

# Clinical research update

## PleurX® Catheter System used to generate positive clinical outcomes<sup>1</sup>

### Management of Malignant Pleural Effusions Using the PleurX Catheter

Warren W., Kalimi R., Khodadadian L., Kim A.,  
*Annals of Thoracic Surgery* 2008; 85: 1049-55

- 99% of patients elected to undergo insertion of a PleurX catheter when offered alternatives.<sup>2</sup>
- PleurX® catheters were drained at home, using vacuum bottles, every other day after an initial week of draining daily.
- 58.0% of PleurX® catheters were removed after the drainage tapered off (less than 50mL/day).
- Of the 231 catheters, only five (2.2%) developed an infection, despite an indwelling time of up to 389 days.

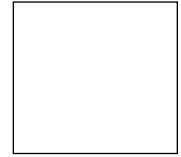
*“Long-term control of malignant pleural effusions using the PleurX catheter is possible on an outpatient basis with a minimum of complications and high patient acceptance, even in cases where traditional treatment alternatives have failed. Over half of all catheters inserted can be removed in four to six weeks with a low risk of developing a clinically significant pleural effusion.”*



# Management of Malignant Pleural Effusions Using the PleurX Catheter



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This newly published clinical study is the third in a series of recently published articles about the PleurX® catheter in the treatment of malignant pleural effusions. The other recent articles are:

## **Identification of clinical factors predicting PleurX® catheter removal in patients treated for malignant pleural effusion**

Warren, W., Kim, A., Liptay, M. *European Journal of Cardio-Thoracic Surgery* 2008; 33(1): 89 – 94

## **Use of tunnelled catheters for malignant pleural effusions in patients fit for pleurodesis**

Tremblay, A., Mason, C., Michaud, G. *European Respiratory Journal* Oct. 2007; 30(4): 759 – 62

**For more information or a complimentary copy of any of these important journal articles, please email us at [pleurx@cardinalhealth.com](mailto:pleurx@cardinalhealth.com).**

<sup>1</sup> Retrospective review of the clinical records of 202 patients who underwent insertion of 231 PleurX® catheters for symptomatic malignant pleural effusion(s) with the goal of treating the fluid on an outpatient basis.

<sup>2</sup> All patients were offered observation only, thoracentesis (repeated as necessary), insertion of a thoracostomy tube (with subsequent pleural sclerosis) or video-assisted thoracoscopy and talc insufflation as alternatives to insertion of a PleurX catheter.

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