Telephone 111
Get help with your symptoms, NHS111:	https://111.nhs.uk/
Information to help you manage your health:	www.nhs.uk

In an emergency telephone 999

Emergency Department (A&E)
Alexandra Hospital
Woodrow Drive
Redditch B98 7UB

Tel: 01527 512030

Minor Injury Unit
Kidderminster Hospital
Bewdley Road
Kidderminster DY11 6RJ

Tel: 01562 513039

Emergency Department (A&E)
Worcestershire Royal Hospital
Charles Hastings Way
Worcester WR5 1DD

Tel: 01905 760743