

PNEUMOTHORAX

What is a pneumothorax?

If an alveolus (air sac) or bronchiole (small airway tube) bursts due to a variety of conditions, air becomes trapped between the chest wall and lung, causing the lung to collapse. This is a pneumothorax.

Which babies are at risk?

- Preterm babies with hyaline membrane disease
- Infants with meconium aspiration syndrome
- Infants with pulmonary hypoplasia (small lungs)
- Sometimes a pneumothorax occurs in term babies for no known reason

How do we treat a pneumothorax?

If the pneumothorax is small and not causing the baby much trouble, no treatment may be required. The air will gradually be removed by the body.

If the baby is unwell because of the pneumothorax, a needle will be inserted into the chest and the air withdrawn quickly.

Following this a chest tube is inserted into the space where the air is collecting. The baby is given some pain relief and some local anaesthetic for this procedure so that he/she is comfortable. Once the tube has been placed a chest x-ray will be done to confirm the position of the tube and that it has successfully drained the air.

The tube allows continual drainage of the leaking air until the leak heals over. The tube may be clamped shut before it is removed to ensure that the air leak has stopped.

Often this procedure needs to be carried out as an emergency and the medical staff will need to perform this quickly and immediately.

You will be contacted as soon as practical afterwards to let you know that this has been required.

Are there any long-term consequences?

This depends on the cause. In older babies where the pneumothorax has occurred for no known reason there are no long-term consequences.

For other babies with lung disease, it is the lung disease that may have long term implications, rather than the pneumothorax itself. The medical staff will discuss this with you.

If you have any further questions please ask the medical and nursing staff.