

Patient information and Discharge advice for adult patients who have been diagnosed with a Haemothorax

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What is a Haemothorax?

A Haemothorax is caused by a collection of blood between the lung and the chest wall, commonly known as the pleural space.

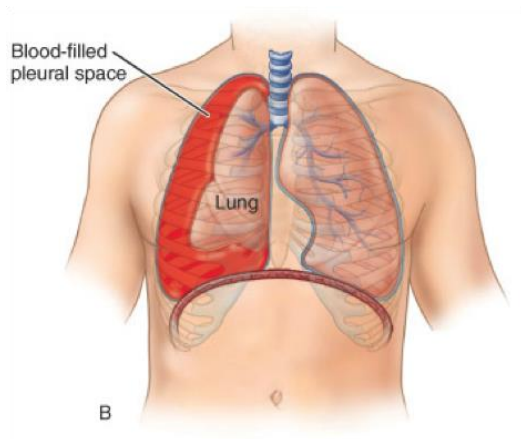


Figure: Haemothorax

A Haemothorax is usually caused by blunt or sharp trauma to the chest, frequently caused by rib fractures.

The occurrence of a Haemothorax in patients that experience blunt injuries is 30% - 40% and 70% - 90% for patients that experience sharp injuries.

How is it Diagnosed

These type of injuries can be picked up on examination of your chest by the treating team and using x-rays of your chest and or a CT (3D x-ray) scan of your chest.

Signs and symptoms of a Haemothorax:

- Anxiety
- Chest pain

- Low blood pressure
- Pale, cool and clammy skin
- Increased heart rate
- Fast, shallow breathing
- Restlessness
- Shortness of breath

How is a Haemothorax treated?

Small to moderate haemothoraxes are normally managed without any intervention, meaning the team will monitor the patients observations to ensure the haemothorax does not get bigger.

When there is a moderate to large Haemothorax, the blood inside the pleural space will need to be drained. Therefore, a chest drain will need to be inserted.

There is a rare occasion when a surgical operation has to be performed due to ongoing or large amounts of bleeding from the lung or one the blood vessels in the chest.

How is a chest drain inserted?

Local anaesthetic is injected in to the skin. A sterile tube is then inserted through the space between the ribs in to the collection of blood in the pleural space.

This is usually placed at the side of your chest, underneath the armpit.

The drain is connected to a tube and a drainage bottle containing water. The water then acts as a one way seal which prevents air or fluid re-entering your chest cavity.

Important things to know about your chest drain:

- You may see air bubbling out through the bottle. This is normal.
- The contents in the drainage bottle will be blood. Do not be alarmed, this is normal.
- After a traumatic chest injury you may find it difficult and painful to breathe. If you are in pain, please ask for painkillers.
- Please be careful with your chest drain as they can be easily dislodged if pulled or twisted. If the chest drain becomes dislodged, tell a member of staff straight away.
- The chest drain bottle needs to be lower than the level at which the drain has been inserted. Usually it is placed on the floor.
- It is vital that you take deep breaths and cough to prevent infection.
- You will have frequent professional advice from the chest physiotherapist.

When and how is a chest drain removed?

You may need the chest drain in for several days. This will be reviewed daily by the medical team and they will determine when it is safe for the drain to be removed.

Removing a drain is usually done on the ward. You may be asked to hold your breath in a special way when this is done.

It can be uncomfortable but only lasts a few seconds. You may have a stitch left in which is usually removed after 7 days.

Discharge

Your doctor has now made the decision that you are medically fit to be discharged.

Discharge summary, medical advice, patient information leaflet, medical alert card, sick note, and medicines will be given to you on the day of discharge from the hospital.

In the first 24 hours post discharge we advise that you should be accompanied by a responsible adult on returning home from the hospital that can stay with you for at least 24 hours.

Breathing Exercises

We realize that there is pain involved with an injury to your chest, and the pain may interfere with deep breathing and walking. Please let us know if your pain is not well controlled.

Whilst in hospital you would have been showed how to use an Incentive spirometer (IS) - This is a breathing exercise device.

Along with coughing and walking, it helps to prevent collapse of the lungs and pneumonia.

Your Major Trauma Therapy Team will ensure you are discharged with an Incentive spirometer as well as breathing exercises for you to do after discharge.

Wounds and Dressings

A doctor or nurse will give you advice about how your wounds were closed and how to care for them.

If dressings are required for your wounds after discharge, they will be provided and explained to you.

You need to keep the scar / scars covered after your surgery. You do not need to worry about getting the wound wet. Dressing acts as a barrier against water.

Many patients have concerns that standing up straight will pull at the stitches. Don't worry about this. Getting out of bed and standing up straight will actually help you to recover more quickly.

If a chest drain was inserted, you will have wound at the side of your chest. It may be raised and swollen at first but will gradually settle. Do not pick any scabs that form as they are protecting the new tissue that is growing underneath.

Skin staplers or stitches

If you have skin staplers or stitches which need to be removed, this can usually be done by the practice nurse at your GP surgery or walk-in centre. Chest drain wound sutures are normally removed 10 days after removal of drain

Discomfort

You may experience pain and discomfort around the scar, especially for the first few days or week.

Painkillers

Painkillers will be prescribed for you for about 7 – 14 days. The Trauma Acute Pain Team will discuss your painkillers with you prior to discharge and also make recommendations to yourself and GP.

The painkillers may well cause constipation, so it's important to get plenty of fibre in your diet while you are recovering.

Things that will help you to recover more quickly:

Stop smoking

If you are a smoker, the single most important thing you can do to give yourself the best chance of recovery is to stop smoking - right now.

By not smoking, you immediately start to improve your circulation and your breathing - not to mention a whole list of other benefits to the heart and lungs.

The risk of developing complications after your injury will also reduce significantly if you stop smoking. Free expert help is available on the NHS to help you stop - ask your nurse or GP.

Keep a routine

Get up at your normal time in the morning, get dressed, & move about the house. If you get tired, you can rest later.

Build up gradually

Have a go at doing some of the things you'd normally do, but build up gradually. When you're building up your activities, you may feel more tired than normal.

If so, stop, and rest until your strength returns. If you feel a large amount of pain, stop immediately and consult your GP.

Start active walking and jogging

You can do that any time you want and most important gradually. All will depend on capacity of your lungs.

Go back to work as soon as you can

Getting back to your normal routine sooner rather than later will play a big part in preventing this. In most cases it's usually safe to return to work between 2 & 3 weeks after discharge.

However, if you have sustained more injuries, especially to chest bones or joints, recovery time will be longer.

Your consultant or GP will advise you on this. People whose work involves a lot of heavy lifting, or standing up or walking for long periods of time, will not be able to return to work as quickly as those who have office jobs which are less demanding physically.

Depending on the nature of your job, you might want to ask your employer about returning to work on lighter duties at first.

When can I drive after a Haemothorax?

The DVLA and your insurance company must be informed about your injury.

It is important to remember that the painkillers you are taking may have a sedative effect, which can slow down your reactions.

You must be able to be able to do an emergency stop without causing yourself any pain.

When can I fly after a traumatic Haemothorax?

Once you have had a Haemothorax, the risk of your lung collapsing again is increased if you fly in an aeroplane. This increased risk lasts for around a year.

The most recent advice is that this risk is quite small and most airlines will allow you to fly within two weeks of an x-ray confirming that your lung is re-inflated.

If you do plan a flight in the six weeks following your injury it would be sensible to check with the airline. You should not fly in an unpressurised aeroplane unless you have been assessed as fit to do so by a doctor with a special interest in chest medicine.

If you are flying after a traumatic injury you should avoid excess alcohol and caffeine and exercise your legs during the flight. You should also wear below-knee elastic compression stockings similar to those you wore while on the ward.

When should you return to hospital?

Most people recover well from a Haemothorax and do not experience complications. However there always is a small risk of developing complications.

Call your doctor or us, if you have:

- Shortness of breath
- Increased or persistent pain despite the use of pain relief medications
- Increasing cough
- Redness or swelling around the wound
- Discharge of pus or blood from the wound
- Persistent fever
- Temperature above 38.5°C
- Shakes, swelling, chills, rigors
- Uncontrolled vomiting
- Dizziness/feelings of faintness
- Swollen leg or both legs

Who do I contact if I have questions or concerns?

Major Trauma Nurse Coordinators:

This service is available 7 days a week between the hours of 8am - 8pm.

- Major Trauma Nurses 24hr answering machine. Leave name contact number and short message. Telephone number 0151 529 2551

Nursing staff on Major Trauma Ward:

Telephone number: 0151 529 6255

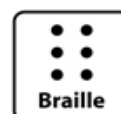
If you think that your condition is serious then it is best to come straight to Aintree Accident & Emergency department*

Please seek advice from your GP.

*When you come to the hospital please bring this and any other relevant discharge documents that you may have been given at the time of discharge to help the A&E doctors to decide your management.

Other sources of information:

<http://www.patient.co.uk>
<http://www.uksdmc.co.uk>
[https:// www.rcseng.ac.uk](https://www.rcseng.ac.uk)



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