

After you return home, it is important to watch out for:

- > shortness of breath
- > stabbing chest pain
- > blood being repeatedly coughed up.

**Should you experience any of these symptoms or become concerned about your wound, see your GP, telephone Healthdirect on 1800 022 222, or return to Royal Perth Hospital Emergency Department or your nearest Emergency Department.**



Government of **Western Australia**  
East Metropolitan Health Service  
Royal Perth Bentley Group



## Pneumothorax



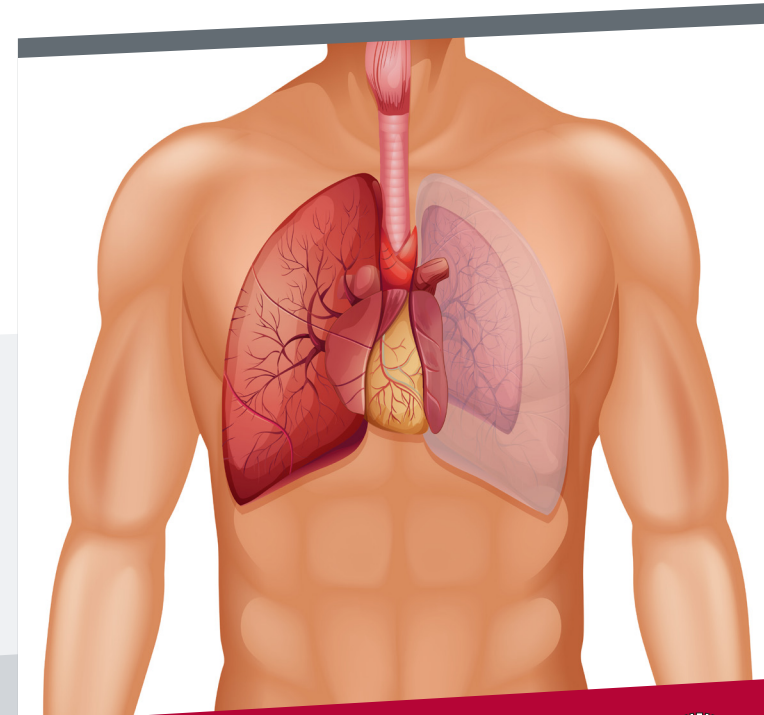
### For further information

For any further information, please contact the State Major Trauma Unit at RPH on 9224 1444 or the Trauma Case Manager on 0404 894 241.

**Royal Perth Bentley Group**

[rph.health.wa.gov.au](http://rph.health.wa.gov.au) > [bhs.health.wa.gov.au](http://bhs.health.wa.gov.au)

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## What is a pneumothorax?

A pneumothorax occurs when air becomes trapped between a lung and the chest wall (pleural space). If you have a pneumothorax, you may experience sharp pain on one side of your chest, pain when breathing, or breathlessness. A chest X-ray is needed to diagnose a pneumothorax.

## Treatment

A small pneumothorax can be managed in hospital with monitoring by your medical team. You may need to follow up with your general practitioner (GP) upon discharge.

A large pneumothorax may require the insertion of an intercostal catheter (ICC).

## Intercostal catheters (ICC)

You may need to have an ICC inserted after trauma, surgery, or because of a lung condition such as a:

- › pneumothorax (air trapped in the chest wall area)
- › haemothorax (blood in the chest wall area)
- › pleural effusion (build-up of fluid in the chest wall area).

An ICC, or chest tube, is inserted between ribs in the chest wall area to drain air or fluid.

## Removal of your ICC

Your medical team will check the amount of fluid drained and the position of the ICC regularly.

The ICC will remain in place until the team is satisfied that your condition has resolved.

On the advice of your doctor, a nurse will remove the tube.

After this, your chest will be X-rayed to check your lung expansion.

Usually the ICC wound will heal on its own but occasionally a stitch is required. This can be removed by your GP after 10 to 14 days. Your medical team will tell you when it should be removed.

## Wound care after your ICC has been removed

After the ICC is removed, the dressing covering the drain site must remain in place for 48 hours.

During this time, you will need to keep your dressing dry. Your nurse will provide you with some plastic covers that you should use when showering. You may be discharged from hospital on the day your ICC is removed.

Once you have been discharged 48 hours, remove your dressing and check the wound for signs of infection. These include:

- › redness
- › swelling
- › discharge
- › increased pain
- › fever.

## Discharge information

Rib fractures are often associated with a pneumothorax. They can be painful for many weeks following discharge.

Please book an appointment with your GP for ongoing pain management requirements.

You may be required to have a chest X-ray performed one to 2 weeks following discharge to ensure resolution of your pneumothorax. Your GP can arrange this in the community.

To help your recovery after discharge:

- › Do not travel by air until advised by your doctor. You may need a chest X-ray before flying.
- › Do not deep-sea dive or scuba dive without first seeing a qualified dive doctor.
- › Sit out of bed as much as possible.
- › Hold a pillow or rolled-up towel against your chest when coughing to support your chest and make it easier to clear phlegm.
- › Do deep breathing and coughing exercises and use the incentive spirometer as advised by your physiotherapist.
- › Take pain medication as directed to aid deep breathing exercises.

