

### **3.03 Malignant Pleural Effusions: An audit of current practice in an Irish tertiary teaching hospital**

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Malignant pleural effusions (MPE) are a frequent complication of advanced malignancy associated with high morbidity, mortality, and healthcare costs. We retrospectively audited adherence to American Thoracic Society (ATS) guidelines for the management of MPE in a large tertiary hospital. To do this, we analysed physical charts, discharge summaries and radiological investigations of all patients with a diagnosis of MPE between 2020 and 2021 initially identified through HIPE data. Within this time period, there were 71 patients with a diagnosis of MPE and 67 (94%) were found to be symptomatic with breathlessness. Of these 67 patients, 60 (90%) had large volume thoracentesis. A definitive pleural intervention was performed on 19 (28%) patients; 11 (16%) patients underwent indwelling pleural catheter (IPC) insertion while 8 (12%) patients had talc pleurodesis performed. The average length of inpatient stay for all patients admitted with a malignant pleural effusion was 16 days with a range of 1 to 122 days. In this tertiary hospital the majority of patients with symptomatic a malignant pleural effusion underwent pleural intervention which is in line with ATS recommendations and highlights the need for pleural specialty care.

***Conflict of Interest: None to declare***