

PREOPERATIVE DIAGNOSIS: , Left pleural effusion, parapneumonic, loculated., POSTOPERATIVE DIAGNOSIS: , Left pleural effusion, parapneumonic, loculated., OPERATION: , Left chest tube placement., IV SEDATION: , 5 mg of Versed total given under pulse ox monitoring, 1% lidocaine local infiltration., PROCEDURE: , With the patient semi recumbent and supine the left anterolateral chest was prepped and draped in the usual sterile fashion. A 1% lidocaine was liberally infiltrated into the skin, subcutaneous tissue, deep fascia and the anterior axillary line just below the level of the nipple. The incision was made and deepened through the different layers to reach the intercostal space. The pleura was entered on top of the underlying rib and finger digital palpation was performed. Multiple loculations were encountered. Break up of loculations was performed posteriorly and a chest tube was directed posteriorly. Only a small amount of fluid was noted to come out initially. This was sent for various studies. Soft adhesions were encountered. The plan was to obtain a chest x-ray and start Activase installation.