

**Patient  
Information**

# Spontaneous primary pneumothorax

## Introduction

You have attended Same Day Emergency Care (SDEC) or the Ambulatory Emergency Care (AEC) department because you have a tiny tear on the outer part of your lung. This is called a spontaneous primary pneumothorax.

This leaflet gives you information about what to expect when treated for a spontaneous primary pneumothorax.

## What is a spontaneous primary pneumothorax?

A pneumothorax is a condition that happens when you develop a tiny tear on the outer part of your lung. Usually this happens near the top of your lung and causes air to form a pocket between the lung and chest wall. The term 'spontaneous primary pneumothorax' means it has developed for no reason in a healthy person.

- Spontaneous primary pneumothorax is a common condition.
- Men are about 4 times more likely to be affected than women.
- This condition happens most often in people who are in their twenties.
- The condition is also common in people who are tall and thin.
- Roughly 2 in every 10,000 people in the United Kingdom will have a spontaneous primary pneumothorax.

## Symptoms of a spontaneous primary pneumothorax?

You may have very few symptoms but these could include:

- Chest pain which is sudden, sharp and stabbing.
- Pain can be worse when you breathe in.
- Shortness of breath.

A chest X-ray will confirm if you have a pneumothorax.

Reference No.

GHP11005\_01\_25

Department

Emergency

Review due

January 2028

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## Complications

It is very rare, but sometimes people who have had spontaneous primary pneumothorax experience serious complications such as their lung fully collapsing which can put stress on the heart. Therefore, if you suddenly feel very unwell and start to suffer severe pain or shortness of breath, please telephone 999.

**Tell the operator that you are being treated for spontaneous primary pneumothorax.**

## Treatment

The treatment of a spontaneous primary pneumothorax depends on its size. People who have tears which are smaller than 2 centimetres will be managed in the SDEC or AEC departments as an outpatient. In most cases, the tear will start to heal in a few days. Air will then stop leaking in and out of your lung. The air that had been trapped will be reabsorbed into your bloodstream and your lung will increase back to its original size.

Larger tears may need some of the trapped air to be removed. This can be done using a needle or a chest drain, depending on the size of the air pocket.

If a chest drain is needed then you will need to stay in hospital until your lung fully re-inflates and the chest drain can be removed.

It can take from a few days to several weeks for your lung to return to normal. We will advise you about pain relief during this period.

## Follow up

We will ask you to come back to the SDEC or AEC for a check-up and another X-ray of your chest in 2 to 4 weeks. This will allow us to check if the pneumothorax has shrunk or fully healed. This appointment will be made before you go home.

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## After a pneumothorax

You should not travel by aircraft until your pneumothorax has fully healed.

Scuba diving should be permanently avoided following any pneumothorax, but you can discuss this with your doctor.

We advise you to avoid sports that need extreme exertion or physical contact such as rugby, football and weight lifting, until you are fully recovered.

About 3 in every 10 people will have a second spontaneous primary pneumothorax within 3 years of the first one.

People who continue to smoke after a spontaneous primary pneumothorax are more at risk of having another one. Half of all smokers will have a repeat spontaneous primary pneumothorax in the first 4 years.

## Contact information

If you have any questions or concerns about this information please contact:

### SDEC

Gloucestershire Royal Hospital

Tel: 0300 422 6677

Monday to Friday, 8:00am to 11:00pm

Saturday and Sunday, 8:00am to 9:00pm

### AEC

Cheltenham General Hospital

Tel: 0300 422 3618

Monday to Friday, 8:00am to 8:00pm

### NHS 111

Tel: 111

## Further information

### Patient info

Website: <https://patient.info/signs-symptoms/chest-pain-leaflet/pneumothorax>

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## Making a choice

### Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



### Ask 3 Questions

**To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.**

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

\* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>