

Indwelling pleural catheters reduce inpatient days over pleurodesis for malignant pleural effusion



Study Author(s)

Fysh ETH, Waterer GW, Kendall PA, Bremner PR, Dina S, Geelhoed E, McCarney K, Morey S, Millward M, Musk AWB, Lee YCG



Study Design

Prospective, multicentre, non-randomised study



Publication

Chest. 2012 Aug;142(2):394-400. doi: 10.1378/ chest.11-2657



Study Location

Australia



Study Length

12 months



Study Objective

To examine hospital bed days and safety in patients with malignant pleural effusion treated with indwelling pleural catheters (IPC) compared with pleurodesis



Key Endpoint(s)

The number of total and effusion-related hospital bed days from procedure to death, and complications including infection



Patient Population

Patients with malignant pleural effusions



Treatment

65 patients required definitive fluid control and were not randomised but rather were able to select treatment option with their attending clinician. 34 chose IPC and 31 chose pleurodesis



Key Findings

- Significantly fewer hospital bed days in patients with IPC compared with pleurodesis (median 6.5 days vs 18.0 days, $P = 0.002$)
- Significantly fewer effusion related hospital bed days in patients with IPCs compared with pleurodesis (median 3.0 days vs 10.0 days, $P < 0.001$)
- Fewer patients with IPC required further pleural procedures compared with pleurodesis (13.5% vs 32.3%)
- No significant difference in the number of hospital admissions
- No significant difference in pleural infection
- Immediate improvements in quality of life were reported in more patients with IPC compared with pleurodesis (93.3% [N = 15] vs 50% [N = 12])



Study Conclusions

- Compared with patients treated with pleurodesis, IPC patients required fewer days in hospital and fewer pleural procedures. These differences were statistically significant