

A collaborative pathway for malignant pleural effusion



Authors

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Introduction

For patients with known malignancy, development of malignant pleural effusion (see radiograph, right) is a poor prognostic marker: median survival with pleural effusion at presentation is 5 months, but those developing a pleural effusion during active cancer management prognosis, for the majority, is much worse.

Management of pleural fluid in this setting should be individualised, depending on symptoms, functional status, prognosis and fully informed patients preferences. Pleural drainage whether single aspiration (figure 1), semi-permanent drain (figure 2) or short term chest drain (figure 3) are highly invasive procedures with risks attached.

Locally, patients developing malignant pleural effusion were frequently referred to the hospital respiratory consultant for insertion of an indwelling drain inappropriately (either too unwell, or when single drainage preferable, or without understanding their prognosis) and were often not known to Palliative Care (PC) services.

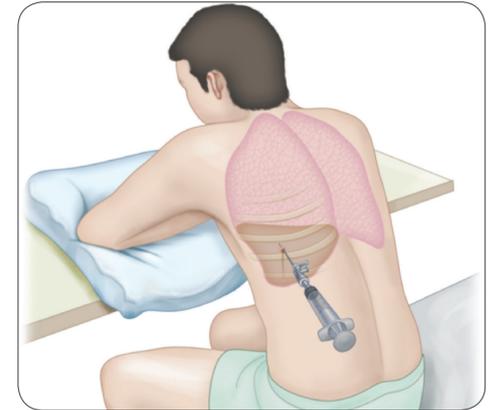
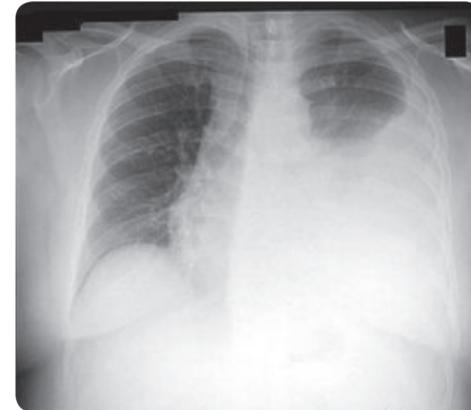


Figure 1: Chest aspiration

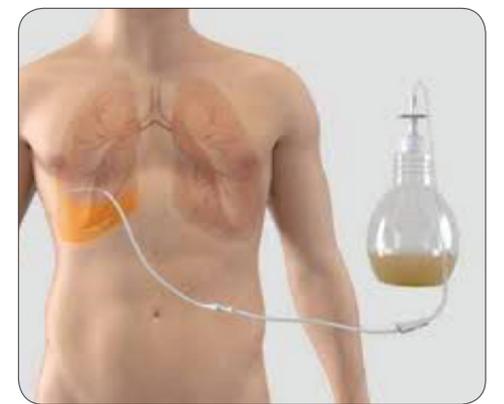
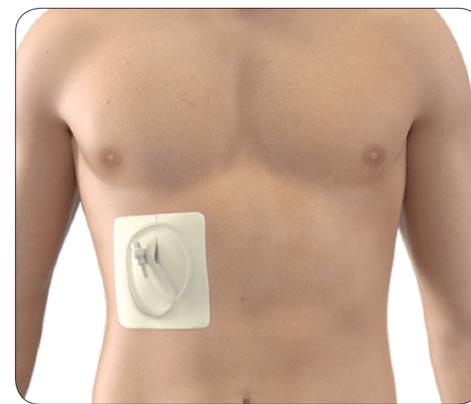


Figure 2: Semi-permanent tunnelled drain (eg PleurX TM)

Aim

To create a pathway ensuring patients developing a malignant pleural effusion had a palliative care assessment and creation of an effusion management plan appropriate to their symptoms, prognosis and informed preferences.

Pathway

Patients developing a pleural effusion are referred to the respiratory consultant and advised they will have a palliative care review as part of the assessment process. A hospice palliative care CNS (Clinical Nurse Specialist) who has undertaken additional training on assessing these patients, visits at home within 5 days – assesses palliative care needs, discusses prognosis and options for management (semi-permanent drain/single drainage/medical management of breathlessness) with patient/family. If drainage is appropriate, the palliative care CNS liaises with respiratory team and the patient booked in, as well as arranging on-going palliative care support.

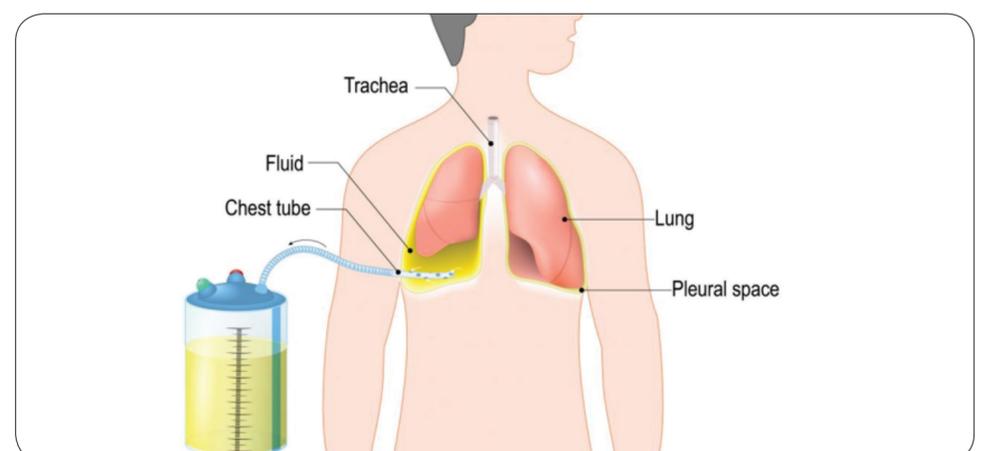


Figure 3: Conventional chest drain

Conclusion

Collaboration between specialties and between services can ensure patients receive timely assessment of needs and are fully informed in order to make choices about potentially invasive interventions.