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| **Variability in Malignant Pleural Effusion Management in a Regional Centre** |
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| **Introduction/Aim:**  Malignant pleural effusion (MPE) is a manifestation of metastatic pleural disease and management is generally focused on improving quality of life through symptom reduction, prevention of recurrence, and reduction of hospital length of stay (LoS). Latrobe Regional Hospital (LRH) is the main cancer referral centre for Gippsland but there is currently no formalised pathway for management of MPE in the region. This study aims to identify variability in management of MPE and how closely this reflects guideline-based therapy. |
| **Methods:**  An audit was done of all inpatients at LRH who underwent intervention for MPE between 1st Jan 2023 and 30th June 2023. Data was collected retrospectively from electronic medical records. Episode (primary vs. recurrent), type of intervention, time to intervention, average LoS, post-procedural management, and procedural complications were evaluated. |
| **Results:**  Between January 2023 and June 2023, 33 patients underwent MPE intervention as an inpatient at LRH. 39.4% (n=13) were first episode MPE and 60.6% (n=20) were recurrent MPE. 92.3% (n=12) of first episode MPE and 45% (n=9) of recurrent MPE had ICC insertion as the sole intervention. 7.7% (n=1) of first episode MPE had ICC insertion followed by VATS compared to 10% (n=2) of recurrent MPE. Cumulatively between both groups, only one patient with recurrent MPE had indwelling pleural catheter (IPC) insertion.  The average length of stay was 7.24 days and the average time to intervention 7.27 days. Pleural fluid was not consistently sent for pathology – 48.5% (n=16) for biochemistry and 57.6% (n=19) for cytology. Post-procedurally for the sole ICC group, 63.6% (n=21) had a chest xray, 54.5% (n=18) had drain output documented, and 9.1% (n=3) developed a pneumothorax. |
| **Conclusion:**  There is significant variability and guideline discordance in the management of MPE in Gippsland. Areas for improvement include the development of local protocols, appropriate assessment of pleural fluid, and standardised post-procedural management. Limited local availability of thoracic services remains a challenge in definitive MPE management. |
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