

5.10 Transitioning from Radiology led to Respiratory-led Pleural Service.

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Internationally the incidence of pleural disease is increasing. Pleural disease is accepted as a sub-specialty within respiratory medicine, with the recognition that subspecialty development advances standards of care. A retrospective analysis of ultrasound-guided pleural procedures was undertaken in OLOLH between January 2020 and August 2022 to determine the impact of transitioning from a predominantly Radiology led to a Respiratory led pleural service. There were 226 pleural procedures completed during this 30 month period in OLOLH. Only 14% (32) were performed by radiology vs 86% (194) by the respiratory service. The respiratory team diagnosed malignancy in 28% of cases, with a further 4% highly suspicious, thus allowing coordinated follow-up. An ambulatory model of care is an important component of the pleural service with 8 indwelling pleural catheters inserted for the management of chronic pleural effusions and 11% (21) of pleural interventions completed as a day procedure. The change to a predominantly respiratory led pleural service, has been progressed by the appointment of a dedicated pleural advanced nurse practitioner. Standardized pathways, patient information leaflets and consent forms have been developed as part of efforts to improve patient safety and experience. Expansion of the pleural team will allow further improvements in ambulatory provision.

Conflict of Interest: None to declare