



Primary Spontaneous 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 causes a primary spontaneous pneumothorax?

This means that the pneumothorax develops for no apparent reason in an otherwise healthy person. This is the most 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 at the site of a tiny bleb or bullae. These are like small balloons of tissue that may develop on the edge of a lung. The wall of the bleb is not as strong as normal lung tissue and may tear. Air then escapes from the lung but gets trapped between the lung and the chest wall.

Most pneumothoraces occur in healthy young adults who do not have any lung disease. It is more common in tall thin people, men, if you are under 40, and in those who smoke.

About 3 in 10 people who have a primary spontaneous pneumothorax have one or more recurrences at some time in the future. If a recurrence does occur it is usually on the same side and usually occurs within three years of the first one.

What are the symptoms of a pneumothorax?

- The typical symptom is the sudden development of a sharp, stabbing pain on one side of the chest.
- 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.

How is a pneumothorax diagnosed?

A chest x-ray can confirm a pneumothorax. Other tests may be done if a lung disease is the suspected cause.

What happens to the trapped air and small tear on the lung?

The amount of air that leaks (the size of the pneumothorax) varies. Often it is quite small and the lung collapses a little. Sometimes it can be large and the whole lung collapses. If you are otherwise fit and well, this is not too serious, as the other lung can cope until the pneumothorax goes. If you have a lung disease, a pneumothorax may make any existing breathing difficulty much worse.

The small tear that caused the leak usually heals within a few days, especially in cases of primary spontaneous pneumothorax. Air then stops leaking out of the lung. The trapped air of the pneumothorax is gradually absorbed into the bloodstream. The lung then gradually expands back to its original size. Symptoms may last as short as 1-3 days in cases of primary spontaneous pneumothorax. However, symptoms and problems may persist longer, especially in cases where there is an underlying lung disease

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. Follow up will be arranged for you in the Ambulatory care unit. A Chest X-Ray may be taken at that stage to ensure the pneumothorax has resolved. 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. The common method of removing the air is to insert a very thin tube through the chest wall with the aid of a needle. The air is sucked out with a syringe and 3-way tap. This is repeated until most of the air of the pneumothorax is removed. You may then be able to be discharged home with follow up in Ambulatory care.

Chest Drain

If the aspiration fails to remove enough air or it returns quickly a larger tube (chest drain) is inserted through the chest wall under the arm to allow the air to escape, this is attached to a drainage bottle. If you require a chest drain you will need to be admitted to hospital. Commonly, the tube is left place for a few days to allow the lung tissue that has torn to heal.

Things to look out for

Please return to the Emergency Department if you experience any of the symptoms below: -

- Increased breathlessness or chest pain
- The front of your neck or throat is pushed to one side
- You feel like you may collapse or pass out
- Your fingers, toes or lips turn blue

Discharge advice

You have been referred to ambulatory care for urgent follow-up, if you have not heard from the hospital within ONE week, please contact your GP.

- Do not fly until you have the 'all clear' from your doctor as it can be dangerous.
- Also, do not go to remote places where access to medical care is limited until you have the 'all clear' from a doctor.
- Scuba diving is not allowed following a pneumothorax.
- Some people do have repeated episodes of pneumothorax, if this is the case, then various procedures can be offered to aim to prevent this.
- Stop smoking if you are a smoker.

Tell us your views

If you wish to discuss any aspect of your treatment and care, please speak to a senior member of staff or to the nurse looking after you. The matrons are also available during normal working hours and they welcome your views.

Friends and Family Test

Whatever your experience you can give feedback by answering the Friends & Family test question – How likely are you to recommend our A&E Department to family and friends if they needed similar care or treatment?

This can be completed online at <http://surveys.this.nhs.uk> using tag name **chftae** or by completing the form available within the department.

If you have any comments about this leaflet or the service you have received you can contact :

Manager

Emergency Department

Huddersfield Royal Infirmary

Telephone No: 01484 342396

www.cht.nhs.uk

or

Calderdale Royal Hospital

Telephone No: Halifax: 01422 222325

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Amennyiben ezt az információt más formátumban vagy nyelven szeretné megkapni, vegye fel a kapcsolatot fenti részlegünkkel.

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਰ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪ੍ਰਾਰੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

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