

Pneumothorax

Patient information

You have been given this information leaflet because you have been diagnosed with a pneumothorax.

A pneumothorax (collapsed lung) occurs when air is trapped between a lung and the chest wall. This can occur from an injury, such as broken ribs or a wound to the chest, but commonly occurs spontaneously. Spontaneous pneumothorax is thought to be due to a tiny tear of an outer part of the lung.



Treatment of a pneumothorax

A small pneumothorax may require no treatment. A larger pneumothorax, that is causing shortness of breath, may be treated with a tube inserted into the chest known as a chest drain.

Recovering from a pneumothorax

Flying – If you currently have a pneumothorax you should not fly at all. This is because of the risk of the trapped air expanding and causing a tension pneumothorax (a life-threatening emergency), which can happen when the air pressure around you changes.

If you have had a recent pneumothorax you should have a chest x-ray performed prior to flying to ensure that it has resolved. It is recommended that you wait at least 1 week after this chest x-ray before flying, or 2 weeks if your pneumothorax was caused by an injury.

The risk of recurrence does not fall significantly for at least 1 year, and is higher in those with coexisting lung disease. You may wish to consider alternative forms of transport during this time.

Scuba Diving – This also increases the risk of developing a tension pneumothorax.

You should not scuba dive if you have ever had a spontaneous pneumothorax. If your occupation relies on diving, you may be suitable for an operation to prevent recurrence and allow you to dive again.

You may be able to dive if you have had a traumatic pneumothorax, but this depends on further investigation. Please discuss this with your GP.

Follow-up after a pneumothorax

You will be given a clinic appointment to ensure your pneumothorax has resolved. This will involve a chest x-ray.

You should seek urgent medical attention if any of the following occur:

- Increased shortness of breath
- Severe sharp, stabbing chest pain (pleuritic pain)

Treating Pain

If needed, painkiller options include the following:

Paracetamol is usually recommended for painful sprains or strains.

Non-steroidal anti-inflammatory drugs (NSAIDs) relieve pain and may also limit inflammation and swelling. You can buy some types (eg, ibuprofen) at pharmacies, without a prescription either topically as a cream, or as tablets. You should check the medication advice leaflet to ensure you are safe to take these i.e some patients with asthma or stomach ulcers may not be able to.

If this does not help, you may need an additional stronger painkiller – such as codeine – you should discuss this with your pharmacist or GP.

Further Information

For further advice and information about your condition:

Please choose from the following:

- 'NHS Patient Choices' website: www.nhs.uk
- 'Making Lives Better' patient website: www.patient.info
- Telephone NHS 111
- Contact your General Practitioner

Contact details:

- The James Cook University Hospital: 01642 850850
Marton Road, Middlesbrough, TS4 3BW
 - The Friarage: 01609 779911
Northallerton, North Yorkshire, DL6 1JG
- Redcar Primary Care Hospital: 01642 511000
West Dyke Road, Redcar, TS10 4NW

Author: Emergency Department and Minor Injury Unit

The James Cook University Hospital, Marton Road, Middlesbrough, TS4 3BW.
Switchboard: 01642 850850

Version 1, Issue Date: October 2018, Revision Date: October 2020