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| **Malignant pleural effusion management: An audit of current practice at two Melbourne hospitals** |
| Jayne Roberts1,2, Mark Lavercombe1,3 |
| *1 Department of Respiratory and Sleep Disorders Medicine, Western Health**2 Department of Respiratory Medicine, Alfred Health**3 Department of Medical Education, The University of Melbourne* |
| **Introduction/Aim:** Malignant pleural effusion (MPE) is a complication of advanced cancer that can result in limited life expectancy and significant morbidity. Recurrence of MPE is common and definitive management with either pleurodesis or indwelling pleural catheter (IPC) insertion is often required. This study aimed to review the management of MPE at two tertiary hospitals to identify potential areas for improvement with an emphasis on the hospital length of stay, frequency of non-definitive pleural procedures and frequency of unplanned pleural related admissions.**Methods:** Retrospective audit of all patients diagnosed with MPE at Western Health over a 3-year period. **Results:** 79 patients with MPE were identified during the time period (mean age 66.1 years, 59% female). 25 patients (13.1%) had a non-definitive pleural procedure following diagnosis, including 16 (38.1%) of the 42 patients who subsequently went on to have a definitive procedure. The median hospital length of stay for pleural effusion related hospitalisations was 9 days. 22 of the 42 pleural effusion-related admissions occurred after a presentation via the emergency department (ED). When compared with planned admissions, those who presented via ED had a higher rate of non-definitive procedures (77% vs 25%) and a longer length of stay (12 vs 7 days).**Conclusion:** The pleural effusion-related hospital length of stay was in line with previously published Australasian data. Despite this, our data suggests that there might still be scope for improvement. In particular, our data has suggested that interventions to reduce the number of unplanned admissions via ED might result in a reduced rate of non-definitive procedures and a reduced hospital length of stay. Future research could assess the impact of interventions such as the introduction of dedicated pleural clinic or a streamlined admissions pathway on these measures.**Grant Support:** N/A |