Introduction
This advice leaflet explains what a pneumothorax is, how to treat it and guidance to aid your recovery at home.

What is a Pneumothorax?
A pneumothorax ("collapsed lung") is air that enters the potential space between the lung and the chest wall. This space is normally a vacuum that keeps the lung expanded. The air enters one of two ways – through the lung or chest wall.

What causes a pneumothorax?
Most occur for no apparent reason in otherwise healthy people with no lung disease. This is called a Primary spontaneous pneumothorax and is the most common. Risk factors include being tall and thin, male, aged under 40 and smokers. About 3 in 10 people who have a primary spontaneous pneumothorax have a recurrence in the future. If a
recurrence does occur it is usually on the same side and usually occurs within three years of the first one.

Patients with an existing lung disease suffer a Secondary spontaneous pneumothorax. The pneumothorax is more likely because the lung disease weakens the edge of the lung. Common pre-existing conditions include COPD, emphysema, pneumonia, TB, cystic fibrosis, lung cancer and pulmonary fibrosis.

**Other causes of pneumothorax**

An injury to the chest can cause a pneumothorax. For example, a car crash or a stab wound to the chest. Surgical operations to the chest may also cause a pneumothorax. Rarely, they can be associated with menstruation (catamenial pneumothorax).

**What are the symptoms of a pneumothorax?**

The most common symptom of a pneumothorax is a sharp chest pain, worse on taking a breath in (“pleuritic”). This pain may be associated with breathlessness. The bigger the pneumothorax, the worse the symptoms.

**What happens to the trapped air and small tear on the lung?**

In most cases of spontaneous pneumothorax the air is simply reabsorbed into the tissues and the lung re-inflates and repairs itself. This usually takes a few days.

**Treatment of a pneumothorax**

No treatment may be needed. Follow up should be arranged in the form of a repeat chest X-ray and review. Painkillers may be necessary for the first few days. If the pneumothorax is causing you to be breathless, it usually needs aspirating with a needle. If it is bigger, a chest drain (thin plastic tube) may be required to drain the trapped air, for which you will require admission to hospital.

**Discharge advice**

- Air travel is dangerous until you have been reviewed and cleared by your doctor. Sensible advice would be not to fly for at least 6 weeks after a spontaneous pneumothorax.
- Do not go to remote places where access to medical care is limited until you have the ‘all clear’ from a doctor.
- Scuba diving is not advisable following a pneumothorax.
- If you develop worsening symptoms of chest pains or breathlessness, you should return to the Emergency Department.
- Some people do have repeated episodes of pneumothorax, if this is the case, then various procedures can be offered to aim to prevent this.
- Stop smoking if you are a smoker.

*This leaflet can be made available in alternative languages/formats on request.*

Creation Date – September 2015
Review Date – September 2018
Produced by: Emergency Services Department