



The use and development of medical thoracoscopy in the United Kingdom over the past 5 years

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Summary

Introduction: Medical thoracoscopy is a safe, reliable and therapeutic procedure used in the management of pleural disease. For reasons that are unclear it is under utilised in the United Kingdom (UK) when compared to the rest of Europe. We have studied its development and use over the past 5 years.

Method: We have performed national postal surveys in 1999 and 2004 to assess the provision of medical thoracoscopy, its indications for use, local practices as well as, training and audit issues.

Results: 11 centres in 1999 and 17 centres in 2004 perform medical thoracoscopy, there were more district general hospitals providing this service than teaching hospitals. Twenty-seven centres in 1999 and 54 centres in 2004 stated plans to begin providing a service. Centres were performing between 10 and 30 thorascopies per year. There were differences between centres in local practices and training received. The majority of currently performing centres offered training and were interested in national audit.

Discussion: This study has shown there are still only a small proportion of UK respiratory centres performing medical thoracoscopy. There is a growing interest in the procedure, however, issues regarding standardisation of care across the UK, on going competency and training have been highlighted. A British Thoracic Society (BTS) working group has been set up to address these.

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Introduction

Thoracoscopy allows direct examination of the pleural cavity, it has been shown that it can be performed under sedation and local anaesthesia

by respiratory physicians and in this context is called "Medical Thoracoscopy". Medical thoracoscopy is usually performed through a single port, as part of the investigation of an undiagnosed pleural effusion. Direct vision pleural biopsies sampled by this method have a diagnostic efficiency of about 95%.^{1,2} Medical thoracoscopy also has the therapeutic benefits of pleural fluid

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drainage and talc pleurodesis with a success rates of >90%.³ It is a safe procedure with low morbidity and mortality rates.⁴ The procedure is widely used in Europe, but the reasons for its limited use and slow uptake by United Kingdom respiratory physicians remain unclear.⁵ Here we present the results of two surveys carried out to quantify the provision and development of this service over the past 5 years.

Method

In 1999 and 2004 a postal survey was sent to all of the 250 Respiratory Centres identified in the BTS directory. Questions were included on provision of service, indications for use, local procedure practices as well as training and audit. The questionnaire is shown in the text box. The data was entered and analysed using Excel.

Medical Thoracoscopy Survey 2004				
Thank you for completing this form please circle the most appropriate answer.				
Name _____				
Hospital _____				
1. Does anyone in your Respiratory Medicine Department perform Medical Thoracoscopy?				
YES	NO	(if YES go to question 4)		
2. Are there any plans to develop a Thoracoscopy service?				
Over what time scale?	1 year	5 years	10 years	YES NO
3. Do you think it is important for physicians to provide a medical Thoracoscopy service?				
YES	NO			
If NO do you have access to a surgical Thoracoscopy service?				
YES	NO			
If so where? _____				
4. When did this service start?				
Within last year	Within last 5 years	Within last 10 years		
5. In your unit how many thoracoscopies are performed each year?				
10	15	20	30	> 30
6. What training did you have before starting doing thoracoscopies?				
Course	YES	NO	If YES Where? _____	
Locally	YES	NO	If YES surgeon or physician? _____	
Other _____				
7. Where is the procedure usually carried out?				
Operating Theatre	Endoscopy Suite	On Ward		
Other _____				
8. Is the procedure carried out under local anaesthetic with sedation or general anaesthetic?				
LOCAL		GENERAL		
9. Do you routinely use prophylactic antibiotics as part of the pre-medication?				
YES	NO			
10. Which of the following indications are used for medical Thoracoscopy?				
a. Part of the investigations for a pleural effusion				
b. Talc pleurodesis for recurrent pleural effusions				
c. Investigation of a pleural mass without pleural effusion				
d. Treatment of a pneumothorax				
e. Other _____				
11. How long do patients routinely stay after the procedure?				
Discharged same day		Next Day Longer		
12. Which major complications you have encountered?				
Death				
Pulmonary Embolism				
Empyema				
Pneumothorax;				
Other _____				
13. Have you encountered any major problems in setting up the Thoracoscopy service?				
YES	NO			
If YES what? _____				
14. Do you train your SPR's in the procedure?				
YES	NO			
After approximately how many thoracoscopies would you deem competency?				
20	30	40	> 50	
Please return in the envelope enclosed.			Thank you for your time.	

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