Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · RESPIRATORY

Collapsed lung
sudden one-sided chest pain and breathlessness

A pneumothorax is air trapped between the lung and the chest wall, causing the lung to collapse partially or completely. It typically causes sudden sharp one-sided chest pain and breathlessness, often out of the blue in an otherwise healthy young person.

Call 999 immediately if there is

- **severe or rapidly worsening breathlessness**
- **blue lips or fingertips**
- **collapse, confusion or drowsiness**
- a **racing heart with low blood pressure** and severe breathlessness
- **chest pain after significant injury**, with breathlessness
- **swelling of the neck or face with crackling under the skin**

A tension pneumothorax — where pressure builds and compresses the heart — is rapidly fatal and needs immediate needle decompression. Anyone with severe breathlessness and one-sided chest pain needs an ambulance rather than a car journey to hospital. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

Who it happens to

- **Primary spontaneous** — in people with no known lung disease. Classically **tall, thin young men aged 15 to 35**, often smokers, frequently at rest rather than during exertion. Small blebs on the lung surface rupture.
- **Secondary spontaneous** — in people with existing lung disease, most often COPD. More dangerous, because the remaining lung has less reserve.
- **Traumatic** — after injury, a rib fracture, or a medical procedure.
- **Catamenial** — a rare form linked to endometriosis, occurring around periods.
- **Smoking** raises risk many times over, and cannabis smoking particularly so.

Symptoms

- **Sudden sharp chest pain on one side**, often worse on breathing in

- **breathlessness**, ranging from mild to severe
- a dry cough, and sometimes pain referred to the shoulder tip
- small ones can cause surprisingly little — some are found incidentally on a chest X-ray

Treatment

- **Observation** for small pneumothoraces in people who are not breathless — air is reabsorbed over days to weeks. Oxygen speeds this up.
- **Needle aspiration** to draw the air out, often successful for a first primary pneumothorax.
- **Chest drain** where aspiration fails, the pneumothorax is large, or there is underlying lung disease.
- **Ambulatory devices** allow some people to go home with a one-way valve rather than being admitted.
- **Surgery (VATS with pleurodesis)** for recurrence, persistent air leak, or in people whose occupation makes recurrence dangerous — pilots and divers.

Do not fly or dive until you are cleared

Flying with an untreated pneumothorax is dangerous — cabin pressure falls and trapped air expands. You should not fly until a chest X-ray confirms full resolution, and usually for a period afterwards; airlines and specialists vary, so get specific advice. **Diving is different: after a spontaneous pneumothorax you should generally not scuba dive again** unless you have had definitive surgery and specialist clearance. This is permanent advice, not a temporary restriction, and it catches people out.

Recovery and recurrence

Up to 50%
recur within a few years without surgery

Highest risk
in the first 12 months

Smoking
the biggest modifiable factor

- **Stopping smoking dramatically reduces recurrence** — this is the single most effective thing you can do.
- Avoid heavy lifting and strenuous exercise for a few weeks; build back gradually.
- Return to work depends on the job — desk work within days, heavy manual work several weeks.
- **Seek help immediately if the pain or breathlessness returns**, as recurrence is common and often on the same side.
- Follow-up chest imaging confirms resolution before you are discharged.

Why come to us. Sudden chest pain and breathlessness needs an emergency department, not a clinic appointment. Where we help is **afterwards**: follow-up assessment, arranging repeat chest X-ray through our CQC-registered partners to confirm resolution, giving **written clearance advice for flying, diving and returning to work**, and providing structured stop-smoking support — which is what most reduces the chance of it happening again. Seven days a week.

Follow-up, clearance letters and stop-smoking support

Seven days a week. Sudden chest pain and breathlessness: call 999.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Urgent Care** · **Private GP Services** · **Medical Letters** · **Fitness to Fly** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS and British Thoracic Society guidance on spontaneous pneumothorax. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.