



PleurX and Integrated Care

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Malignant Pleural Effusion (MPE) Incidence and Significance

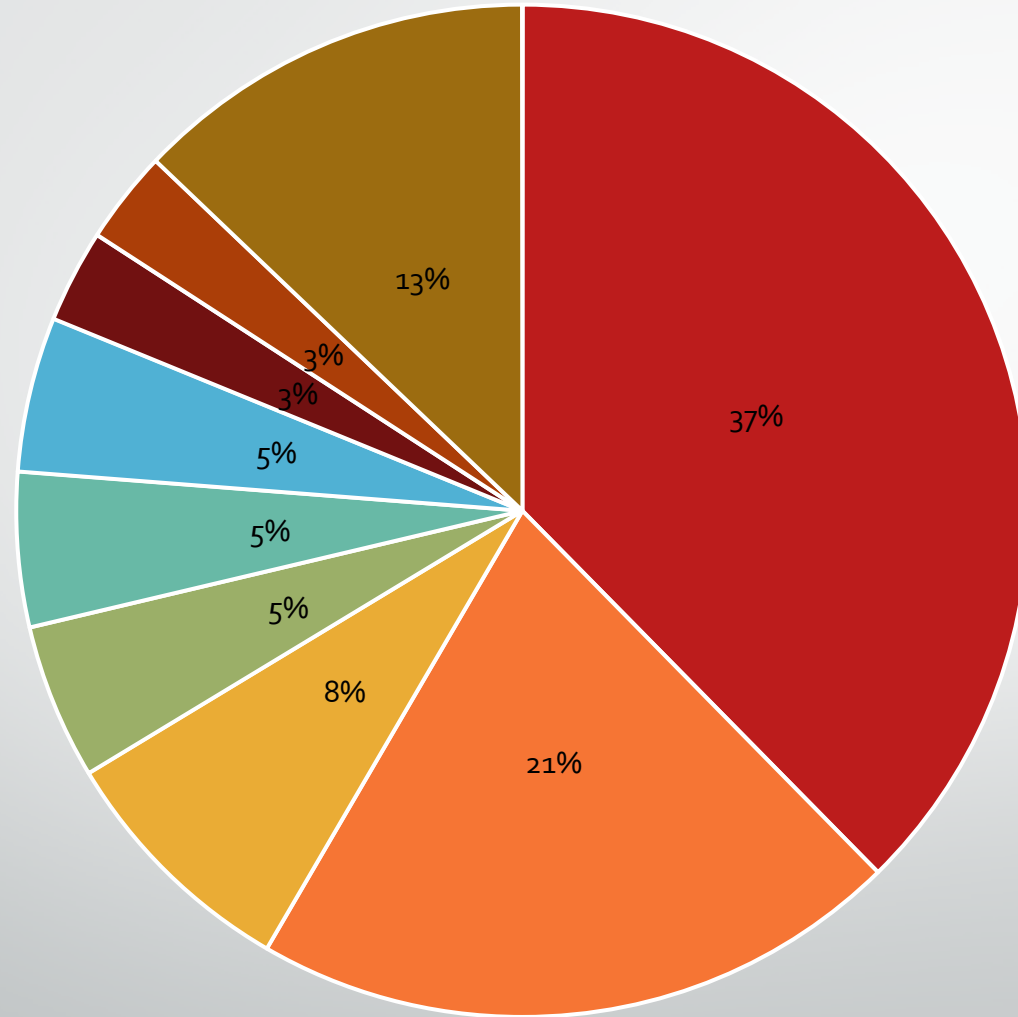
- Malignant pleural effusion common in advanced malignancies:
 - ~ 200,000 / year in North America
 - Lung (60,000), breast (50,000), lymphoma (40,000)
- Patients often highly symptomatic:
 - Dyspnea (57%)
 - Cough (43%)
 - Weight loss (32%)
 - Chest pain (26%)
- Poor prognosis
 - 30 day mortality of 29 – 50%
 - Usually portends < 6 months survival

The PleurX Drainage System

- Designed for long term drainage of Malignant Pleural Effusion (MPE) and Ascites
 - Managed in outpatient setting
 - Inserted by specialist physician
 - tunneled 15.5 Fr silicone catheter
 - distal end fenestrations allow fluid drainage
 - proximal end polyester cuff promotes tissue fibrosis & adhesion ↓ infection & dislodgement
 - Proprietary valve at the proximal end to prevent fluid & air from moving in either direction through the catheter unless accessed by specific drainage line
 - Fluid drained intermittently by the nurse in home or patient can be taught
 - Relieves symptoms without ER visits or hospitalization
 - Catheter causes inflammation & sclerosis of the pleura
 - Drainage reduces or stops & catheter is removed
- OR
- Catheter may remain in place for ongoing symptom relief until patient dies



Disease Sites Treated



■ Lung ■ Breast ■ Lymphoma ■ Melanoma ■ Colorectal ■ Esophageal ■ Colorectal ■ Esophageal ■ Other

Integrated Care

- Insertion of a PleurX drain either for a MPE or ascites results in a referral to the LHIN for community nursing
- Required supplies are provided by the local LHIN at no cost to the patient
- Nursing supports the patient in their home setting for symptom management, which includes drainage
- Nursing has support from the local MPE clinics in the regions where they are available or the palliative physician/MRP in the other regions
- Nursing works in close collaboration with BD for ongoing support and education

Patient Experience

- ESAS scores for shortness of breath, pain and anxiety decreased
- Patients no longer need to go to ER for management of MPE or ascites
- Patients/families can be easily taught if they wish to remain independent
- Patients and families have the support of community nursing and other LHIN services that may not have been accessed otherwise or as early
- End of life patients are able to stay at home to die with excellent symptom management if that is their chosen place of death

Quality Improvement Opportunities from a Community Perspective

- Standardized approach to management of MPE and ascites
- Clear communication between hospital inserting catheters and community nurses caring for the patients
- Standardized process for obtaining supplies
- Opportunities to partner to explore technology and new research



Questions?