

CHEST CLINIC REFERRAL LETTER

Name..... Address.....

PAS No.....

DOB.....

Dear Dr.

This patient was treated in the Emergency Department at the Royal Oldham Hospital on.....following a presentation with a primary spontaneous pneumothorax.

History and examination findings:

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Clinical course:

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They were discharged onand given a patient discharge information sheet.

Many thanks for reviewing him/her in your clinic.

Yours sincerely,

Signed.....Name.....

Designation.....

PATIENT DISCHARGE INFORMATION

Must be given to patient

You have been diagnosed and treated for a primary *pneumothorax* ('collapsed lung'). A pneumothorax is air that is trapped between a lung and the chest wall. A primary pneumothorax means that the pneumothorax develops for no apparent reason in an otherwise healthy person. This is the common type of pneumothorax. It is thought to be due to a tiny tear of an outer part of the lung - usually near the top of the lung- which leads to an air leak. It is often not clear why this occurs.

About 2 in 10,000 young adults in the UK develop a spontaneous pneumothorax each year. It is more common in tall thin people and men are affected about four times more often than women. It is rare in people over the age of 40. It is also much more common in smokers compared to non-smokers. About 50% of people who have a primary pneumothorax have one or more recurrences sometime in the future. If a recurrence does occur it usually occurs within four years of the first one.

The small tear that caused the leak usually heals within a few days and air then stops leaking in and out of the lung. The trapped air of the pneumothorax is gradually absorbed into the bloodstream. The lung then gradually expands back to its original size.

A chest clinic appointment will be made for you within the next 2-4 weeks to check the pneumothorax is resolving. In the meantime:

- If you develop any further breathlessness then return immediately to the Emergency Department
- You can return to work when your symptoms have resolved but avoid extreme exertion and physical contact sports
- You **MUST NOT** fly until being reviewed in chest clinic (it is usually safe to fly 1 week after known resolution of pneumothorax)
- You **MUST NEVER** scuba or deep sea dive.
- Stopping smoking will reduce the chances of a pneumothorax recurring.