

Collapsed lung (pneumothorax)

Respiratory Medicine

Information for Patients

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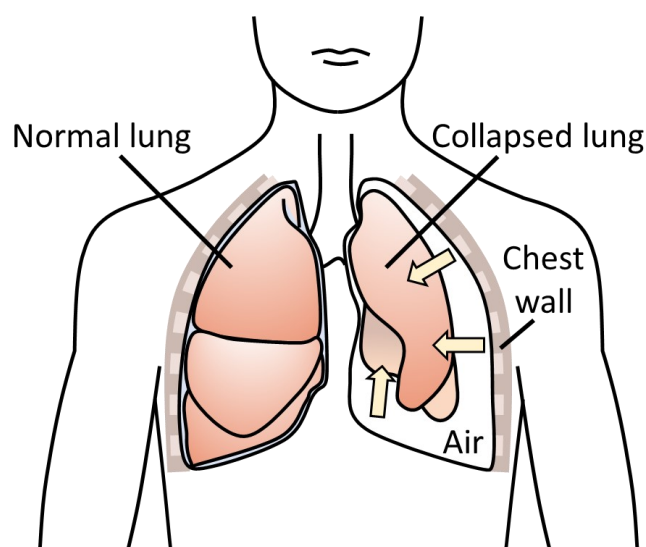
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What is a pneumothorax?

Having a pneumothorax means that there is air trapped outside your lung in your chest. The air is in the space between your lung and the chest wall, where there is not normally any air. The trapped air stops your lung expanding. A pneumothorax is also known as a collapsed lung.

How can it cause breathing problems?

As you take a breath in, your lungs expand and fill with air. However, when there is a pneumothorax, the trapped air pushes against the lung, stopping it from expanding fully and causing it to collapse. This can cause breathing problems if your lungs can't take in enough air.



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What causes a collapsed lung?

There are 2 main ways a collapsed lung happens:

- **Primary spontaneous pneumothorax** (most common):

Sometimes, air can leak from an otherwise healthy lung, and become trapped outside the lung. This is called a primary spontaneous pneumothorax. This may be due to a tiny tear to an outer edge of the lung, often at a weakened area where the tissue has formed a small ballooning (called a bleb).

- **Secondary spontaneous pneumothorax:**

This means that there is an air leak from an existing lung disease. The lung tissues are weakened by disease, making it more likely to tear and allow air to escape.

This can happen in conditions such as chronic obstructive pulmonary disease (COPD), certain types of chest infections, diseases causing lung scarring, connective tissue diseases, or cancers affecting the lung.

Sometimes, a collapsed lung can also happen after an injury to the chest (this is known as a traumatic pneumothorax).

What are the symptoms of a collapsed lung?

You may notice:

- a sudden, sharp, stabbing pain in your chest.
- a pain in your chest that is made worse by breathing in.
- sudden or increasing breathlessness and a fast heart rate, depending on how much air is trapped.

How is a collapsed lung diagnosed?

Your doctor will often arrange an X-ray of your chest to check for a collapsed lung, and to see how much air is trapped, as this can affect how it is treated.

In some cases, you may need a special scan (computed tomography (CT) scan).

Other tests may also be done if a lung disease is thought to be the cause.

How is a collapsed lung treated?

- **Trapped air causing a minor lung collapse can often be left alone:**

In most cases, if you have a small amount of trapped air in your chest that is not causing any problems with your breathing, it may clear itself without needing any treatment.

You may have an appointment at the hospital in a few weeks to check that the trapped air has cleared, and you may be asked to have another X-ray.

- **If the collapsed lung is affecting your breathing:**

The trapped air causing a collapsed lung may need to be released if it is large or causing breathing problems. To do this, your doctor may insert a needle or a plastic tube into your chest. Sometimes, a larger chest tube (also known as a chest drain) may need to be inserted to drain the air away.

You may need to stay in hospital so that your condition can be monitored.

- **If the lung collapse keeps happening:**

In some cases where the lung collapse is difficult to control or keeps coming back, your doctor may talk to you about fixing your lung to the chest wall. This can be done through surgery or by injecting a chemical into the space between the lung and the chest wall. The surfaces of the lung and the chest wall are irritated during the procedure, causing scars to form that will stick them together.

After leaving hospital, you should continue to attend any follow-up appointments at the hospital until you have the 'all clear' from your doctor.

What should I look out for if I'm told that I have a collapsed lung?

You should come back to hospital if:

- you are becoming more breathless.
- you have a new chest pain with your breathing.

This may mean that your collapsed lung is getting worse and you may need further treatment.

Please go to your nearest Emergency department or call 999 immediately if you feel that your symptoms are returning or getting worse.

What advice should I follow?

- **Work and physical activities:**

Once your symptoms have gone, you can safely go back to work and restart your normal physical activities. However, you should not do anything involving extreme effort, or sports involving physical contact, until you have the all clear from your doctor.

- **Flying and diving:**

Avoid any air travel until you have the all clear, as it can be very dangerous if you develop a collapsed lung during a flight. You should also **avoid diving permanently**, unless you have been advised by your doctor that it is safe to do so.

- **Stop smoking:**

It is very important to **stop smoking** if you are a smoker, in order to reduce the chances of a lung collapse returning.

Contact details

If you have any questions, or wish to discuss any aspect of your care, please do not hesitate to speak to your doctor or nurse.

If you have other questions or need further information, you can also contact the Pleural Diseases Specialist Nurse on 0116 258 3975.

Who can I get more help or information?

- You can find out more information about a collapsed lung (pneumothorax) online by visiting the website: www.patient.info
- The British Lung Foundation also offers support and advice to anyone affected by a lung condition. They can be contacted through their website at www.blf.org.uk or via their helpline on **03000 030 555**.

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