

P177 PATIENT-RELATED OUTCOME MEASUREMENTS IN PLEURAL EFFUSIONS

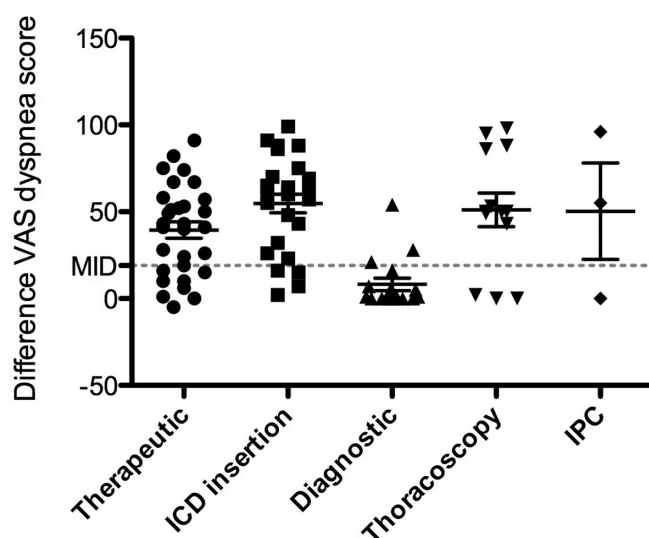
I Psallidas, JP Corcoran, EK Mishra, RJ Hallifax, NM Rahman. *Oxford Centre for Respiratory Medicine Oxford University Hospitals NHS Trust, Oxford, UK*

10.1136/thoraxjnl-2014-206260.306

Introduction Pleural disease is a common health problem in the general population and the number of pleural interventions available to physicians is rapidly expanding. Most clinical studies to date have focused on the generation of successful treatments for pleural diseases without considering patient-centred assessments of symptomatic relief in a procedure undertaken for patient benefit. Patient-related outcome measures (PROMs) such as the assessment of pain and difference in dyspnoea have been used in other disease areas to estimate effectiveness and guide interventions. This prospective study measured PROMs after pleural interventions using a specific survey questionnaire.

Methods Data were collected from 95 patients treated in a tertiary referral centre from December 2013 to June 2014. Pleural interventions included diagnostic aspiration, therapeutic aspiration, thoracoscopy, intercostal chest drain insertion and indwelling pleural catheter insertion. We gathered information on pain, dyspnoea, expected improvement and willingness to repeat the procedure if needed using a 100 mm visual analogue scale (VAS). Clinical, radiological and histological data were recorded and categorised the patients with pleural effusions to either: malignant, infected, heart failure and undiagnosed. Patients with pneumothorax were classified to either primary or secondary. Data are presented as mean \pm SD.

Results Data were collected from 31 therapeutic aspirations, 30 intercostal drain insertions, 17 diagnostic/simple aspirations, 14 thorascopies and 3 indwelling catheter insertions. The results showed the procedure associated with the most pain is medical thoracoscopy (VAS: 20 ± 20.3 mms) whereas diagnostic aspiration (VAS: 2.52 ± 4.78 mms) was the least uncomfortable. Pain measurements were similar in intercostal and indwelling pleural catheter insertion groups ($p: 0.75$). VAS score for dyspnoea demonstrated that intercostal drain insertion had the greatest effect on patients' breathlessness compared to the other procedures (VAS difference pre and post-procedure: 50.8 ± 27 mms). 99.8% of the patients would repeat any of the pleural procedures if needed.



Abstract P177 Figure 1

Conclusion Our study, the first to prospectively assess patient-related outcomes in pleural procedures, demonstrates that different pleural procedures significantly improve symptoms alongside a high degree of patient satisfaction. Pleural PROMs may represent a standardised way of measuring symptomatic benefit which can be used in both clinical practice and future research.

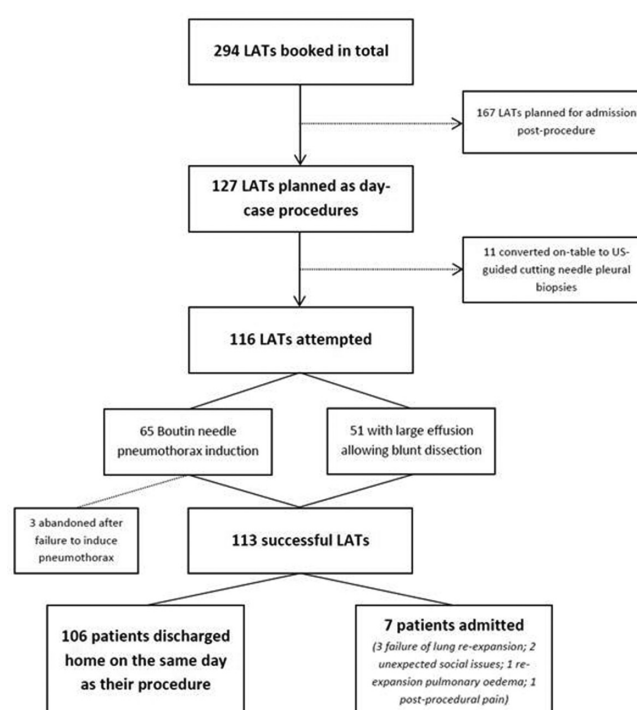
P178 CLINICIAN AND PATIENT EXPERIENCE IN THE DELIVERY OF A DAY-CASE LOCAL ANAESTHETIC THORACOSCOPY SERVICE AT A SPECIALIST PLEURAL UNIT

I Psallidas, JP Corcoran, RJ Hallifax, A Talwar, A Sykes, NM Rahman. *Oxford Centre for Respiratory Medicine, Oxford University Hospitals NHS Trust, Oxford, UK*

10.1136/thoraxjnl-2014-206260.307

Background and method Local anaesthetic thoracoscopy (LAT) is utilised by an increasing number of respiratory physicians for diagnostic and therapeutic purposes in the setting of pleural disease. Although guidelines [1] allow for day-case LAT (i.e. procedure and discharge home on the same day), the majority of UK centres electively admit patients for overnight observation post-procedure. This impacts on service provision by increasing bed occupancy and limiting procedural capacity; whilst affecting patients by incurring a hospital stay they might not need. Reasons for centres not offering day-case LAT are unclear but may include clinician experience and limitations in the available guidelines.

Day-case LAT has been offered by our tertiary centre-based pleural service for a number of years. Patients are routinely considered for this approach if their procedure is for purely diagnostic purposes, as opposed to being therapeutic in addition (i.e. whether talc poudrage pleurodesis is anticipated). Other factors considered in the decision-making process include performance status, co-morbidities and social background. A review of our procedural database from January 2010 to June 2014 was



Abstract P178 Figure 1 Flowchart of day-case LAT selection and outcomes (January 2010–June 2014)