decreasing. 76 (20 PSP, 56 PSP) went for surgery at the index time with 5.3% recurrence (20% recurrence in those without surgery).

Conclusions This is the first known analysis of pneumothorax trends in a large trust in the North East of England. The data has limitations (size of pneumothorax, frailty (opting for thus conservative management not recorded), reliance on clinical coding and not all notes were available. Updated larger data-sets should help elucidate trends better.

P5 CONSERVATIVE MANAGEMENT OF LARGE PRIMARY SPONTANEOUS PNEUMOTHORAX – AN INNER CITY, TERTIARY CENTRE EXPERIENCE

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Background Our centre introduced a pathway for the conservative management of large primary spontaneous pneumothorax (PSP) following increasing evidence to support this strategy in select individuals.1

Aims To evaluate our local centre experience of conservatively managing large PSP, the process and outcomes.

To identify any safety or operational concerns.

Methods Retrospect review of all pneumothorax referrals to pleural clinic from October 2020 – October 2022. Patients with large, unilateral PSP (≥2cm at level of hilar or ≥6cm combined measurement Collin’s method) were included for analysis.

Results 77 patients were referred with pneumothoraces during the 2-year period. 38 of which was primary (49%) with 15 quantified as large by above methods. 1 patient had large bilateral pneumothoraces and was excluded from analysis.

In total, 14 patients had a large, unilateral PSP and were included for analysis (table 1). 9 met criteria for conservative management, with 4 as outpatients. 3 of the 9 patients managed conservatively required subsequent pleural intervention. 2 had history of previous pneumothorax. Of those managed as outpatients, all were reviewed in pleural clinic within 1 day of discharge and none required subsequent pleural intervention. Those initially managed conservatively had a significantly shorter length of stay compared those receiving pleural drainage. This benefit was lost if they were initially admitted for observation.

Conclusion

- Conservative management of large PSP is safe, with those suitable for outpatient management experiencing a significant reduction in length of hospital stay at the expense of doubling time to radiological resolution.
- Patients not suitable for outpatient conservative management should be considered for pleural drainage over inpatient observation as little clinical advantage is conferred with the latter.
- History of previous pneumothorax may be a risk factor for failure of conservative management. Further research in this area could aid future risk stratification.

REFERENCE


P6 CURRENT MANAGEMENT OF PRIMARY SPONTANEOUS PNEUMOTHORAX IN A TEACHING HOSPITALS AND SUITABILITY FOR AN AMBULATORY PATHWAY

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Background Primary spontaneous pneumothorax (PSP) occurs predominantly in young adults. The 2010 BTS guidelines recommended management for stable patient is needle aspiration followed by chest drain insertion in case of failure. The