

## Introduction

Day case local anaesthetic thoracoscopy (LAT) with indwelling pleural catheter (IPC) insertion is currently being advocated to minimize length of stay in the Covid pandemic.<sup>1</sup>

As part of this innovation, continuous service reviews are warranted. All local procedures are performed in theatre.

Rapid pleurodesis with talc is not performed due to staffing problems. All patients receive erector spinae catheters to control post-op pain

### Reference

[1. COVID-19: information for the respiratory community | British Thoracic Society | Better lung health for all \(brit-thoracic.org.uk\)](#)

## Methods

All patients undergoing day case LAT between Dec 2019-Jan2022 were analysed.

Basic demographics and outcomes were collected for a descriptive analysis of data.

### Results

- 32 patients underwent day case LAT. All had negative pre-op Covid-19 swabs: mean age 72.4 years (range 34-83);22M/10M.
- Diagnoses were 9 lung cancers, 11 mesotheliomas and 9 fibrinous pleuritis
- (1 of those went for VATS and proved mesothelioma).

## Results

The lung did not deflate, not enabling biopsies in 3 (All were non-malignant diagnoses).

28 IPCs and 2 large bore drains were inserted due to surgical emphysema.

1 patient developed an empyema and 1 had cellulitis within 30 days.

28 IPCs have already been removed due to pleurodesis (median 54 range 21-197).

All were discharged the same day except the 2 requiring large bore drains.

Mean length of stay is 0 days.

Diagnostic sensitivity of LAT is 96.5%.

Pain scores at day 0,1,2 of surgery were consistently low.

No patient caught Covid in the 30 days post surgery.