Day-case thoracoscopy: a retrospective analysis

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Background

Day case local anaesthetic thoracoscopy (LAT) with indwelling pleural catheter (IPC) insertion is currently being advocated to minimise length of stay in the COVID-19 pandemic. As part of this innovation, continuous service reviews are warranted. All local procedures are performed in theatre. Rapid pleurodesis with talc is not performed due to staffing problems. All patients receive erector spinae catheters to control post-operative pain.

Methods

All patients undergoing day case LAT between December 2019 and January 2022 were analysed. Basic demographics and outcomes were collected for a descriptive analysis of data.

Results

32 patients underwent day case LAT. All had negative pre-operative Covid-19 swabs; mean age was 72.4 years (range 34–83); 22 were men and 10 women. Diagnoses were nine lung cancers, 11 mesotheliomas and nine cases of fibrinous pleuritis (one of which went for video-assisted thoracoscopic surgery and proved to be mesothelioma). The lung did not deflate, not enabling biopsies in three (non-malignant diagnoses). 28 IPCs and two large bore drains were inserted due to surgical emphysema. One patient developed an empyema and one had cellulitis within 30 days. 28 IPCs have already been removed due to pleurodesis (median 54 range 21–197). All were discharged the same day except the two requiring large bore drains. Mean length of stay was 0 days. Diagnostic sensitivity of LAT is 96.5%. Pain scores at days 0, 1 and 2 after surgery were consistently low. No patient caught COVID-19 in the 30 days post surgery.

Conclusion

Day case LAT is feasible with our current set up and should be widely adopted. The health economics of preventing admission are considerable. ■

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