

## **PALLIATIVE CARE TIP #34– Management of Malignant Pleural Effusion (April 2009). Contributors: Gary Frank and Liz Ross.**

### **The Problem**

- Pleural effusions in patients with malignancies are a frequent complication of a variety of advanced cancers. These are often difficult to treat and result in recurrent dyspnea as well as frequent hospital visits for multiple treatment
- Until recently, the usual approach to patients with symptomatic malignant pleural effusion (MPE) has been to perform repeated pleural taps (thoracenteses), or to place an intercostal catheter and attempt pleurodesis with a sclerosing agent such as talc or a tetracycline.

### **Treatment/Procedure**

- A new procedure has been developed using a long-term, tunnelled pleural catheter inserted into the pleural space. The use of this catheter reduces the likelihood of effusion-related dyspnea and subsequent emergency room visits, acute care hospitalizations and repeated procedures for these patients. The enhanced quality of life that such symptom relief provides may also allow longer periods of independence and home living.
- The pleural catheter can be safely inserted as an outpatient procedure under local anesthesia. However, it should only be inserted by physicians experienced in initiating tunnelled chest tubes.
- This catheter makes possible home or hospice drainage on a regular basis by the patient, family, home care staff (nurse or respiratory therapist) or hospice nursing staff.

### **Referral Information**

- **Any attending physician may request a consult from RPCP or the physician's inserting the pleural catheter (currently Dr. Dan Stollery or Dr Eric Bedard) regarding the possibility of tunnelled chest tube insertion.**

### **Access to Supplies**

- If the client is a resident in the Alberta Health Services-Edmonton area, access to supplies are made available through Home Care or Hospice at no cost to the patient
- When a patient (either inpatient or outpatient) is discharged from the acute care site where the catheter was inserted, an extra canister and follow-up orders must be provided

## Monitoring

- When the patient is discharged into the community, Home Care will visit the patient within the first 24 hours and subsequent visits will be determined based on the client's symptoms and prescriber orders.
- Overall management of client symptoms will be monitored by the palliative care team and the primary care physician.
- Any concerns related to the catheter (i.e. falls out, blockage etc) will be addressed by the physician who inserted it.

## References

1. Haas AR. Recent advances in the palliative management of respiratory symptoms in advanced-stage oncology patients. *American Journal of Hospice and Palliative Medicine*. 2007; 24:144-151.
2. Tremblay A, Michaud G. Single-center experience with 250 tunnelled pleural catheter insertions for malignant pleural effusion. *Chest*. 2006; 129:362-368.
3. Musani AI, Haas AR, Seijo L, Wilby M, Stermann DH. Outpatient management of malignant pleural effusions with small-bore, tunneled pleural catheters. *Respiration*. 2004;71:559-556.
4. Warren WH, Kalimi R, Khodadadian LM, Kim AW. Management of malignant pleural effusions using the Pleur(x) catheter. *Ann Thorac Surg*. 2008 Mar;85(3):1049-55.
5. Tremblay A, Mason C, Michaud G. Use of tunnelled catheters for malignant pleural effusions in patients fit for pleurodesis. *Eur Respir J*. 2007 Oct;30 (4):759-62. Epub 2007 Jun 13.

**REMEMBER:** For referrals, questions or telephone consultation call 780-496-1300 weekdays and weekends

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