

# Optimal Postoperative Chest Tube and Pain Management in Patients Surgically Treated for Primary Spontaneous Pneumothorax (Pneumotrial)

NCT06053476

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<b>Status</b>	RECRUITING
<b>Phase</b>	Not Applicable
<b>Sponsor</b>	Maxima Medical Center
<b>Enrollment</b>	366 participants

## Key Eligibility Criteria

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### Inclusion (5)

- All patients operated for PSP
- Age e 16 years
- Able to read and understand the Dutch language
- Mentally able to provide informed consent
- Patients should have a preoperative chest CT scan in order to exclude evident secondary pneumothorax. Previously made CT scans, within a time range of maximum 5 years, are accepted. The identification of blebs or bullae on CT scan is not defined as secondary pneumothorax.

### Exclusion (5)

- Previous ipsilateral thoracic surgery (except diagnostic thoracoscopy only) or ipsilateral thoracic radiotherapy
- Underlying lung disease that provoked the pneumothorax (secondary pneumothorax): genetically proven Birt-Hogg-Dubé syndrome, periodic pneumothorax in female patients in reproductive age with known endometriosis (or known catamenial pneumothorax), pulmonary cystic fibrosis, active pneumonia, lung fibrosis, chronic obstructive pulmonary disease (COPD), pulmonary ipsilateral malignancy
- Contra-indications for TEA (infection at skin site, increased intracranial pressure, non-correctable coagulopathy, sepsis and mechanical spine obstruction)
- Patients chronically (>3 months) using opioids will be excluded since postoperative baseline opioid requirement will be higher and TEA remains the preferred technique for these patients
- Allergic reactions to analgesics used in the study

## Locations (1 total)

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Maxima MC, Veldhoven, Netherlands