## Supplementary material

Zielinska-Krawczyk M, Stecka AM, Grabczak EM, et al. Impact of therapeutic thoracentesis and pleural pressure changes on breathing pattern, dyspnea, lung function, and arterial blood gases. Pol Arch Intern Med. 2022; 132: 16185. doi:10.20452/pamw.16185

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Figure S1. A flowchart presenting the process of the study group selection.



Variable	Number, median (IQR) or percentage
Numer of patients	37
Sex, F/M	26/11
Age, years	64 (58-72)
Side of pleural effusion, L/R	20/17
Distribution of pleural fluid volume assessed in chest radiograph	
1/3-2/3 of hemithorax, n, %	14 (37.8%)
more than 2/3 of hemithorax, n, %	15 (40.5%)
the entire hemithorax, n, %	8 (21.6%)
Volume of pleural fluid withdrawn, ml	1760 (1310-2170)
Distribution of pleural fluid volume withdrawn	
0-500, n, %	2 (5.4%)
501-1000, n, %	5 (13.5%)
1001-1500, n, %	9 (24.3%)
1501-2000, n, %	10 (27.0%)
2001-2500, n, %	6 (16.2%)
2501-3000, n, %	3 (8.1%)
3001-3500, n, %	0
3501-4000, n, %	1 (2.7%)
>4000, n, %	1 (2.7%)
Causes of pleural effusion: MPE/nonMPE	33/4
Primary tumor site in patients with malignant effusion	
Lung cancer	12 (32.4%)
Breast cancer	7 (18.9%)
Genito-urinary cancer	4 (10.8%)
Lymphomas	4 (10.8%)
Malignant pleural mesothelioma	2 (5.4%)
Colon carcinoma	1 (2.7%)
Stomach cancer	1 (2.7%)
Pancreatic cancer	1 (2.7%)
Unknown	1 (2.7%)
Non-malignant pleural effusions	
Parapneumonic effusion	1 (2.7%)

 Table S1. Study group characteristics.

 $MPE-malignant\ pleural\ effusion,\ non-MPE-non-malignant\ pleural\ effusion$ 

1 (2.7%) 1 (2.7%)

1 (2.7%)

Tuberculous effusion

Haemothorax

Post CABG

**Figure S2.** The relationships between the volume of withdrawn pleural fluid and pleural pressure in individual patients who underwent moderate (panel A, M group), large (panel B, L group) and very large volume (panel C, VL group) therapeutic thoracentesis.

