

BTS Clinical Statement for Pleural Procedures

Research Questions

Safety and preparation for pleural procedures:

- Do drugs such as clopidogrel need to be withheld in patients undergoing pleural procedures including thoracoscopy?
- Can pleural procedures be undertaken safely within a 20–24 hour window in patients taking low molecular weight heparin (LMWH) with normal renal function?

Pleural aspiration (diagnostic and therapeutic):

- Does the use of doppler ultrasound to identify intercostal vessels reduce the risk of puncture and reduce bleeding complications?

Intercostal drain insertion:

- What is the clinical utility of routine suction use in managing pleural infection, pneumothorax and pleurodesis?
- What is the utility of 'clamping trials' prior to removal of chest drains inserted for pneumothorax?

Indwelling pleural catheter insertion, management and removal:

- Studies to investigate the role of fibrinolytic treatment in septated effusion related to IPC use in MPE patients.
- Studies addressing the use of single or dual stiches after IPC insertion.

Ultrasound-guided pleural biopsy:

- Can contrast-enhanced US improve diagnostic yield from USGBx through differentiating benign and malignant pleural disease?
- Can US elastography reliably allow non- invasive differentiation between benign (soft) and malignant (hard) tissue to guide USGBx?

Online Appendix 11 Pleural Clinical Statement - Ambulatory devices:

- Does early ambulation reduce Length of stay for patients with secondary spontaneous pneumothorax?
- Does use of low resistance ambulatory devices reduce the need for suction?
- What are the criteria for identification of patients with spontaneous pneumothorax who can safely be managed on an ambulatory pathway?
- What is the role of conservative management in patients with secondary spontaneous pneumothorax?