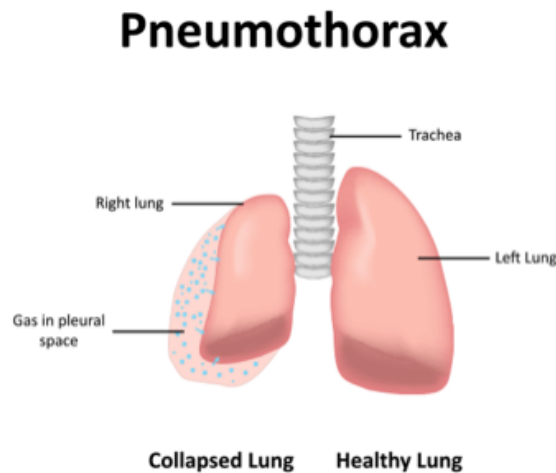


Flying after Pneumothorax?

A pneumothorax is when air gathers in the space between the lungs and the chest wall, causing the lung to deflate, (collapse). This is usually due to an air bubble on an otherwise healthy lung which spontaneously 'pops', but may have happened due to trauma (for example following an injury or after chest surgery) or an underlying abnormality of the lung itself.



If you have a pneumothorax you are advised not to fly as the changes in air pressure in the cabin of the airplane may cause the pneumothorax to enlarge and cause breathing difficulties.

There is no specific evidence in children and the following advice has been taken from adult reports.

Children who have had a spontaneous pneumothorax must have a chest x-ray to confirm the air has completely resolved before a flight. It is advised to wait a further 7 days from the normal chest x-ray before embarking upon a flight.

In the case of a traumatic pneumothorax (e.g. from an accident or injury), children are advised not to fly for 2 weeks after a chest x-ray has shown the pneumothorax has resolved.

If a surgical intervention due to the pneumothorax is undertaken via open chest surgery, (thoracotomy) or key-hole surgery, (video-assisted thoracoscopic surgery, VATS) children should not fly for at least 7 days following full resolution of the pneumothorax post-surgery and ideally 2 weeks.

There is always a slight risk of recurrence following surgery.

Flying with a Lung Cyst?

Congenital Pulmonary Airway Malformation (CPAM)

If your child has been diagnosed with a Congenital Pulmonary Airway Malformation (CPAM) or other cyst in the lung that has been present since birth there is unlikely to be a major problem flying. The cysts can be affected by the change in air pressure within the airplane. If the cysts are small this is unlikely to cause any problems however larger cysts can grow considerably during the flight and therefore affect breathing.

Often surgery is not undertaken to remove a CPAM until after the first few years of life and parents need to discuss any proposed flights with their hospital team before to discuss risks.

Lung Cysts following infection or Empyema

If the cysts are present following an infection in the lung then these should be treated as pneumothorax above with no flying for 14 days following a chest x-ray that shows that the cysts have resolved.

Contact Numbers

Barbour Ward (Surgical ward, RBHSC) – (028)96 150337

Mr Bailie/Marshall Sec- (028)95 049215

Miss Milliken/Miss Lawther Sec – (028)95 047666

Mr Philip Sec- (028)96 156039

Miss McCullagh/Mr Dick Sec - (028)96 155679

All advice in this sheet has been based on the guidelines from the British Thoracic Society published in Thorax 2011. Managing passengers with stable respiratory disease planning air travel: British Thoracic Society recommendations.

