needs to be watchful of the risk of pneumothorax. The size of the lesion correlated with the development of pneumothorax with a smaller size associated with a higher risk.

**P41 INDWELLING PLEURAL CATHETER OR TALC PLEURODESIS: WHICH SHOULD WE FAVOUR?**

FL Sheel, S Akbar, HE Davies. University Hospital Llandough, Cardiff, UK

10.1136/thoraxjnl-2017-210983.183

**Introduction** Malignant pleural effusions (MPE) cause disabling symptoms often relieved by thoracentesis. Indwelling pleural catheter (IPC) insertion and talc pleurodesis (TP) are equally effective treatments\(^1\); yet, current BTS guidelines suggest talc pleurodesis as the preferred method of fluid control.\(^2\) IPCs may reduce hospital bed-days and minimise the need for repeated pleural intervention.\(^3\)

**Aim** To compare the impact of IPC and TP on length of hospital stay (LOS) and need subsequent pleural intervention. Complication frequency and survival rates were also measured.

**Methods** Retrospective review of Pleural clinic and electronic case note records of all MPE patients at our institution requiring TP or IPC insertion over an 18 month period (01/05/15–01/11/16).

**Results** A total of 73 procedures (46 TP, 27 IPCs) were carried out on 71 patients. Mean LOS was shorter in the IPC group (0.85 (0–7) days) than with TP (7.65 (2–36) days). 11 patients (24%) required further pleural intervention following TP (2 had repeat TP; 8 had an IPC and one patient underwent therapeutic pleural aspiration). One patient in the IPC group had a second procedure (2nd IPC placed – a patient with cognitive impairment cut his tube). There were no hospitalisations as a consequence of complications in the IPC patients; 2 patients required antibiotics for drain site cellulitis (7%). In the TP group, 3 drains fell out (7%); one patient had a pneumothorax. 52 patients (73%) had died at follow-up (7%). In the TP group, 3 drains fell out (7%); one patient had a pneumothorax. 52 patients (73%) had died at follow-up (7%).

**Conclusions** Our findings support first-line use of IPC in patients with a symptomatic MPE. IPCs resulted in shorter LOS and reduced the need for subsequent ipsilateral pleural drainage. All patients necessitating definitive intervention for a symptomatic MPE should be offered the choice between IPC and TP.

**REFERENCES**


---

**Abstract P42 Table 1**

<table>
<thead>
<tr>
<th>Combined LENT Score</th>
<th>Mesothelioma</th>
<th>Lung</th>
<th>Haematological</th>
<th>Breast</th>
<th>Gynaecological</th>
<th>Renal</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low 319 risk days (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Med risk 130 days (57%)</td>
<td>7 (23%)</td>
<td>3 (10%)</td>
<td>0 (0%)</td>
<td>11 (35%)</td>
<td>5 (10%)</td>
<td>0 (0%)</td>
<td>5 (16%)</td>
</tr>
<tr>
<td>High risk 44 days (43%)</td>
<td>0 (0%)</td>
<td>14 (81%)</td>
<td>1 (4.5%)</td>
<td>1 (4.5%)</td>
<td>0 (0%)</td>
<td>6 (26%)</td>
<td>1 (4.5%)</td>
</tr>
</tbody>
</table>