

SAQ 9

A 24 yr old female presents to your Emergency Department with a pneumothorax.

a. Complete the following table listing 5 treatment options, their indication and give an advantage and disadvantage for each option (10 Marks)

1/2 Mark for each box - taken from Cameron, Textbook of Adult Emergency Medicine, 4th Ed., Chp 6.6

	Treatment Option	Indication	Advantage	Disadvantage
1.	<i>Conservative</i>	<i>Small <2cm Minimal Sx Primary pneumothorax</i>	<i>Non-invasive Facilitates early discharge in primary PTx</i>	<i>May not be definitive 10% failure rate Slower resolution</i>
2.	<i>Needle Decompression</i>	<i>Tension pneumothorax</i>	<i>Quick Safe Minimal equipment Pre-hospital</i>	<i>Not definitive Can fail Difficult in obese</i>
3.	<i>Aspiration</i>	<i>>2cm Primary PTx 1-2cm Secondary PTx</i>	<i>Similar success to catheter drainage Fewer complication than catheter drainage</i>	<i>Shorter length of stay than catheter drainage if successful Less invasive - depending on technique</i>
4.	<i>Catheter drainage - small bore</i>	<i>Failed aspiration</i>	<i>Less invasive than large bore Familiar technique</i>	<i>May require second procedure if aspiration with cannula More serious complication than aspiration Cather complication - kinking, blocking, pain</i>
5.	<i>Catheter drainage - large bore</i>	<i>Traumatic PTx Haemothorax</i>	<i>High flow rate than Seldinger ICC More secure than small bore</i>	<i>Most invasive ED technique Highest complication rate Scarring Procedure pain - during & post</i>
6.	<i>Surgical</i>	<i>Persistent PTx despite above Diver / pilots Bilat PTx</i>	<i>Definitve Tx & prevents / minimises recurrence</i>	<i>GA risk Scarring - open thoracotomy Longer in-pt stay</i>