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Thoracentesis procedure video

Rajesh Geria, M.D., RDMS III. Thoracentesis I. Introduction and indications One of the many etiologies of dyspnea in the emergency room is a pleural effusion. A pleural effusion is an abnormal collection of fluid in the pleural room. Removal of this liquid by needlelepiration is called a thoracentesis. Although Xray can be achieved relatively easily, it has been shown to be less sensitive than ultrasound to detect minor effusions. In addition, ultrasound can accurately identify the location of the liquid so that the chest wall can be marked in preparation for thoracentesis. (1) Thoracentesis can be both diagnostic and therapeutic for the patient. Using ultrasound to guide this procedure can reduce the very high complication rate associated with it. (1-3) Indications: Therapeutic intervention in symptomatic patient Diagnostic evaluation of pleural fluid II. Anatomy Pleural room is bordered by visceral and parietal pleura. Fluid in the pleural room appears anecic and is easily detected over the strongly echogenic membrane when the patient is in a supine position. Figure 1: Shows a large pleural effusion, membrane and liver. III. Scanning technique and pathology: Procedural technique: The ideal position for the patient is to sit upright and lean forward. A high frequency linear transducer (7.5 to 10 MHz) is the optimal choice for this procedure and placed on the patient's back in the sagittal or transverse position (Figure 2). The lung is seen as an echogenic structure that moves with respiration. Look for the deepest pocket of fluid superficially to the lungs. The image is frozen and a measurement should be taken to approximate the depth the needle must be inserted to reach the maximum amount of liquid (Figure 3). Figure 2: Shows the patient in the sitting position with an ultrasonic probe located above the thoracentesis area. Figure 3: Muscle, fluid, lung and measurements. Figure 2: Overview of technique. Since the ultrasound beam must penetrate the chest wall to envision the effusion, you will see ribs. The edge of the leg is the echogen and gives off a characteristic shade (Figure 4). The area should be marked with a pen and then prepped and draped in the standard surgical manner before the procedure is performed. Figure 4: Pleural effusion with rib shadow. The transducer is placed perpendicular to the axis of the rib. Video clip 1: This video shows the thoracentesis location before needle insertion. IV. Pathology Complications may include pneumothorax, puncture of lung tissue, cystic masses, empyema or mediastinal structures. V. Beads and pitfalls Failure to identify the deepest pocket of liquid. Failure to identify the diaphragm, avoid intra-abdominal damage. Failure to use this diagnostic tool for all thoracentesis procedures. Do not appreciate that the lungs are a moving structure. This can change the depth of liquid with input or outlet. VI. References Koh DM, Burke S, Davies N, Padley SP. Transthoracic US of clinical use and applications. Radiographics.2002;22:e1. Barnes TW, Morgenthaler TI, Olsen EJ, Hesley GK, Decker PA, Ryu JH, Sonographic guided thoracentesis and the frequency of pneumothorax. J Clin Ultrasonic.2005;33(9):442-6. Jones PW, Moyers JP, Rogers JT, Rodriguez RM, Lee YC, Light RW. Ultrasonically controlled thoracentesis: is there a safer method? Coffin.2003;123:418-23. Just as bakers use teaspoons to measure cinnamon and sugar, doctors use them to measure the fluid between the lungs and the chest wall. There are normally 4 teaspoons of liquid in this area, known as pleural space. A number of things can cause the amount to go up. When this happens, it is called pleural effusion. It puts extra pressure on the lungs, making it difficult to breathe. To remove excess fluid and find out what causes it, doctors use a procedure called thoracentesis. When doing a thoracentesis, a doctor uses photo guidance to insert a needle through the chest wall and into the pleural room. Depending on the severity of your condition, it can be a short, outpatient procedure. During thoracentesis, the doctor removes fluid from the pleural room. This eases shortness of breath, chest pain and pressure on the lungs. That liquid is then tested to determine the reason behind the build-up. The most common cause is congestive heart failure, which is when the heart does not properly pump out blood to your body. Some of the other conditions that may cause fluid build-up include: In addition to your doctor's instructions, keep in mind the following: You can have a blood test before the procedure. This may show how your kidneys are doing and let your doctor know about your blood clots normally. Make a list of all the medications and supplements you take and allergies you have, including those for anesthesia (a type of medical treatment that prevents you from feeling pain during surgery). Tell your doctor if you think you may be pregnant. Plan someone to drive you home because you're likely to be groggy from medicine you'll be given to numb pain during the procedure. Thoracentesis can start or stop with a chest X-ray to check your lungs. From there, most cases happen this way: you will sit up on a bed or chair, with your arms resting on a table. This position spreads out the space between the ribs. The area where the needle will be inserted, cleaned and numb. Sometimes younger children will get medicine that causes them to be sleepy. The doctor will insert the needle between the ribs in the back and the liquid will be withdrawn. Your doctor may ask you to be quiet, exhale or hold your breath at different times. When enough fluid is drained, the needle will be removed and the area will be bandaged. The place where the needle went in will close without stitches. This is normally a 15-minute procedure. If there is a lot of liquid to remove, it may take longer. While fluid samples are sent out for examination, a nurse will carefully see your blood pulse and breathing. Your bandage can also be checked before you are released. Follow all directions for diet and physical activity and call your doctor if you have any of these symptoms: Fever of 100.4 F or higher redness, swelling, blood or other fluid leaking from the needle site Breathing problems or chest pain Each surgical procedure has any potential problems. Although thoracentesis is generally considered safe, these complications can happen: after evaluating the laboratory work from your fluid, your doctor will tell you the results and come up with a treatment plan. For example, an infection caused by bacteria can be treated with antibiotics. SOURCES: NIH. National Heart, Lung, and Blood Institute: What is Thoracentesis? Radiology Info. Thoracentesis. Johns Hopkins Medicine: Thoracentesis. American Thoracic Society: Thoracentesis. American Heart Association: Congenital heart failure and congenital defects. © 2019 WebMD, LLC. All rights reserved. Rajesh Geria, M.D., RDMS III. Thoracentesis I. Introduction and indications One of the many etiologies of dyspnea in the emergency room is a pleural effusion. A pleural effusion is an abnormal collection of fluid in the pleural room. Removal of this liquid by needlelepiration is called a thoracentesis. Although Xray can be achieved relatively easily, it has been shown to be less sensitive than ultrasound to detect minor effusions. In addition, ultrasound can accurately identify the location of the liquid so that the chest wall can be marked in preparation for thoracentesis. (1) Thoracentesis can be both diagnostic and therapeutic for the patient. 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