

What Is Pneumothorax?

A pneumothorax is a collection of air in the chest cavity between the lung and the chest wall. This is commonly referred to as a “collapsed lung”. In the setting of trauma, the source of the air is a damaged area of the lung which leaks air into the chest cavity. The air builds up and “collapses” the lung. The overwhelming majority of the time, the lung is damaged by a broken rib or “popped” like a balloon squeezed too hard.

How Is a Pneumothorax Treated?

The size of the pneumothorax, in addition to symptoms, other injuries, and the need for other surgical procedures which would necessitate general anesthesia all effect the decision of how the pneumothorax is treated. If the pneumothorax is small and without symptoms, treatment is conservative, and generally involves serial chest x-rays to ensure that the air pocket is not getting larger. If the pneumothorax increases in size, or is large to begin with, treatment involves putting a small tube into the chest cavity to drain the air, allowing the lung to re-expand. The tube is kept in place until the lung has time to heal and the collection of air has resolved.

After Discharge Instructions:

- If worsening shortness of breath, chest tightness or pressure, or difficulty breathing develop, seek emergency medical care and inform them you recently were treated for a pneumothorax.
- Large changes in elevation can worsen the pneumothorax, or even cause it to recur. For this reason, it is recommended that patients do not travel on an airplane for at least 3 weeks after the complete resolution of the pneumothorax. (That may be longer than three weeks after your discharge from the hospital).
- Keep follow-up appointments as directed. Generally returning to the Trauma Clinic (801 357-2137) or seeing a Primary Care Doctor for a follow-up x-ray to ensure continued evidence of healing will be arranged prior to discharge.
- If the pneumothorax required a tube to drain the air:
 1. Keep the dressing that was placed at the time of tube removal over the wound for 48 hours, and then remove it. A simple dressing of dry gauze and tape or a band-aid should then be placed over the wound and changed daily or whenever it becomes soiled/wet.
 2. A small amount of drainage is normal for the first couple of days. If the drainage begins to look like pus or if the wound looks infected, notify Trauma Services immediately.
 3. Patients may shower, but not bathe or soak the wound until it is healed. Gentle soap and water should be used to clean the wound daily. Ensure the wound is dry before applying a new dressing.

References:

1. Medical guidelines for air travel: Aerospace Medical Association, Air Transport Medicine Committee. Alexandria, VA. Aviat Space Environ Med 1996; 67(10 Suppl): B1-B16