

LUNG SURGERY HANDBOOK

Guiding  
You  
*through*  
Your  
Lung Surgery

St. Joseph's  
Healthcare  Hamilton

McMaster  
University 

## DEDICATION

**The staff and volunteers who put this book together would like to thank the following people for their work and input into this book. Your expertise and time is invaluable.**

**Our wonderful volunteer patients** who were our willing photography models for the pictures in this book

**Jennifer Akimoto**, SJHH Dietician

**Deanna Burnet**, Nurse Manager of Chest Unit

**Heather Connors**, SJHH Speech-Language Pathologist

**Paula Eyles**, Clinical Nurse Specialist in Patient Education, SJHH

**Linda Gandy**, Nurse Educator Surgical Step Down, Chest, Head & Neck and Endoscopy Units

**Robin Gunning and Gisele Iskandar**, SJHH Clinical Pharmacists

**Dr. Cynthia Horner**, SJHH Anesthesia

**Jodie Lavell**, SJHH Occupational Therapy

**Magda Wilczynski and Christina**

**Bear**, SJHH Physiotherapy

**Amardeep Singh**, SJHH Social Work

**Anna Tran**, SJHH ICC coordinator

Friends and colleagues at the University Health Network (Toronto), the University of Ottawa and Cancer Care Ontario who selflessly shared their resources with us

**We would also like to take an opportunity to thank our thoracic surgery team members. Without your tireless work, we would not be able to provide the high quality care for our patients.**

**Our partners** in the Firestone Institute for Respiratory Health

**Our partners** in the Niagara Health System Lung DAP

**Colleen Stang**, Nurse Navigator, SJHH Lung DAP program

**The staff of the SJHH Lung DAP**

**Finally, to our patients.** We hope this book makes a tough journey just a little bit easier. We're with you along the way.

## Welcome to the Division of Thoracic Surgery at St. Joseph's Healthcare Hamilton.

We are dedicated to providing effective, caring medical treatment for diseases of lung, esophagus and mediastinum through efficient collaborations between thoracic surgeons, nursing staff, allied health professionals and community resources at not only St. Joseph's Healthcare Hamilton, but also Hamilton Health Sciences and the Niagara Health System. Our service has grown dramatically over the past few years. We are now the designated Regional Thoracic Centre for the entire Hamilton-Niagara-Haldimand-Brant Local Health Integration Network (LHIN 4), with a total service population of 1.4 million people. SJHH sees increasing patient volumes and referrals, partly due to a very effective collaboration with the Lung Diagnostic Assessment Program (LDAP or Lung DAP). Together with our partners, we are focused on providing you the best possible care.

I invite you and your family members to review this book. Admission to a hospital can be stressful and overwhelming. I hope that you and your family will find the information within this book helpful. Our goal is to provide you with information about the surgical procedure you are about to have, while helping you learn what to expect as you recover after surgery. Hopefully this will provide you with a better peace-of-mind about your surgery and allow you to recover faster.

We have a skillful team of healthcare professionals waiting to care for and support you throughout your stay at St. Joseph's Healthcare Hamilton, and later at home. They have all contributed their expertise to this book to provide you with the most up-to-date information on what lifestyle modifications you should make while you are recovering from surgery. You will also find a list of community services available to you if you find that you need help with your daily activities once at home. At St. Joseph's Healthcare Hamilton, we pride ourselves on delivering the highest quality patient care and education. I hope that you find this book to be an effective tool during your thoracic surgery journey.

*Warm regards,*

*Dr. Yaron Shargall*

*Head of Service of Thoracic Surgery, St. Joseph's Healthcare Hamilton*

*Academic Division Head, Division of Thoracic Surgery, McMaster University*

*Associate Professor, Department of Surgery, McMaster University*



## PERSONALIZED APPOINTMENT INFORMATION

My Thoracic Surgeon is: \_\_\_\_\_

My Surgical Procedure is: \_\_\_\_\_

My Pre-Admission Assessment is on: \_\_\_\_\_ at \_\_\_\_\_ am / pm

My Pre-Admission Assessment is located at: \_\_\_\_\_

My Surgery is on: \_\_\_\_\_

My Surgery time is at: \_\_\_\_\_

Please come to St. Joseph's Healthcare Hamilton at: \_\_\_\_\_

**Please visit us online at [www.stjoes.ca/thoracicsurgery](http://www.stjoes.ca/thoracicsurgery)**

\* Please note that the information provided in this booklet is for informational purposes only and it does not substitute professional medical advice.

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# BACKGROUND

Get to know St. Joseph's Healthcare Hamilton

## Meet your Healthcare Team

### Dr. Yaron Shargall MD, FRCSC

Head of Thoracic Surgery Service at St. Joseph's Healthcare Hamilton  
Academic Division Head, Division of Thoracic Surgery, McMaster University  
Associate Professor, Department of Surgery, McMaster University  
Juravinski Professorship in Thoracic Surgery



#### Contact Information

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### Dr. John Miller MD, FRCSC

Mortgage Intelligence/GMAC Residential Funding of Canada Chair of Thoracic Surgery  
Professor, Department of Surgery, McMaster University  
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#### Contact Information

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### Dr. Christian Finley MD, MPH, FRCSC

Assistant Professor, Department of Surgery, McMaster University



#### Contact Information

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Fax: 905-526-8160  
Email: jwatson@mcmaster.ca

### Dr. Colin Schieman MD, FRCSC

Assistant Professor, Department of Surgery, McMaster University



#### Contact Information

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Phone: 905-522-1155 x37370  
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#### All Administrative Assistants are located at:

St. Joseph's Healthcare Hamilton  
Charlton Campus, 50 Charlton Avenue East  
Juravinski Innovation Tower, 2nd floor, room T2105  
Hamilton, ON L8N 4A6

# BACKGROUND

Get to know St. Joseph's Healthcare Hamilton

## Lung Diagnostic Assistance Program (Lung DAP)

The Lung Diagnostic Assessment Program (Lung DAP) or LDAP is an important part of the Thoracic Surgery team at St. Joseph's Healthcare Hamilton. The goal of the program is to help guide patients from the referral to a thoracic surgeon upon suspicion of lung cancer, through the various tests required to make a diagnosis and finally assisting in making treatment decisions and accessing community resources. The program also operates in conjunction with the Niagara Health System. The program is headed by a Nurse Navigator, who devises a personal care plan for each patient to help coordinate tests and appointments in addition to providing patient education resources.

**Contact Phone: 905-522-1155 ext. 35941, Toll free phone: 1-877-801-4822**

**Contact Fax: 905-540-6581, Toll Free Fax: 1-877-803-4422**

## Integrated Comprehensive Care Project

Once a decision for surgery has been made, you will be introduced to the Integrated Care Coordinator (ICC). The ICC will help facilitate a smooth transition from the diagnostic phase into the treatment and recovery phase of your care journey. They will either meet with you in person or make arrangement to call you at home to introduce themselves and discuss the program in more detail with you and/or your family.

The ICC will work closely with your health care team and act as a resource person to help you navigate through the health care system as you wait for your surgery. They will help answer any questions or concerns that you may have about your surgery, what to expect and your recovery period. The ICC will also see you while you are in hospital, immediately after your surgery, and arrange a meeting with you and your family before you leave the hospital. The ICC will also collaborate with you and the St. Joseph's Home Care team to ensure you receive the care and support, such as nursing and physiotherapy, you need when you return home. The ICC will continue to be available to assist you during your recovery time at home.

**Contact phone: (905) 522-2324 or Toll-free 1-877-611-0669**

## Physiotherapy

The Physiotherapist will teach you breathing and strengthening exercises to get your movement and breathing back to normal after surgery.

## Respiratory Therapy

The Respiratory Therapist checks any tubes and oxygen supplies you may have or need for home. If you take medication using an inhaler, you can ask the respiratory therapist watch you use it to make sure you are doing it right.

## Occupational Therapy

Please ask for help from an Occupational Therapist if you have problems with your ability to care for yourself, if you anticipate difficulties in your ability to manage home affairs, or with resuming regular activities. The Occupational Therapist is able to teach you ways to save your energy and simplify activities. The Occupational Therapist can suggest assistive equipment, home modifications and link you with community resources to help you manage at home.



## Nursing

Nurses can help you with all of your care needs. Nurses help 24 hours per day, 7 days a week. They care for all of your physical needs and also communicate any concerns and issues to other members of the health care team. Nurses will assist you with your daily hygiene needs, pain management, mobility and activity, management of your equipment, toileting, monitoring of tubes, vital signs, wounds and dressings and intravenous infusions. They will assist the doctors with procedures.

Nurses help with your discharge planning and give you your follow-up appointments, prescriptions and anything else you need for your discharge. Nurses will provide education to you and your family so that you can manage your care at home.

## Social Work

Social Work can help you and your family adapt and cope with changes that may occur after your surgery. Social Workers can provide counselling during hospitalization and help you with your discharge plans for when you are getting ready to leave the hospital. Issues such as emotional adjustment, personal relationships, finances, housing, and accessing community resources are some of the areas that a Social Worker can assist you with.

## Speech-Language Pathology

A referral can be made to see the Speech-Language Pathologist if you are having difficulties swallowing (i.e. coughing when eating, sensation of food sticking in your throat) and/or if you are experiencing difficulties communicating (i.e. word finding difficulties, slurred speech).

## Anesthesia

An anesthesiologist is a medical doctor who has many years of extra training and experience in the area of anesthesia. The goal of an anesthesiologist is to keep you safe and pain free during surgery. The anesthesiologist looks after you at all times while the surgeon does the operation. This is done by:

- Continually checking your breathing, heart rate and blood pressure
- Giving the right medication in the right amount at the right time
- Preventing or treating any medical problems that could happen during or after surgery

The anesthesiologist is often in charge of your pain control after surgery as well.

## Inpatient Pharmacy

The Inpatient Pharmacy provides medications for all patients who are admitted to the hospital. Pharmacists in the hospital help to make sure that you get medications that are safe and effective for you after surgery. Ask to speak to the pharmacist if you have questions about medications, for example:

- New medications that you start taking in hospital
- Taking your home medications while you are in hospital
- Side effects of medications
- Drug interactions with herbal or alternative medications
- Medications to take after you leave the hospital



## Nutrition

*The Dietitian can make sure that you are getting the nutrition your body needs to heal faster, improve energy and maintain a healthy weight. You may have changes in appetite and taste, sensitivity to different foods or stomach upset. The dietitian can help manage these challenges and give suggestions for improving your food intake.*



# BACKGROUND

## What is Lung Cancer?

### What is Lung Cancer?

Lung cancer is the most common form of cancer and occurs when cells develop abnormally in one or both of the lungs and then grow out of control. This group of cells is called a tumour. Tumours make it difficult for the lungs to work properly. There are two classifications of lung cancer: non-small cell and small cell. The terms non-small cell and small cell refer to how the cells look when seen through a microscope, and not the actual size of the tumour. Non-small cell lung cancer is usually treated with surgery while small cell lung cancer is not.

### Types of Non Small Cell Lung Cancer

There are many types of Non-Small Cell Lung Cancer, but there are 4 major types:

#### 1) Squamous Carcinoma

This type generally begins in one of the larger breathing tubes (called bronchus). It tends to spread less quickly than other forms of lung cancer. It currently occurs most often in men and older people of both sexes.

#### 2) Adenocarcinoma

This type begins near the outside surface of the lung and can vary in both size and how fast it grows. It is the most common lung cancer among women.

#### 3) Large-cell Carcinoma

This type may occur in any part of the lung. It usually starts in the smaller breathing tubes and tumours are generally large at the time of diagnosis. This form of cancer has the same frequency in men and women.

#### 4) Bronchoalveolar

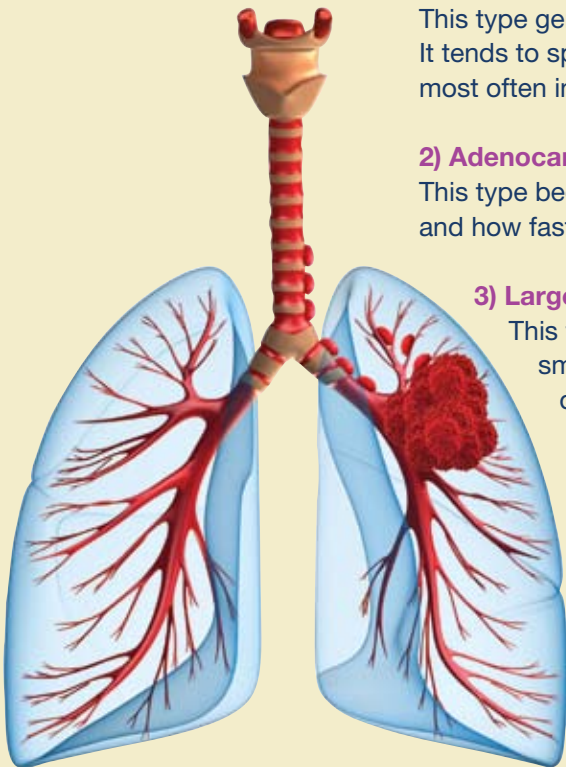
This type is a form of Adenocarcinoma. It causes changes on an x-ray that may be mistaken for pneumonia. This form of lung cancer is typically slow growing.

### Small Cell Lung Cancer

Small cell lung cancer is a more rapidly growing type of lung cancer and most people diagnosed with this form of cancer are smokers or former smokers. Treatment of small cell lung cancer is usually Chemotherapy and/or Radiation Therapy.

### Major Causes of Lung Cancer

- Most people who get lung cancer smoke or have smoked cigarettes.
- Exposure to second-hand smoke. People who do not smoke can develop lung cancer from cigarette smoke.
- Environmental factors – a person's risk of developing lung cancer is increased by exposure in the home or in the workplace to harmful substances such as asbestos.





## Lung Cancer Symptoms

- There is no single specific symptom of lung cancer.
- Symptoms are not always evident during the early stages of the disease.
- Symptoms are varied and can include a persistent cough, pain, coughing up blood, shortness or hoarseness of breath, feeling tired most of the time and a persistently reduced appetite.
- Sometimes the first symptom of lung cancer is bone pain.

## How is Lung Cancer Diagnosed?

There are a number of tests used in the diagnosis of lung cancer. The diagnosis of cancer must be proven by obtaining cells through the use of a needle or surgical biopsy. The number and type of tests that your doctor orders will depend on the kind of information that your doctor requires to get a clear picture about the type of lung cancer you have. All of this information is required to develop a treatment plan that meets your unique needs.



### Some of the diagnostic tests include:

- Chest X-ray – a picture produced by exposing photographic film to x-rays
- Sputum cytology – examines a sample of mucus under a microscope to determine whether abnormal cells are present
- Bronchoscopy – an instrument that examines the bronchi and takes samples of tissue to be sent to a lab to check for lung cancer
- Blood tests – examines a sample of blood to see if there are any infections present in the human body
- CT scan – produces an image of the body through the use of computerized axial tomography technology
- MRI – uses magnetic resonance imaging that provides a detailed picture of internal organs of the body
- PET Scan – uses a nuclear medicine imaging technique to produce a 3-D image of your lungs
- CT scan – Computerized tomography technology is used to take a picture using radiation
- EBUS – a procedure that uses an ultrasound device to explore the lung and airways

### Depending on the results of these tests, your doctor may also request that you undergo tests such as:

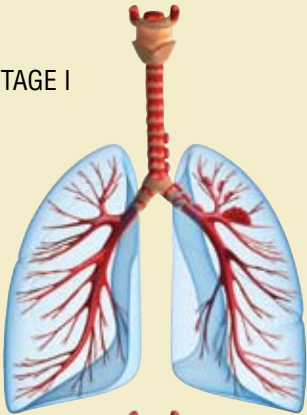
- Needle or surgical biopsy – Removes a sample of cells or tissue from the affected area in order to diagnose the patient's condition
- Mediastinoscopy – A surgical procedure that allows doctors to see the areas of the mediastinum
- Thoracoscopy – A small camera is used to see the chest cavity



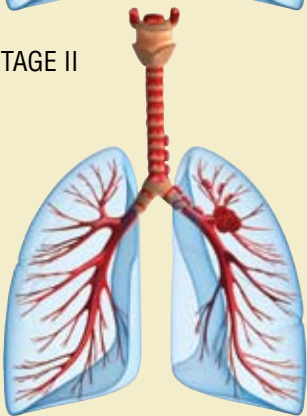
# BACKGROUND

## What is Lung Cancer?

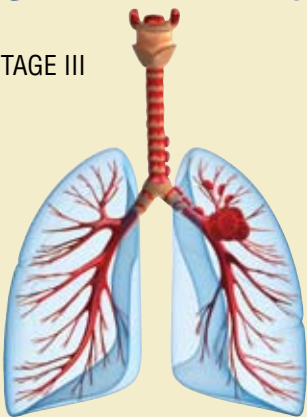
STAGE I



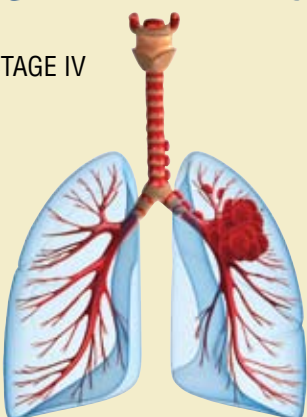
STAGE II



STAGE III



STAGE IV



## What are the Stages of Lung Cancer?

Staging determines if the cancer is limited to the lung or if it has spread to other parts of the body. The stage of your lung cancer will have an impact on the selection of the best course of treatment.

### The Stage of Non-Small Cell Lung Cancer

Most doctors use the TNM classification system to stage non-small cell lung cancer: “T” refers to the size of the tumour, “N” refers to the lymph node involvement, and “M” refers to metastasis. Staging is based on:

- The size and location of the primary tumour;
- The presence of cancer cells in the lymph nodes; and,
- The spread of the lung cancer to other organs.

### Non-small cell lung cancer has four stages:

**Stage I:** The cancer is only in the lung and has not spread to the lymph nodes.

**Stage II:** The cancer has spread to nearby lymph nodes but not to lymph nodes in the area between the two lungs; or the cancer has spread to the chest wall.

**Stage III:** The cancer has spread to the lymph nodes in the area between the two lungs; or the cancer has spread to the lymph nodes on the other side of the lungs or to the neck.

**Stage III is further divided into:**

**Stage III-A:** potentially the tumour could be removed

**Stage III-B:** usually the tumour cannot be surgically removed

**Stage IV:** The cancer has spread to one or more other parts of the body, such as the bones, liver, brain, or other organs.

STAGE IV



# Treatment

## How is Lung Cancer Treated?

Treatments offered to people with lung cancer vary based on the type and stage of lung cancer and other factors such as age, other medical problems, and individual preferences. The treatment plan that you will be offered will be developed to meet your personal requirements.

### Treating Non-Small Cell Lung Cancer

There are three primary forms of treatment for non-small cell lung cancer:

- Surgery – Treatment involving operating on the affected area. This offers the best chance for long term survival in most cases.
- Radiation Therapy – The treatment of a disease using a radiation machine or other radiation technologies.
- Chemotherapy – Uses medications to destroy the cancer cells.

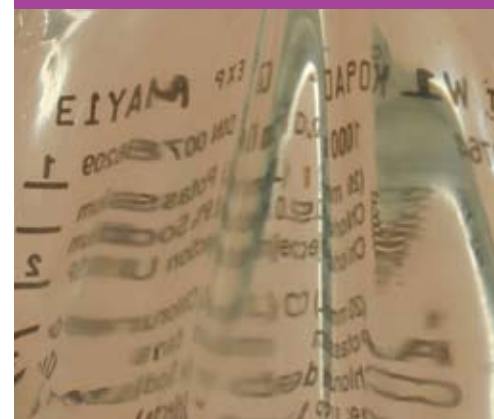
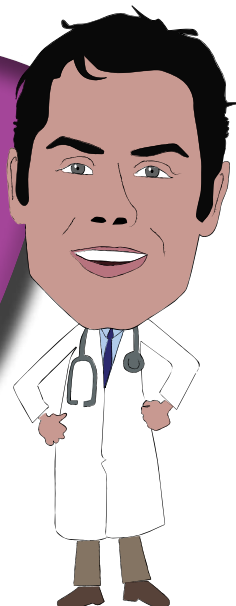
### Treating Small Cell Lung Cancer

There are two primary forms of treatment for small cell lung cancer:

- Radiation Therapy
- Chemotherapy

While the stage of a patient's cancer will play an important role in the development of treatment options, other factors such as general health, other medical conditions and individual preferences will need to be considered in the final decision about the treatment plan.

*While Small Cell Lung Cancer rarely benefits from surgery, NSCLC (Non-Small Cell Lung Cancer) when confined to the lung is usually best treated with surgery*





# PREPARING FOR MY SURGERY

Firestone Institute  
for  
Respiratory Health

## My Pre-admission Visit

You must come to the Pre-Admission Assessment Clinic 1 to 2 weeks before surgery to have any blood work, X-rays and other tests your doctor has ordered. Bring a record of all your medications and health conditions to the clinic so the nurses, pharmacist and anesthesiologist can review them. You will get a checklist to take home.

Follow your regular diet before coming to this appointment. Please bring these things with you:

- Your Ontario Health Insurance card and any other insurance such as Liberty Health or Blue Cross.
- Nursing History Form if you are staying overnight.
- Up-to date list of your medications and all of your medications in their original packages, including:
  - ✓ Prescription medications (pills, inhalers, creams, patches, injections)
  - ✓ Over-the-counter medications (such as Aspirin)
  - ✓ Vitamins and supplements
  - ✓ Herbal products
  - ✓ Medication samples from your doctor

## What happens in the Pre-Admission Assessment Visit?

The staff here will help you prepare for surgery at the Hospital. The Nurse will review the information you have written on the forms you have received from your Surgeon. The Nurse will then review what your needs are before and after surgery. The Nurse will check your blood pressure, heartbeat, breathing and weight. He or she will review what to bring the day of surgery and what you will need to know before and after surgery. You will meet an Anesthesiologist who will review all of the gathered information and plan your anesthetic. If your Surgeon or any other Doctor orders tests such as blood tests, urine tests, heart tests and x-rays, you will have these done. You will also talk to other members of the Health Care Team such as a Physiotherapist if you need to.

Since you are going to be staying overnight after your surgery, you will meet with a pharmacist during the Pre-Admission Assessment visit. The pharmacist will create a list of all the medications you are taking. When you come into hospital for surgery, your health care team will use this list in order to know what your usual medications are, and to make sure that you continue to receive your usual medications while in hospital.

If some of your home medications are not available in the hospital, then you may be asked to bring in your own supply to take while you are in hospital after surgery.



## Is there anything else I should know?

- If you cannot speak or understand English, please bring someone with you who can
- If your health changes between your clinic visit and the day of surgery, contact your Surgeon. Your Surgeon will decide what to do.
- If you have trouble managing at home, please let your healthcare team know.

## No Perfumes and Scents

Perfumes and strong scents can make it hard for some people to breathe. Please do not use perfume, after-shave, cologne or other scented products in the hospital.

## Things to do the Night Before My Surgery

Follow the instructions the nurse gives you about when to stop eating and drinking before surgery. This depends on the time of your surgery. If you regularly take medication each morning, you will be told if you should take it the morning of surgery. If you are allowed to take your medication, take it with a small sip of water only.

You will have nothing to eat 12 hours before surgery.

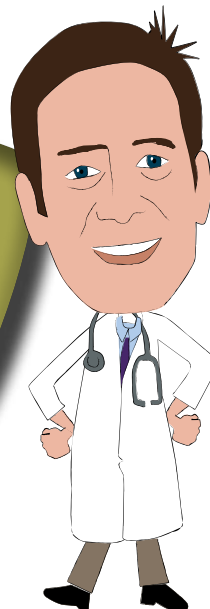
## On the Day of Your Surgery Remember . . .

- ✓ Leave all valuables at home. This includes jewellery, rings, body piercings, money and credit cards. If you cannot get a ring off, do not try to cut it off. Have the ring removed safely by a jeweller or the ring will be cut off at the hospital.
- ✓ You cannot wear contact lenses during surgery. Bring a container to put your contact lenses in. Your support person can look after them while you are in surgery.

## Where do I go on the Day of Surgery?

Come to the Day Surgery Registration Desk on Level 2 of the Day Surgery Unit located directly inside the main entrance to the Surgical Centre. Access to the Surgical Centre can be obtained from St. Joseph's Drive. Bring your instruction sheets that you got in the Pre-Admission Assessment Clinic. Have your health card ready as well.

*In patients with acceptable lung function and reasonable co-morbidities, the highest chance of long term survival is having surgery to treat non-small cell lung cancer*



## Items to Pack for My Surgery:

Here is a list of things needed when you are staying in the hospital:

- pants
- shirts
- underwear
- socks
- non-skid shoes such as running shoes

Other items:

- pyjamas or nightwear
- short housecoat
- non-skid slippers
- soap
- deodorant
- shampoo
- toothbrush and paste
- lotion and/or cream
- comb or brush
- tissue
- razor or shaver
- shaving cream
- denture cup
- belt or suspenders
- book / entertainment

# PREPARING FOR MY SURGERY

## On the Day of Surgery

You will check in at the Day Surgery Unit 2 hours before surgery. Here you will get ready for surgery. You will change into hospital clothes and the nurse will go over any concerns and answer any questions that you have. You can have a friend or family member stay with you. A nurse will put a small tube in a vein in your arm called an intravenous or IV. This tube is used to give you fluid and medication. You may also be given antibiotic medication in the IV to help prevent infection after surgery. You will have the surgery area marked with a special pen. The anaesthesiologist will visit you before surgery. Since this is a teaching hospital you may also meet anesthesiologist doctors-in-training or assistants. When they are involved in your care, an anesthesiologist is always in charge. When you are ready for surgery, you will go to the operating room.

## In the Operating Room

Before starting the procedure the surgeon, anesthesiologist and operating room nurses will perform the Surgical Safety Checklist to ensure your safety. This comprises of a series of questions to ensure that we have the correct patient, the correct side and the correct surgery. Once this is complete you may or may not have an epidural put in place as well as extra monitors (arterial line, central venous line, intravenous) that are necessary for the anesthesiologist to care for you during surgery. Medication may be put into the IV to sedate you during this time. Once the epidural/extra monitors are in place you will be asked to breath oxygen through a mask and you are then sedated through the IV. After you are sedated, you will have a breathing tube put into your mouth and throat to keep your airway open.



# MY SURGERY

## What is Thoracic or Chest Surgery?

Thoracic surgery is any surgery that makes an incision into the wall of your chest. There are many types of thoracic surgery. These terms describe the common types:

### Explanation of My Surgical Procedure

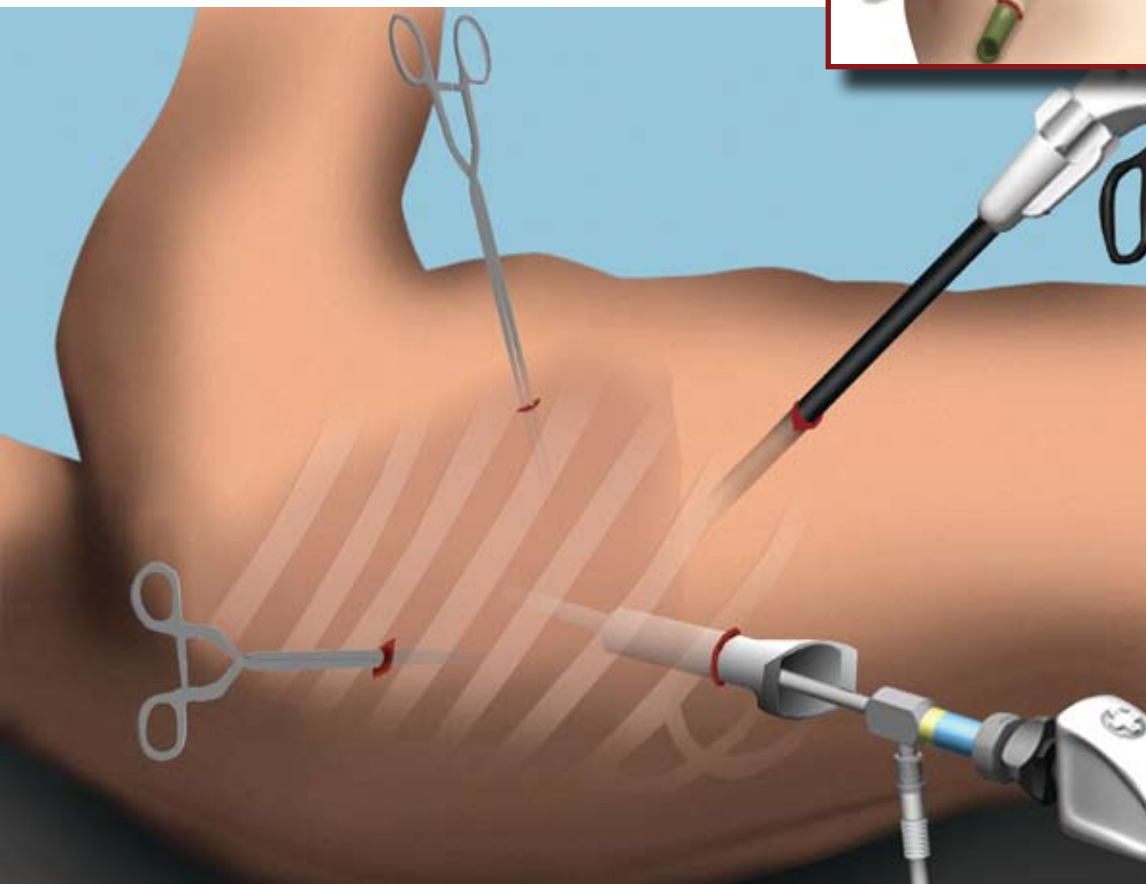
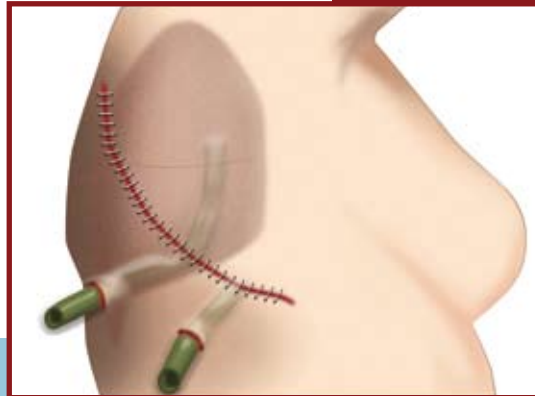
In your body, you have 2 lungs. Your right lung has 3 parts and your left lung has 2 parts; these parts are called lobes. Lung surgery is done to remove a part or your entire lung that contains a mass or tumour (can be benign or malignant). Benign means that it is not cancerous while malignant means that it is cancerous. Your doctor will tell you what type of mass you have.

### Thoracotomy

An approach to thoracic surgery that involves an incision cut into the chest to expose all or part of the lung. The ribs are then spread so that the surgeon can enter the chest and perform the procedure.

### Video Assisted ThoraScopic Surgery (VATS):

An approach to thoracic surgery that is the least invasive. It uses a small camera through a “key hole” incision to help the surgeon perform the procedure.



# MY SURGERY

## How long does the operation take?

This will depend on what type of procedure you are having, but it usually takes between 1 to 4 hours. Ask your doctor how long you will be in the operating room.

## What will Happen After My Surgery?

After surgery you go to the Post Anesthetic Care Unit (PACU) to recover. Your anesthesiologist will be responsible for your care here. He or she will work with the nurses and other staff to monitor your condition until you are ready to go to the Nursing Unit. You may go to the Intensive Care Unit, the Surgical Step Down Unit or the Chest Unit. Your doctor will decide where you go.

## How will I feel after surgery?

You will have some pain from the incision after surgery and you may feel sick to your stomach. Taking deep breaths will help you feel less sick. Your nurse can also give you medications that can help. You will also have had a breathing tube in your throat for the general anesthetic. This may cause your throat to be sore afterwards but it should feel better after a couple of days. Tell your nurse if your throat is sore. You will also find that you have some new tubes, drains or monitors attached to you that weren't in place before surgery.

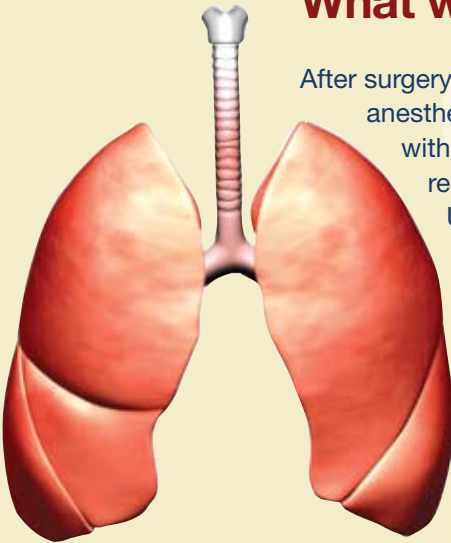
Your blood pressure, heart rate and breathing will be monitored. You will have the oxygen in your blood checked by a small pad on your finger called an oximeter. The nurses will listen to your chest and check your incisions and dressings regularly. You will learn how to check your incision and look after it when at home. The size and location of the incision will depend on what part of the lung was removed and on what side of the body. The incision is closed with stitches or staples and covered by a dressing.

Some people may experience a range of emotions at this time which is understandable. Please let your healthcare team know if you would like to talk to someone.

Your expected hospital stay is 3 to 4 days. Going home from hospital is based on your recovery. You should prearrange your own ride home before coming to the hospital.

## Rehabilitation

If your healthcare team feels you have further goals to meet to increase your safety at home, they will talk to you about rehabilitation options as necessary and arrangements will be made prior to you going home.







**A definition of the surgery you are having is listed below:**

**Bronchoscopy** - the surgeon looks down into your lungs with a special telescope

**Lobectomy** - removal of one lobe (or part) of the lung

**Pneumonectomy** - removing an entire lung

**Wedge resection** - removal of a small pie shaped piece of lung

**Segmentectomy** - removal of a small piece of lung along with its blood supply and bronchus

**Mediastinoscopy** - a 1.5cm incision is made at the bottom of your neck so the surgeon can take samples of lymph nodes in your chest

**Bilobectomy** - removal of two lobes (or parts) of the right lung



**Lobectomy**



**Pneumonectomy**



**Wedge resection**



**Segmentectomy**

# MY HOSPITAL STAY

## Incisions, Tubes or Drains

Your surgeon will tell you where your incision will be. He or she will tell you how big it will be.

You will have 1 of the following incisions:

- A thoracotomy means the incision is on your side, 8cm to 25cm long
- Video Assisted ThoraScopic Surgery (VATS), meaning that you will have 3 to 5 small incisions on your side. Each incision will be approximately 1cm to 2cm long.

## Bandages

Bandages will cover your incisions. We will remove these bandages 2 days after your surgery.

## Stitches

The surgeons usually use dissolvable stitches to close your incision. This means they go away on their own. If they aren't dissolvable, the nurse will remove the stitches 5 to 7 days after your operation. You may need to go to your family doctor to have your stitches removed. We will tell you if this is necessary.

## Chest Tubes

You will have 1 to 2 chest tubes coming out of the side of your chest. These tubes remove air and fluid from your chest cavity. The tubes are attached to a machine called a Pleurovac. Depending on the surgery you are having, the Pleurovac is attached to a suction source either on the wall or battery operated.

The chest tubes will go into your side through small incisions or holes. Your chest tube(s) is usually removed 1 to 3 days after your surgery.

To keep the chest tubes in place, we will use stitches to secure them. These are not dissolvable. The stitches will be removed 5 to 7 days after the tubes are taken out. You may need to go to your family doctor to have your stitches removed.



- 1 Intravenous Medication
- 2 Epidural Pump
- 3 IV Medication
- 4 Medication Pump
- 5 IV Tube
- 6 Chest Tubes
- 7 IV
- 8 Pleurovac



## Epidural Tube

A thin, flexible tube is put into a small space near your backbone between your shoulder blades. This is done before you go to sleep for surgery. Medication then flows through the tube and blocks pain messages to your brain, this gives you pain relief. While you have the epidural in place an Acute Pain Service (APS) nurse or physician will visit you daily and help manage your pain. The epidural is usually discontinued when the chest tubes are out.

## Heart Monitor

You will be on a heart monitor. This does not necessarily mean that there is a problem with your heart. We do this routinely for all patients who have this surgery. You will be on the heart monitor for 1 to 2 days.

## Urine Catheter (Foley Catheter)

You may have a tube draining your bladder. This is called a foley catheter. The nurse will measure how much urine you pass. This tube will usually be in for 1 to 2 days. When the tube is removed, the nurse will still measure your urine.

## Intravenous/Arterial Tubes

You will have an IV. We will use it to give you fluids and medicines. The IV will stay in until you are drinking well. This is usually in for 2 to 3 days. You may be able to drink the evening of your surgery. The IV must stay in as long as you are getting pain medication through a pump.

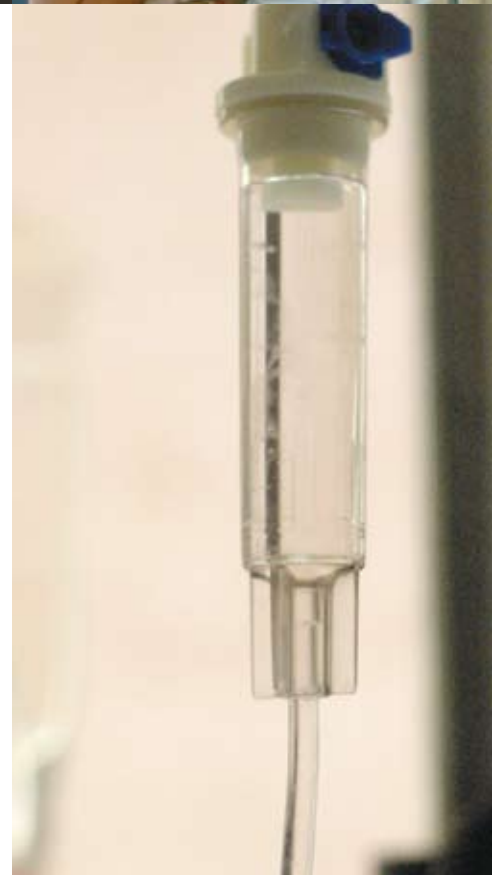
You will have a pump for the pain medicine. This will be attached to your IV, to an extra pleural catheter or to the epidural tube.

You will have an arterial line. This tube looks like an IV but is inserted into an artery. It is used to take blood samples and assess your blood pressure constantly in the Step-Down Unit without having to poke you with a needle. This is usually put in the opposite arm to the IV. The arterial line will be in for 1 to 2 days.

## Oxygen

An oxygen mask will cover your nose and mouth. When you don't need the oxygen mask anymore, you may be placed onto nasal prongs. Nasal prongs sit below your nose. Both types give you extra oxygen. You may need this for a few days after surgery. When your lungs are working well enough the oxygen will be taken off.

*Adapted with permission from the University Health Network (Toronto)*



*You should write any questions you have about your surgery and hospital stay and bring them with you to your Pre-Admission Assessment visit. Members of the health care team in this clinic are able to answer your questions and address your concerns*



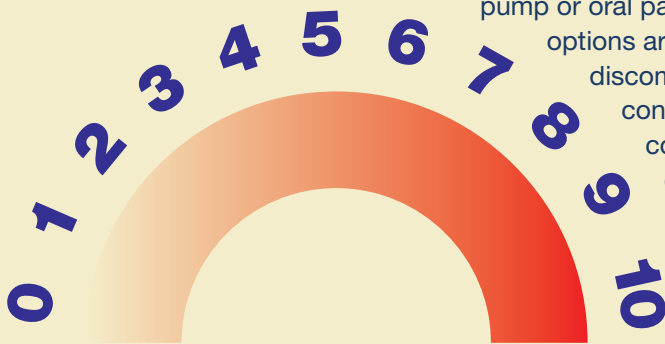


# MY HOSPITAL STAY

## How Will My Pain Be Managed?

### Controlling Your Pain

Controlling your pain after surgery is very important. Depending on the level of your pain after surgery you may be given an epidural, an intravenous pain pump or oral pain medications. Sometimes a combination of these options are used to control your pain. A small amount of pain or discomfort is normal after thoracic surgery. The goal of pain control is to have your pain tolerable so you are able to cough, take deep breaths, move, walk and sleep without discomfort. Better pain control allows you to feel better, recover faster and helps avoid some problems like pneumonia and blood clots. Let your nurse know if you are having pain that is bothering you or interfering with your ability to function. He or she can give you medication to help control it.



### Measuring your Pain

In order to communicate with your health care team about how much pain you are having, you may be asked to rate your pain on a scale from zero (0) to ten (10). Zero being no pain and ten being the worst pain you can imagine having. You can also describe the type of pain you are having, using terms such as throbbing, burning, or sharp.

### Thoracic Epidural Analgesia for Pain Control

Analgesia is the medical word used for pain relief. Epidural analgesia refers to a thin flexible tube called an epidural catheter that is put into a small space near your backbone between your shoulder blades. Freezing

medication (local anesthetic) then flows through the tube and blocks pain messages to your brain. This gives pain relief. Not all types of thoracic surgeries require epidurals. Your anesthesiologist will decide what is the best method of pain control for you.

The majority of the time, the epidural is put in before you go to sleep for surgery. The anesthesiologist will freeze a small area of skin on your back to allow insertion of the epidural catheter through a hollow needle. The hollow needle is then removed and the catheter stays in. The catheter is then taped in place over your shoulder and connected to a medication pump.

*The best thing you can do to aid your recovery is to breathe deeply and move early in your recovery to avoid pneumonia. Good pain control is central to this*



The anesthesiologist decides the amount and type of medication you receive. Your nurse looks after this carefully. Your nurse also watches your breathing



and asks about your level of pain. Your nurse can then adjust the dose of pain medication up or down as needed. While you have the epidural in place, an Acute Pain Service (APS) nurse or physician will visit you daily and help manage your pain. The epidural is usually taken out when the chest tubes are removed.

## Patient Controlled Analgesia (PCA)

While most (90%) of thoracic surgery patients receive pain control only via an epidural, some patients are more suited to a PCA. A PCA is a machine that allows you to give your own pain medication. The nurse puts the pain control medication (morphine, hydromorphone, fentanyl) suggested for you into the machine. The machine is then attached to your IV. When you want pain control medication, you push the control button. The pump then sends one dose of medication from the machine through the IV and into your body. It takes less than one minute to begin feeling the effects of the pain medication.

You should give yourself pain medication when you feel pain or before starting activities that might cause pain, such as when:

- You do your deep breathing, coughing and moving exercises
- You begin physiotherapy
- You have a test or procedure that may cause pain

PCA machines have been used for many years and have many safety features built into them. You cannot give yourself too much medication. The machine is programmed to give you a certain amount of medication during the day and night. The machine will not give you any medication if you have pushed the button before the programmed times.

While you have the PCA in place, an Acute Pain Service (APS) nurse or physician will visit you daily and help manage your pain. The PCA is usually discontinued when the chest tubes are removed.

## Oral Pain Medications

When you take pain medications by mouth, it takes about 30 to 45 minutes for them to start working. It is a good idea to take pain medication as soon as your pain starts to bother you. If you wait until the pain gets very bad, then it can be harder to keep it under control. You may also want to take pain medication 1 hour before activities such as exercise.

**Tell your nurse if you:**

- feel itchy
- feel too sleepy
- have a headache
- have problems passing urine
- have nausea
- feel numbness, heaviness or weakness in your legs and arms



**Tell your healthcare team of any change in medications since you were last seen by the pharmacist in Pre-Op and your surgery day**

# MY HOSPITAL STAY

## The pain medications you may be given in hospital include:



### Opioid Pain Medications

- The pain medications you may be given in hospital include codeine, morphine and oxycodone
- These medications are used to control moderate to severe pain after surgery.
- Side effects include drowsiness, nausea, itching and constipation. Opioids may also interfere with urination or breathing.
- It is rare to become addicted to opioid pain medications when they are taken as prescribed after surgery. If you have had problems with addictions in the past, you should tell the Anesthesiologist.



### Non-steroidal anti-inflammatory drugs (NSAIDs)

- Examples include ibuprofen (Advil®) and naproxen (Naprosyn®)
- These medications are used to control mild to moderate pain after surgery. They also reduce inflammation.
- There is no risk of becoming addicted to NSAIDs.
- They can also be taken together with opioid pain medications for improved pain control.
- Side effects include nausea, stomach bleeding, or kidney problems. NSAIDs interfere with blood clotting, and can also affect blood pressure control in people with high blood pressure.



*Pain control medications can take around 20 minutes to start working. For this reason, avoid waiting to take pain control medication until your pain is bad. Ask your nurse for pain control medication before you become uncomfortable. Also, Use tylenol and advil for a base of pain control and use the prescription pain medication for breakthrough pain*

### Acetaminophen

- Acetaminophen (Tylenol®) is used to control mild to moderate pain after surgery, and can be combined with opioid pain medications for improved pain control.
- Acetaminophen does not reduce inflammation.
- There is no risk of becoming addicted to acetaminophen.
- Acetaminophen can cause liver damage if too much is taken.



## Side Effects of Pain Medications:

You may experience some side effects from your pain medications after surgery, such as:

**Drowsiness**  
**Itchy skin**

**Stomach upset, nausea or vomiting**  
**Constipation**



## Expected Recovery Milestones

	Operation Day	Day 1	Day 2	Day 3	Day 4 and on
<b>Mobilization</b> with help from physiotherapy and nursing	Sit at the side of the bed or chair	Walk at least once Up to chair for 1 hour 2 times	Walk 3 times Out of bed more than in bed	Try stairs Possibly Go Home	Go Home
<b>Diet</b>	Sip on Clear fluids Watch for Nausea especially related to pain medications	Eat solid food but stop if nauseous or hiccuping	Eat as you wish. Concentrate on keeping hydrated	Eat as you wish. Concentrate on keeping hydrated	Go Home
<b>Chest Tubes</b>	Will be attached to suction. Tubes off suction for mobilization	Tubes off suction as long as lung is fully expanded on xray	Tubes may be removed if they have stopped draining air and have minimal fluid output	Tubes may be removed if they have stopped draining air and have minimal fluid output	Go Home
<b>IV</b>	Intravenous fully infusing Arterial Line in for monitoring and Blood work	Discontinued Arterial Line  Rate of IV flow dropped	Lock off IV	Remove IV	
<b>Urinary Catheter</b>	Left in Draining	Left in Draining	Remove Catheter		Go Home
<b>Pain Epidural</b>	Provides freezing and pain relief to chest	Continue epidural for freezing and pain relief	Continue epidural for freezing and pain relief	Remove Epidural	Go Home
<b>Patient Controlled Analgesia (PCA)</b> <i>only 10% of patients</i>	Provides small doses of pain medication with the press of a button	Learn to use medications to make breathing, movement and coughing comfortable	Transition to oral medications	Take only oral pain medications	
<b>Oral Pain medications</b>	Start to take oral pain medications like tylenol and ibuprofen	Continue to take tylenol and ibuprofen	Transition to using only oral pain medications	Take only oral pain medications	
<b>Home Plans</b>	Step Down Unit	Transfer to Chest Ward	Remain on Chest Ward	<ul style="list-style-type: none"> <li>· Get Medications Ready</li> <li>· Watch educational video</li> <li>· Get Instructions for Homecare and follow-up appointment</li> <li>· Arrange ride home</li> </ul>	Go Home

# MY HOSPITAL STAY

## Stages of pain control after surgery

### First Stage: Right after surgery

Pain management starts in the Recovery Room, as soon as you wake up after surgery

There is a dedicated pain management service in the hospital called the Acute Pain Service (APS)

APS includes Anesthesiologists and Nurse Practitioners who will manage your pain for the first few days after surgery, while you are on a Thoracic Epidural or Patient-Controlled Analgesia

#### Thoracic Epidural

If you are going to have an epidural, then a small tube will be placed into the middle (or “thoracic”) area of your back, near your spinal cord

Pain medications will be delivered continuously through this tube into your back

One of these pain medications will be a local anesthetic, which will keep your chest area feeling “frozen” or numb to reduce pain from the incision; this may be combined with an opioid pain medication as well

Thoracic epidurals can provide good pain control after thoracic surgery, making it easier for you to breathe, cough and do other activities, which can help to reduce complications after surgery

The Anesthesiologist can provide more information on the risks and benefits of thoracic epidurals at your Pre-Admission Assessment visit

OR

#### Patient-Controlled Analgesia (PCA)

If you are going to be on PCA after surgery, then you will use a machine that allows you to give yourself pain medication through your intravenous (IV) line, by pressing a button

The medication used in PCA is opioid pain medication

With PCA, there is no waiting time between asking for pain medication and getting it

The machine has limits on the amount of pain medication it delivers to prevent you from giving yourself too much medication

The Anesthesiologist can provide more information on the risks and benefits of PCA at your Pre-Admission Assessment visit

### Criteria for moving on to the second stage:

- ✓ Your pain level is improving as your body heals
- ✓ You are able to eat and take medications by mouth (usually after a couple of days)

## Second Stage: Taking pain medications in hospital

After your Thoracic Epidural or PCA is not needed anymore, your nurse will start giving you pain medications by mouth (pills or liquids)

When you take medications by mouth, they take about 30 to 45 minutes to start working

Ask your nurse for medication as soon as your pain becomes uncomfortable (before it gets bad), to allow time for the medication to work

It is also a good idea to ask for pain medication before doing activities that you may find uncomfortable such as deep breathing, coughing and moving exercises

The pain medications that you are prescribed in hospital may include:

### Opioid pain medications (such as morphine, codeine, and oxycodone)

Control moderate to severe pain

Side effects include drowsiness, nausea, itchiness and constipation

Opioids may also interfere with urination or breathing

It is rare to become addicted to opioid pain medications when they are taken as prescribed for pain after surgery (if you have had problems with addiction in the past, let your Anesthesiologist know)

### NSAIDs (such as ibuprofen [Advil® and naproxen])

Used for mild to moderate pain, and to reduce inflammation

Can be taken together with opioids for improved pain control

Side effects include nausea, stomach bleeding or kidney problems. NSAIDs interfere with blood clotting and can affect blood pressure control in people with high blood pressure.

### Patient-Controlled Acetaminophen (Tylenol®)

Used for mild to moderate pain after surgery, and can be combined with opioids for improved pain control

May be taken regularly, around-the-clock for best pain control for the first few days

Can cause liver damage if too much is taken

## Criteria for moving on to the third stage:

✓ Able to control pain by taking pain medications by mouth in hospital

## Third Stage: Taking pain medications at home

You may need to take pain medications for a few days or weeks after you return home

How often you will need to take pain medication will depend on how much pain you have – you can take it as often as you need to (following the directions on the prescription) to help you feel comfortable and be able to do your daily activities

It is a good idea to take pain medication as soon as your pain becomes uncomfortable (before it gets bad) to make it easier to control your pain

It may also help to take pain medication 1 hour before activities such as exercise

Examples of common pain medications taken at home include:

- Percocet® tablets: combination of oxycodone with acetaminophen
- Tylenol No. 3 tablets: combination of codeine with acetaminophen

If you are on these medications, then be careful not to take too much acetaminophen (often contained in over-the-counter pain relievers, cough and cold medicines and sleep aids)



# MY HOSPITAL STAY

## Wound Care After Surgery

STITCHES



After surgery, you may have 1 or more incisions depending on what procedure you had. After surgery your nurse will tell you how your wound is closed and how to look after it. Proper wound care is important to improve healing and prevent infection. If you see redness or drainage, tell your nurse.

**Stitches:** Some wounds are closed with stitches. Some types of stitches dissolve on their own; others need to be taken out.

**Staples:** Metal clips hold the edges together. These need to be removed by a health care provider with a special tool.

STAPLES



PAPER TAPE



**Paper tape:** Small strips of non-allergic tape are put across the wound to hold the edges together. This may be used alone or with stitches or staples.

## How long will healing take?

Healing depends on your general health and the type of surgery you had. Large or deep surgery incisions can take 6 to 8 weeks to heal. People with medical problems or prescribed certain medications may take longer. Also, avoid heavy lifting in order to promote wound healing. This means you should not lift anything over 20 pounds. Follow the instructions you were given in the hospital.

## How do I care for my wound?

It is important to keep the wound clean and dry. Your health care provider will tell you when you can shower. When having a shower, do not let the spray go directly onto any incision until it is well healed. Avoid baths, swimming pools and hot tubs until your incision is well healed.

## When you go home with a dressing:

Change the dressing as you were advised in the hospital. Wash your hands well with soap and warm water before and after touching the dressing. Then clean and apply the dressing as you were taught in the hospital.



## How should a wound feel?

You may have some pain or discomfort in the area. You will have pain control medication to take when needed. Pain should be less and less each day but if the pain gets worse rather than better, contact your surgeon.

## What is a drain?

A drain is a thin tube put around the surgery site to remove extra fluid and tissue after surgery. The drain is attached to a collection container. Your nurse will check your drain, measure the drainage and empty it. If you are going home with a drain you will learn how to look after it.

## Will I have a scar?

Yes, all wounds leave a scar. Scars are sensitive to the sun and can get sunburned. Keep scars covered or apply sunscreen. Lotions and skin softeners can also soften scars. Some scars fade over time and some do not.

## When Should I Call My Doctor?
















Contact your surgeon for any of the following:

- New redness or swelling around your incision(s)
- Any drainage or pus from your incision(s)
- A wound that smells bad
- Bleeding that does not stop with pressure
- A feeling of hardness or fullness around the wound
- Any incision opens
- Increase in pain at your incision(s)
- Fever (higher than 38°C or 99°F)
- Trouble breathing or shortness of breath
- Pain that gets worse
- Diarrhea, nausea or vomiting
- Weight loss or continuing poor appetite
- Coughing out mucous that is yellow or green in colour, or has a bad smell
- Coughing up fresh red blood
- Anything else that concerns you about your recovery

*Your wound will cause you some pain and discomfort, but this should slowly get better each day. If you have pain that gets worse each day or your wound is very red, contact your family doctor*



**Contact your doctor for any of the following:**

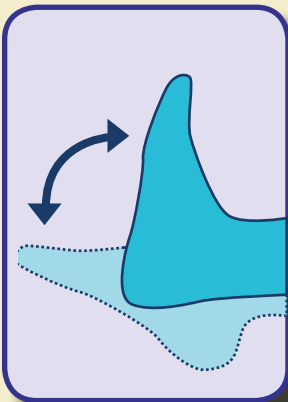
-  **New redness or swelling around your incision(s)**
-  **Any drainage or pus from your incision(s)**
-  **A wound that smells bad**
-  **Bleeding that does not stop with pressure**
-  **A feeling of hardness or fullness around the wound**
-  **Any incision opens**
-  **Increase in pain at your incision(s)**
-  **Fever (higher than 38°C or 99°F)**
-  **Trouble breathing or shortness of breath**
-  **Pain that gets worse**
-  **Diarrhea, nausea or vomiting**
-  **Weight loss or continuing poor appetite**
-  **Coughing up mucous that is yellow or green in colour or has a bad smell**
-  **Coughing up fresh red blood**
-  **Anything else that concerns you about your recovery**

# MY HOSPITAL STAY

## What Exercises Should I be doing After my Surgery?

Moving is very important after surgery. Lungs work best in an upright and moving position. Working your heart and leg muscles also helps prevent clots from forming. You can expect to be up in the chair the evening of your surgery or early the next day. Most people are also walking a short distance the day after surgery. The sooner you get moving, the faster you will recover from surgery and go home. A Physiotherapist will work with you and show you what exercises and techniques you should be performing in order to recover.

The main goal of physiotherapy is to help you get your breathing back to normal. A physiotherapist will review or teach you deep breathing and coughing exercises. Other physiotherapy techniques that may be used include percussion, vibration and massage therapy. A physiotherapist will also make sure that you can move around safely. Getting up to a chair, sitting up, standing, walking, and stairs are all important for you to be able to do in the hospital and at home.



### A - Ankle Pumps:

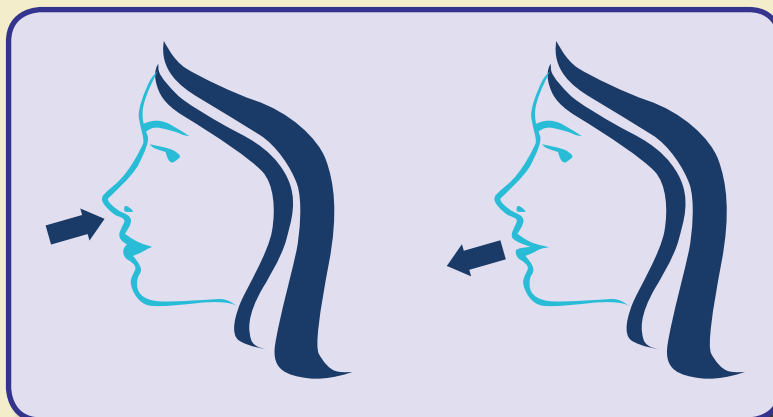
Ankle pumps help to reduce swelling and prevent blood clots. Pump your ankles up and down 10 times by flexing them towards the sky and then pointing them straight in front of you.

### B - Deep Breathing:

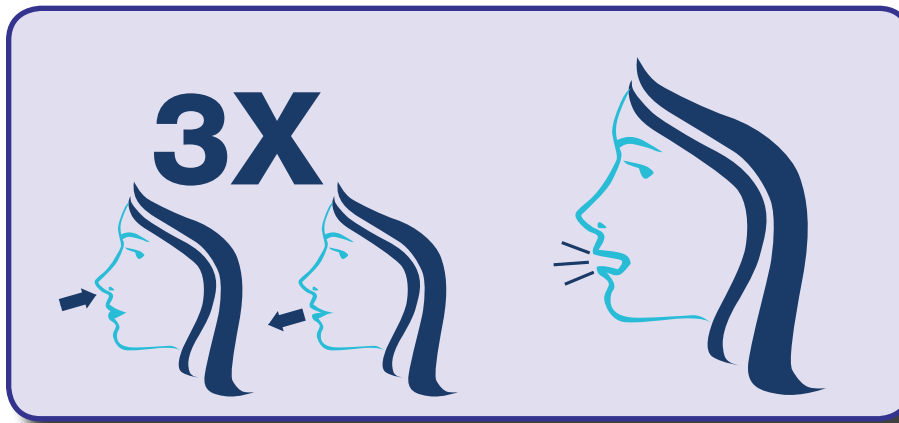
During a day you take many deep breaths but after surgery, pain and discomfort can make you avoid deep breathing. You need to remind your body to breathe deeply throughout the day.

Step 1: Breathe in through your nose

Step 2: Breathe out with your lips shaped in an "O", like you are about to whistle. While you are breathing, put your hand on your stomach. Your stomach should come out when you breathe in and sink in when you breathe out.







### C - Coughing:

Coughing helps clear secretions that can build up in the lungs after surgery. Secretions in the lungs can lead to infections such as pneumonia. After taking three deep breaths, cough. Make sure that you support your incision with a pillow or a rolled blanket before coughing.

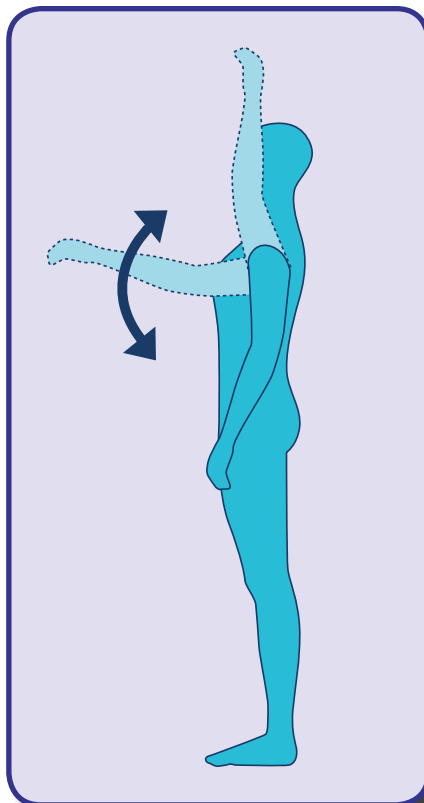
### S - Shoulder Raises:

Shoulder raises help to stretch the muscle tissue so that the incision does not heal tight. They also loosen up your shoulders which may be stiff from surgery and should be performed in sets of 5:

Step 1: Place your arms straight at your side.

Step 2: Raise your arms slowly in front of you, keeping your arms straight.

Step 3: Continue raising your arms and reach up over your head as high as you can, then slowly lower your arms



*It is very important to move after surgery. The sooner you start moving, the faster you recover from surgery and go home*



# MY HOSPITAL STAY

## How Should I Modify My Diet?

Good nutrition is especially important after you have had surgery so your body gets the nutrients it needs to maintain a healthy weight, provide energy, help healing and promote overall health. Nutrients include protein, carbohydrates, fat, water, vitamins and minerals.

Your eating habits can change when you have cancer or are going through treatment or surgery. It may be difficult to eat the way you usually do. You may find that you do not enjoy or tolerate the foods that you used to or you may be hungry for foods that you never ate in the past.

Make every bite count. Here are a few ideas to help increase your food intake:

- try having a small meal or snack every few hours instead of 3 large meals
- when you go out, bring a snack that is easy to carry such as granola bars or cheese and crackers
- keep easy to prepare foods on hand
- try making meals in big batches and freezing smaller portions to be used later
- avoid filling up on drinks that are low in calories such as coffee and tea
- try to eat more when your appetite is good
- avoid foods labeled “light”, “calorie-reduced” or “low calorie” or those with artificial sweeteners

After your surgery, your body may need more calories and protein. Increasing your intake of calories and protein can:

- help your body heal and recover faster
- rebuild muscle
- improve and maintain strength and energy
- help you to gain weight or prevent further weight loss

## Tips to increase your intake of protein:

### Skim milk powder

Add 1 tbsp to 2 tbsp to a ½ cup to 1 cup serving of cream soup, pudding, milk, milkshakes, hot chocolate, coffee, hot cereal, mashed potatoes



**Eggs**

Slice eggs and add to salads, casseroles and sandwich fillings

Add cooked eggs to soups

**Peanut Butter**

Spread on crackers, fruit or vegetables

**Cheese**

Put on top of pastas and cooked vegetables

Use grated or cut up cheese in potatoes, casseroles and salads  
Snack on cottage cheese or cheese slices during the day  
Eat cheese on bread, bagels, muffins, crackers

**Ice Cream and Yogurt**

Add ice cream to fruit, pies and cakes

Drink milkshakes

Snack on yogurt

**Meat, Fish and Poultry**

Add to salads, pasta dishes, rice, omelettes, quiche or baked potatoes

Spread paté on crackers or bread

**Beans or Legumes**

Have baked beans, a bean salad or bean vegetable dip such as hummus

**Tips to increase your intake of calories:****Dried Fruit**

Add to cereals, salads or desserts

Mix with peanuts or other nuts and seeds. Eat as a snack

**Cream or Homogenized Milk**

Add to coffee, tea or hot chocolate

Add to milkshakes, cereals and fresh fruit

Use to prepare cooked cereals, soups and sauces

Use cream instead of milk when cooking or baking

Drink homogenized milk





## MY HOSPITAL STAY



## How Should I Modify My Diet?

## Desserts

Use whipped cream as a topping for desserts, hot chocolate and milkshakes

Sprinkle sugar on fresh fruit

Buy fruit canned in heavy syrups

Snack on ice cream



# Granola

Add to cereals and yogurt or eat as a snack

Other

Add sour cream or mayonnaise to salads and sandwiches

Use sour cream or mayonnaise in vegetable dips

Add gravy to potatoes and meats

Add butter or margarine to mashed potatoes, cream soups, cooked vegetables, bread, hot cereals or crackers

Add jam and honey to breads, crackers and muffins



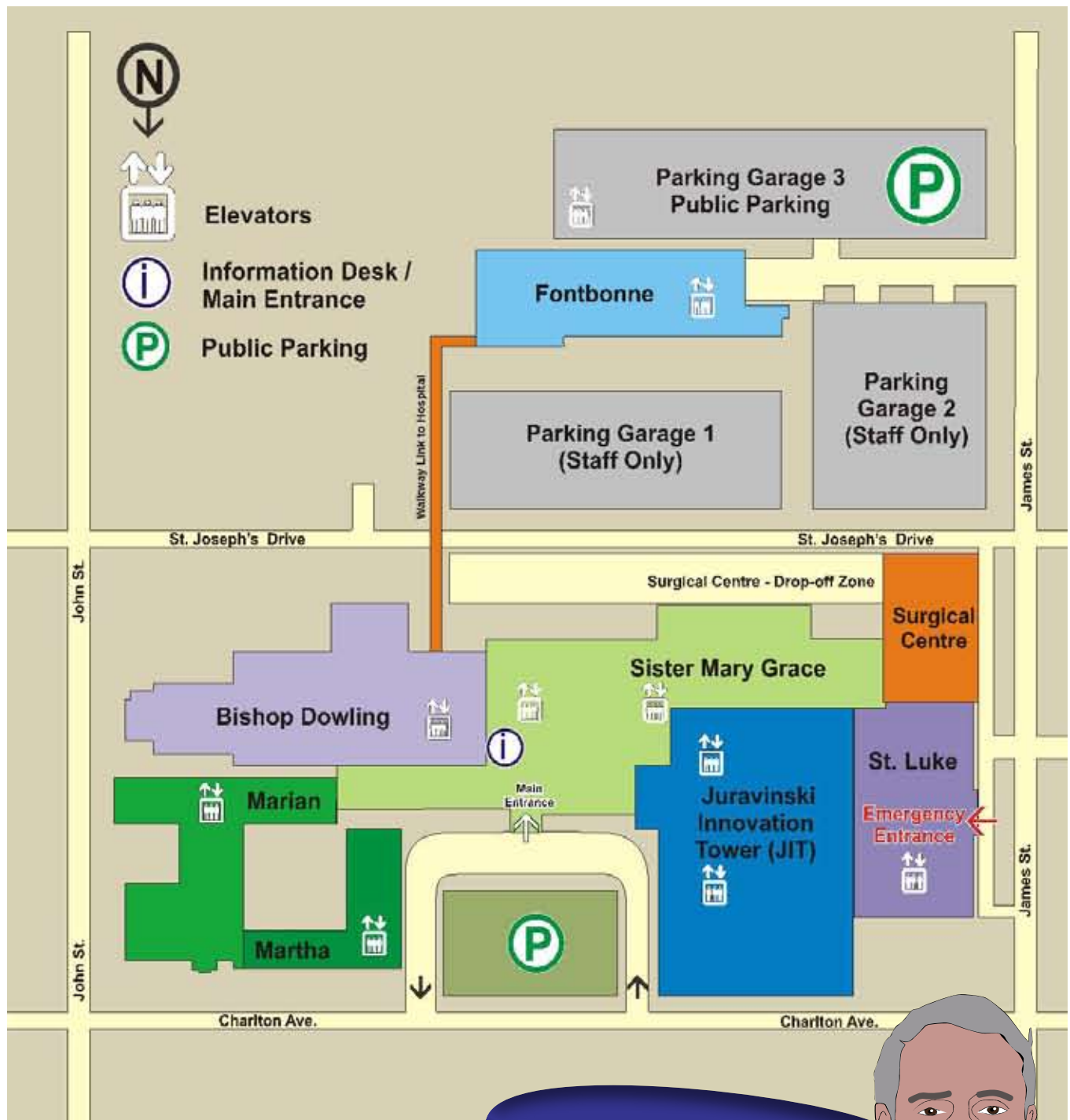
## Do I need to take a nutrition supplement?

You may be unable to meet your nutrition needs from food and drinks alone. This may be because you are too tired or feel too sick to eat, or perhaps food does not appeal to you very much. Commercial nutrition supplements may help. Talk to your dietitian about what supplement might be right for you.

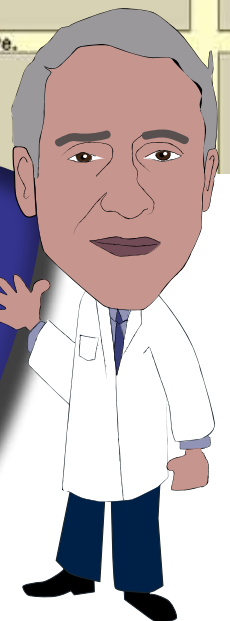
## My Dietitian Suggests:







*Expect that you  
will stay 3-4 days  
in hospital*



# GOING HOME



## What symptoms may I feel as I recover?

Your healing and recovery will not happen overnight. Each person recovers at his or her own pace. Recovery time depends on a number of things such as age, general health and mental attitude. Your family doctor can help you to manage your symptoms as needed. These may include the following:

### Appetite

Your appetite should return to normal within a few weeks. Your appetite will increase as your level of physical activity increases. If a poor appetite continues to be a problem, you should see your family doctor.

### Bowel Upset

Constipation is common when you take pain medicine. Drink plenty of fluids (a minimum of 6 cups per day). If you have no other diet requirements or special needs, add bran, high fibre breads and cereals, berries, dried fruit or prune juice to your diet. You will be prescribed a stool softener while on the pain medicine. You may also use a mild laxative if you need one. Your normal routine should return once you stop taking the pain medicine. If you have further problems see your family doctor.

### Pain

You may need to take pain medications for a few days or weeks after you return home. How often you will need to take pain medication will depend on how much pain you have. You can take your pain medication as often as you need to (following the directions on the prescription) to help you feel comfortable and be able to do your daily activities. The risk of addiction is very low when you take pain control medication after surgery.

When you take pain medications by mouth, it takes about 30 to 45 minutes for them to start working. It is a good idea to take pain medication as soon as your pain starts to bother you. If you wait until the pain gets very bad, then it can be harder to keep it under control.



You may also want to take pain medication 1 hour before activities such as exercise.

Examples of common pain medications taken at home after surgery include:

- Percocet® tablets: combination of oxycodone with acetaminophen
- Tylenol No. 3® tablets: combination of codeine with acetaminophen

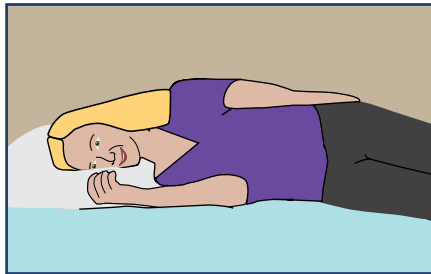
If you are on these medications, then be careful not to take too much acetaminophen (often contained in over-the-counter pain relievers, cough and cold medicines, and sleep aids).

After you go home, your pain should continue to get better each day, you can reduce the amount of pain medication you take as your pain improves.

## Emotions

Each person will react differently and will experience a range of emotions. This is understandable as you are adjusting to a number of lifestyle changes. For example, you may feel tired and discouraged for several days or weeks after surgery. As you recover and regain your strength, your emotions should improve. If not, please see your family doctor.

## How to Get Out of Bed:



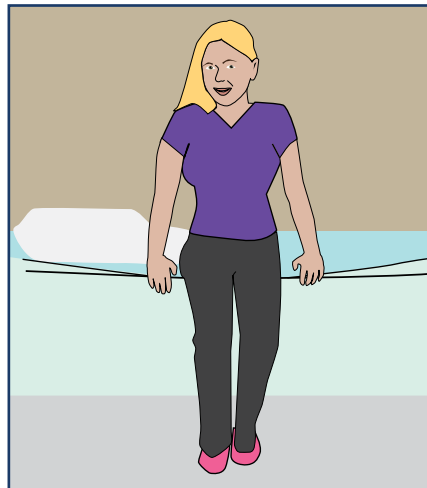
1. Slowly roll onto your side where there is no incision.



2. Place your free hand (hand not resting on the bed) on the bed below your elbow.



3. Gently push down on the bed with your free hand and push up with your elbow (elbow on the arm that is resting on the bed). This will raise your upper body off the bed.



4. Slowly move your feet and legs over the edge of the bed and push your body up into a sitting position. Now you will be able to slowly stand up off of the bed.

## Tips to Manage at Home

- Move items you use most often to a counter top. This helps you avoid reaching for items in upper or lower cupboards.
- If you use a wheelchair in the kitchen, put a tray on your lap to carry items.
- If using a walker, attach a cloth bag on the front of the walker to carry light items. do not carry heavy loads on your walker to prevent tipping.
- Use a thermos to carry hot drinks. Put the thermos in the bag on your walker and then move.
- Stock up on frozen prepared meals that can be heated easily. This will reduce the need to go shopping more often.
- Use a grocery delivery service to get food and supplies. If you are unable to cook, use a meal delivery service.
- Keep a stool or chair next to your counter or table. Sit to save energy while you prepare meals.
- Prearrange help from family and friends if possible.

# GOING HOME

## What Lifestyle Changes Should I Make as I Recover?

Here are some ways you can reduce your exposure to lung irritants that can make your symptoms worse:



### Indoor air pollution:

- Cleaning products
- Strong odours
- Avoid using strong smelling products.
- Use in a well ventilated area.



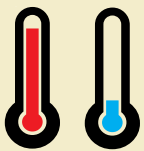
### Outdoor air pollution:

- Exhaust fumes
- Gas fumes
- Avoid using underground parking garages.
- Try to limit travelling through high traffic and industrial areas.



### Emotions:

- Anger
- Anxiety
- Stress
- Talk to friends and family about your feelings.
- Try to remain calm.
- Practice your breathing and relaxation techniques.
- Speak to your family doctor to connect you to a therapist if needed.



### Sudden changes in temperature:

- Extreme heat
- Humidity
- Extreme cold
- Wind
- Try to remain in an air conditioned environment.
- Cover your nose and mouth loosely with a scarf.



### Respiratory infections:

- Flu
- Bronchitis
- Pneumonia
- Get the flu shot every year.
- Avoid people who have respiratory infections.
- Always wash your hands.



### Other factors:

- Cigarette smoke
- Sit in non-smoking sections.
- Ask family and friends to stop smoking around you.



# What do I do when I am home after surgery?

## How Active can I be?

You may slowly increase your activity when you have more energy. Walk at least once every day as long as you can tolerate it.

## Incisions

The incisions will not need to be covered unless your clothes are rubbing on them. Do not put lotions or creams on the incisions until they are completely healed. Most of the pain should be gone by 6 to 8 weeks after your surgery. There may be a “bump” along the incisions. It will decrease in size over 4 to 6 weeks.

## Showering / Bathing

You can shower once you get home. Use a mild soap and let the water run over the incisions. Pat the incisions dry with a towel.

## When can I go back to work?

You will be off work for at least 4 to 6 weeks. Depending on your job, you may need to be off for 8 to 12 weeks. Check with your surgeon when it is safe for you to return to work.

## When am I allowed to drive?

You should not drive until you are off the pain medicine. The pain medicine you are taking may make you drowsy. You must have full movement of your arm and shoulder before you drive.

## Lifting

No heavy lifting, carrying, pushing or pulling for 4 to 6 weeks. This includes no vacuuming, carrying heavy groceries, shovelling snow, etc. You may lift up to 10 pounds but lifting more than this may stress your incision. Your surgeon will tell you when you can begin regular activities.

## Sex

You may have sex again but avoid positions that cause strain on your incision.

## Leisure

Please talk to your surgeon before resuming your regular sporting activities and hobbies.

## Travelling

Please check with your doctor about travelling. We usually recommend that you do not travel by air for a month. Please see a physician for consultation first.



*At home it is important to keep on doing your breathing, coughing and other exercises the physiotherapist showed you. Do your exercises regularly to help your body heal and recover quicker*



# GOING HOME

## How do I save Energy?

Many people with lung disease get tired and short of breath when washing and dressing. This is caused by the impact of movements such as:

- Reaching overhead
- Rubbing and scrubbing
- Twisting
- Reaching your feet
- Standing (when combined with any of the above actions)

### These movements:

- increase your heart rate
- increase the amount of oxygen your muscles need
- increase the work of breathing

### You can use the following tips to:

- Reduce shortness of breath
- Reduce fatigue
- Feel better

### 1) Pace Yourself:

- Take regular rest breaks and rest breaths throughout the task
- Slow down! Do not rush. Rushing causes you to feel much more tired
- Avoid holding your breath. Practice keeping a slow and steady flow of breath in and out
- Breathe in through your nose and out from your mouth
- Breathe in before you start each movement

### Breathe out when:

- Stepping over the tub or shower stall ledge
- Reaching for your legs or feet
  - Lifting your legs to take your clothes off and on
  - Reaching over your head
  - Standing up and sitting down

*To help healing, eat lots of fruit and vegetables and food low in sugar and salt. Drink plenty of fluids if you do not have any diet restrictions.*

Stop and take a rest before you get tired. Use slow flowing movements instead of quick jerky ones and use your inhaler if you need to.



## 2) Prioritize and Plan:

Plan to shower or bathe when you have the energy

- Gather all the supplies you need to shower or bathe so you do not have to walk back and forth to get things you need
- Gather all your clothes together before you start to get dressed.

## 3) Position yourself to save energy

### Sit down:

Sitting supports your body so you can focus on your breathing and your activities.

Standing to shower, washing at a sink or getting dressed can be hard on your body.

If you get short of breath when washing and dressing, sit when you:

- Take off or put on your clothes
- Reach over your head or towards your feet
  - Shower
  - Dry yourself - especially your lower body
  - Brush your hair
  - Shave or put on makeup

### Tools to Help:

- These are called assistive devices
- Use a long handled sponge or brush to help wash hard to reach places
- Use a dressing device such as a reacher, long handled shoehorn, sock-aid and elastic shoelaces
- Wear a terry cloth robe to dry off instead of using towels
- Dry your feet with a hairdryer on a low setting
- Use an electric toothbrush or shaver

### Bathroom Equipment:

- Many items can help you save energy and be safe in the bathroom
- A hand held showerhead helps you control the water better
- Grab bars or tub-grips help you get in and out of the tub or shower safely
- A bath-seat helps you save energy when washing
- A non-skid mat will help prevent slips and falls

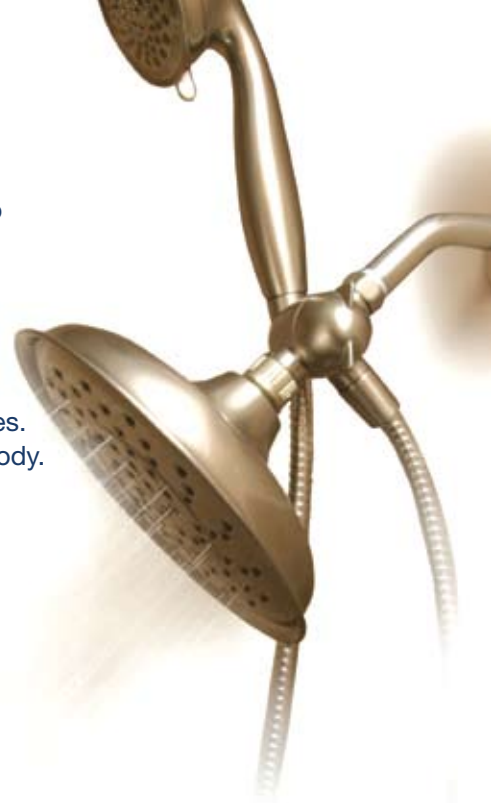
## Reduce steam

Many people with lung disease find that steam from the shower or running water makes it hard to breathe. To reduce steam, you can:

- Turn the cold water on first and then add warm water
- Keep the door open slightly
- Turn on the bathroom fan if you have one or open the window a bit
- Turn off the water as soon as you finish rinsing

## Who can help?

Contact your Occupational Therapist if you have more questions about tips on how to save your energy.



# BACKGROUND

Get to know St. Joseph's Healthcare Hamilton

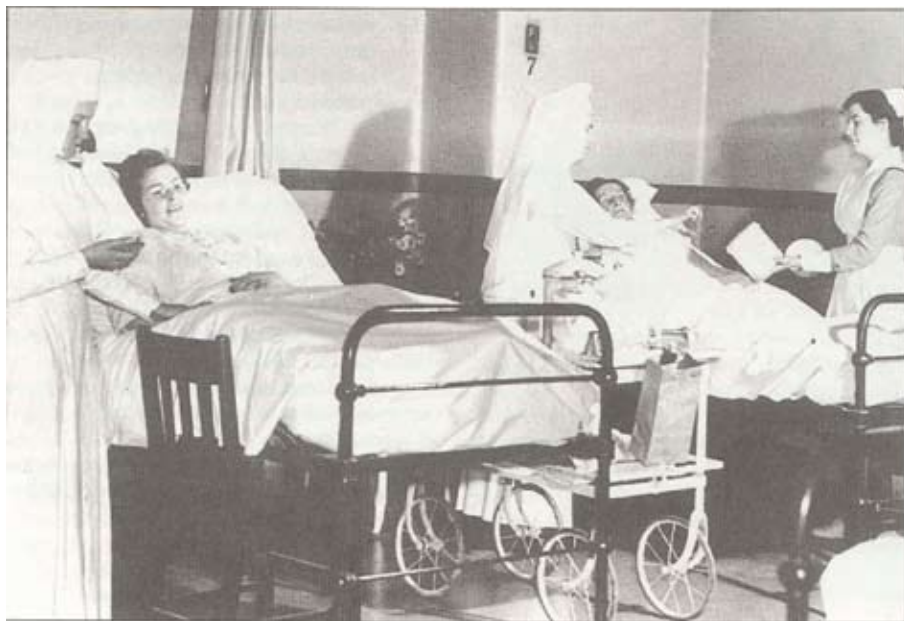
## The History of St. Joseph's Healthcare Hamilton

The Sisters of St. Joseph came to Hamilton in 1854 and began to work for the poor and needy residents of this growing and important trade centre. For the Sisters, it was an honour to serve others, and with the onset of the cholera epidemic, the Sisters' healthcare mission began in earnest. Working in railway sheds near the harbour, they risked their lives to care for the sick and dying victims of the deadly disease.

In 1890, the Sisters moved closer to their vision of a modern and progressive system of healthcare with the opening of a 25-bed hospital located on John Street. And so begins the Story of the Sisters of St. Joseph of Hamilton. The 20th Century saw many advancements, including the opening of a Nursing School in 1911 as well as a partnership with McMaster University and its groundbreaking new Medical School in 1969. The strongly embedded Mission of Caring was complemented by advances in technology and the appointment of legendary clinical and in deific leaders. By century's end, many further achievements had been realized, including the founding of the Firestone Institute for Respiratory Health and the creation of the Father Sean O'Sullivan Research Centre. Canada's first hospital sponsored Ambulatory Centre was also founded during this time, and the former Hamilton Psychiatric Hospital was welcomed into the St. Joseph's family.







*In the early 1940s Sister Rita Paul Fischer (left) and Sister Ursula Barry attend to their patients.*

We are also honoured to be a part of the St. Joseph's Health System. Along with our system partners, St. Joseph's Lifecare Centre in Brantford, St. Joseph's Villa in Dundas, St. Mary's General Hospital in Kitchener, St. Joseph's Health Centre in Guelph and St. Joseph's Home Care in Hamilton, we are one of the largest corporations in Canada devoted to healthcare and known for genuine compassion and caring, locally and around the world.

Today, St. Joseph's Healthcare spends approximately half-a-billion dollars every year, bringing the most advanced services to hundreds of thousands of patients at three campuses. We train thousands of students to care for future generations, and more than five hundred highly skilled research staff bring new discoveries and new hope to patients around the world. Over the course of 150 years in advances, the clinicians and staff at St. Joseph's Healthcare remember the history and their motto forever remains, "It is an honour to serve our community."



# BACKGROUND

Get to know St. Joseph's Healthcare Hamilton

## Statement of Health Information Practices

### Protecting your Personal Health Information

The Personal Health Information Protection Act (PHIPA) is a consent-based legislation that establishes legal requirements for the collection, use, disclosure and disposal of your personal health information. We have administrative, physical and technical security measures in place to protect your Personal Health Information from theft, loss and unauthorized access, copying, modification, use, disclosure and disposal. We conduct audits and perform investigations to monitor and manage our privacy compliance.

### Who can use and see your personal health information:

You, or a person who can legally make decisions for you about your personal health information. Your PHI is shared among your doctors, nurses, residents and all other members of your healthcare team. We collect, use and share your PHI with others as necessary to:

- Provide you with health care, both within and outside the hospital
- Communicate or consult about your healthcare with your doctor(s) and other health care providers
- Receive payment for your health care and hospital services, including OHIP, WSIB and private insurance
- For planning and researching the health system
- Report as required or permitted by law

### Consent

When you present to the hospital for service, we operate under your implied consent; that is by coming to the hospital, you have consented to the collection, use and disclosure of your personal health information by and among your healthcare providers in support of providing you with the best care possible. You may withdraw or limit your consent in writing and we will immediately stop the collection, use and disclosure of your information. However, please note that this may have treatment implications and is not retrospective.

### Family and Friends

Your family and friends may be told general information about you, such as your location in the hospital and your general health condition, unless you tell us not to provide such information.



## Your rights and choices

You or a person who can make decisions about your PHI have the right to:

- See and get a copy of your personal health information or hospital record.
- Ask us to make corrections to inaccurate or incomplete PHI.
- Ask us to not share your PHI with other healthcare providers unless we are permitted or required by law to do so.
- Be told if your PHI is lost, stolen, compromised or improperly accessed.

There are certain exceptions to these rights, if by releasing the information it puts you, your treatment or a 3rd party at risk.

To access information in your health record, please contact Health Records (905) 522-1155 x33417 to get a "Form to Request Access to PHI" or "Form Authorization for Disclosure of PHI" to release your information to others. The form must be submitted to Health Records and an administration fee paid.

## Clergy / Spiritual Care

If you provide us information regarding your faith group affiliation, parish or congregation, we may give your name and room location to a member of the clergy of your faith group, unless you request that this information not be provided.

## Organization's Fundraising

St. Joseph's Healthcare Hamilton relies on patient and community support for part of our funding. We or the hospital's Foundation may use your name and address to contact you for support, unless you tell us not to do so.

## Research, Education and Planning

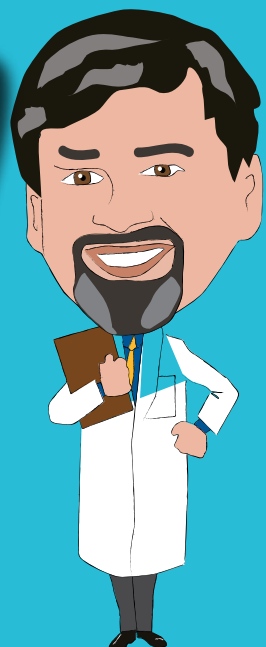
We will obtain your consent before we disclose your information for research projects. Note some research projects do not need your consent and have safeguards in place to protect your privacy. We may use your PHI without your consent for our own education, planning and management.

## Electronic Health Records

The federal and provincial governments have established a goal of providing Canadians with an electronic health record. This will improve access to and coordination of your care, enhance patient safety, reduce wait times, avoid duplicate testing and enhance timely access to your health information by your health care provider. Your information will be stored securely on shared health information databases, accessible only by your authorized health care providers.

*As a patient,  
you are not allowed to drive  
yourself home when you are  
discharged from the hospital.  
Please arrange for a family  
member or friend to pick  
you up before 11:00 in the  
morning*

If you have any questions or concerns about our privacy practices, please contact: Chief Privacy Officer 905.522.1155, ext 35088 or [privacy@stjoes.ca](mailto:privacy@stjoes.ca). Please visit [www.stjoes.ca/privacy](http://www.stjoes.ca/privacy). For more information on your privacy rights or you are not able to resolve a problem with St. Joseph's Healthcare Hamilton, you may contact: Information & Privacy Commissioner of Ontario 1.800.387.0073 or by visiting [www.ipc.on.ca](http://www.ipc.on.ca)



# BACKGROUND

Get to know St. Joseph's Healthcare Hamilton

## My Hospital Services

### Accommodations

There are a number of hotels within the City of Hamilton that offer 'Compassionate Rates', reduced nightly rates for family members and friends of patients at St. Joseph's Healthcare. Please contact our Spiritual Care Department at 905.522.1155 ext. 33263 for a complete list of these hotels.

### Advanced Directive (Living Will)

If you have prepared an Advanced Directive (or Power of Attorney) for your care, please tell a member of the healthcare team when you are admitted.

### Bank Machines

There are 2 bank machines available within the hospital. One bank machine is located on the Level 1 of the Juravinski Innovation Tower beside the Pharmacy. The other is located in the Fontbonne Building beside the revolving exit doors.

### Cellular Telephones

You may use cellular phones and personal digital assistants [PDAs] in main hospital areas (lobby, cafeteria, business offices and non-clinical support areas.) Out of sensitivity to our patients and their loved ones, we kindly ask that you refrain from the use of cellular phones in clinical areas such as patient floors, patient rooms, waiting areas and nursing stations.



### Cafeteria

The cafeteria is located on Level 2 of the Sister Mary Grace Wing. It is open weekdays from 7:30 a.m. to 6:30 p.m. The cafeteria is also closed on statutory holidays but open on Christmas Day and Easter Sunday. Our market chefs prepare the freshest food to fulfill your needs. Choose from a delicious variety of selected sandwiches, stir-frys, pasta, salad, soups and more. Vending machines with a variety of food options are also in the cafeteria for after hours.

### Coffee Shops

Tim Hortons coffee shops are located on Level 1 of the Juravinski Innovation Tower, as well as in the Fontbonne Outpatient waiting area. Tim Hortons offers a wide range of gourmet coffees, teas and refreshments as well as hot food, fresh sandwiches, desserts and breakfast breads.





## Convenience Store

Conveniently Yours is located in the main lobby of the Juravinski Innovation Tower. It offers an assortment of convenience store items as well as magazines, personal care products, baby gift items, phone cards, DARTS tickets and floral arrangements, and more. We accept Cash, Debit, Visa and Mastercard.

## Hours of Operation:

Monday to Friday 8:00 a.m. to 8:00 p.m.

Saturday 10:00 a.m. to 5:00 p.m.

Sunday 12:00 p.m. To 5:00 p.m.

## Gift Shop

The Gift Shop is located on Level 1 of the Juravinski Innovation Tower. The Gift Shop offers a variety of inspirational items, baby products, home décor and gift giving ideas. Plants and flower arrangements are available to brighten anyone's day. Special orders for floral arrangements and gift baskets are also available. Free delivery in the hospital is provided through the generous spirit of our volunteers. We accept Cash, Debit, Visa and Mastercard.

Hours of Operation:

Monday to Friday 10:00 a.m. to 4:00 p.m.

Saturday 12:00 p.m. to 5:00 p.m.

Sunday 12:00 p.m. To 5:00 p.m.

## Vendor's Corner Program

St. Joseph's operates a Vendor Program Monday through Friday, on Level 1 of the Juravinski Innovation Tower, beside the convenience store. Each day brings a new vendor with a variety of different and interesting products. For inquiries, please call: 905-522-1155 ext. 34039

## Hairdressing Services

Patients can arrange hairdressing services by calling Lorenzo's School of Hair Design at 905-527-2766. Patients must pay cash or cheque as soon as the service is complete. When making an appointment, please include the patient's name, room number and hospital Unit.

## Information Desk

The Information Desk is on Level 1 of the Sister Mary Grace Wing. It is open from 8:00 a.m. to 8:00 p.m. Monday to Friday and from 8:00 a.m. to 4:00 p.m. weekends and holidays. You can call 905-522-4941 and ask for information. After hours, dial "0" for the switchboard to get information.

## Internet Access

Patient Internet Access is available. For patients with laptops with wireless capability, please call Library Services at 905-522-1155 ext. 33440 to obtain a username and password.



# BACKGROUND

Get to know St. Joseph's  
Healthcare Hamilton



## My Hospital Services

**Interpreters**.....1-800-263-3695

If you would like an interpreter, please speak to your healthcare provider to arrange this service. Interpreters in the Niagara-Hamilton Region can be contacted to provide a point of connection between human service professionals (medical, legal, educational, social welfare) and non-English speakers.

### Newspapers

You can buy newspapers and magazines at the Conveniently Yours Store on Level 1 of the Juravinski Innovation Tower. Newspapers and magazines are brought around on a cart and offered to patients once a day. If you would like to be on our hospital's mailing list for St. Joseph's Innovator Magazine or Connections newsletter, please call ext. 33408



### Library Services

The Sherman Medical library is open to patients and staff. It is on Level 2 of the Juravinski Innovation Tower and is open from 9:00 a.m. – 4:00 p.m. Please feel free to talk to the librarian to find the information you are looking for. Many units have patient information centres with medical reading materials and video programs. Ask your healthcare provider where the nearest patient information room is available.

### Meals

Patient meals arrive between 7:30 a.m. and 8:30 a.m. for breakfast, 11:30 a.m. to 12:30 p.m. for lunch and 4:30 p.m. to 5:30 p.m. for dinner. The menu follows "Canada's Food Guide to Healthy Eating" and meets recommended guidelines for a well-balanced





healthy meal. Menus are tailored to meet your specific health requirements. Please check with your nurse before you eat food brought in from home. If you have any questions about your food, ask your nurse or ask to see a dietitian.

## Lost and Found

Lost and found articles are maintained by Security Services. Please call 905-522-1155 ext. 33280 if you have lost or found an item.

## Outpatient Pharmacy

Our outpatient pharmacy, located in the main lobby down from the Information Desk, can meet all of your medication and healthcare product needs. It offers professional advice, education and fast and friendly service. The pharmacy accepts all drug plans. Any patient or visitor may use the pharmacy. If you need a prescription filled from the Outpatient Pharmacy, please call 905-522-1155.

## Sacred Places

You are welcome to visit the various sacred spaces for prayer and reflection or as a place of peace and solace. The Chapel is located on Level 1 of the Sister Mary Grace Wing beside the main entrance of the Charlton Campus and is open 24 hours a day. For Catholic patients, their family and staff Eucharist is celebrated at 11:45 a.m. Monday to Friday and at 9:00 a.m. on Sunday. Multifaith prayer rooms are also available on the 5th floor of the Mary Grace Wing. Please visit the Sisters of St. Joseph of Hamilton Spiritual Garden outside the main entrance at Charlton Avenue.

## Spiritual Care

Members of our Spiritual Care team are trained professionals who work with other members of the healthcare team to support patients, family and friends in spiritual and religious matters. We respect and value each person's spiritual, religious and cultural beliefs and values. We can assist you to express what is most important to you, especially in times of change. We can help you to:

- Explore the meaning of illness and change.
- Understand and make choices about healthcare.
- Cope with loss and grief.
- Connect with your faith community while in hospital.
- Take part in faith-based rituals including prayer services, Roman Catholic Mass and Sacraments.
- Assist in helping you feel that you aren't alone while in hospital.

Please ask your healthcare provider if you require a chaplain to visit you or call the Spiritual Care Department at 905-522-1155 ext. 33263.



# BACKGROUND

Get to know St. Joseph's Healthcare Hamilton

## My Hospital Services



### Visiting

Visiting hours are 2:00 p.m. to 8:00 p.m. You should not have more than 2 visitors at a time as the rooms are small and other patients may be disturbed. Patients need care, treatment, therapy and rest.

### Telephone Services

If you wish to have the use of a telephone while in the hospital, you will be charged a fee that can be paid by cash, VISA or personal cheque. The fee will cover the cost of local telephone service for up to 30 days. To make long distance calls, you will have to use a calling card, place a collect call or bill the call to your home.

To arrange for telephone service, visit the cashier's office located in the main lobby, Sister Mary Grace Wing, between 8:15 a.m. and 7:45 p.m. Monday to Friday and 8:15 a.m. to 3:45 pm Saturday, Sunday and statutory holidays. After office hours, telephone service can be arranged at the Switchboard Office, located in the window across from the Main Information Desk. Your friends and relatives can contact you by calling 905-522-1155 and then entering your extension on their touch tone phone. This allows calls to nypass the main switchboards.

### Taxi Cabs

There are taxi telephones in the hallway at the front of the hospital by the Information Desk. These telephones connect directly to taxi companies and are free to use.

### Televisions

There are television sets beside most hospital beds. To receive full cable service on your television, please contact HTV Systems at ext. 33458. Be prepared to leave a message with your name, room number and telephone extension. You must pay a daily rental fee by cash, Visa or MasterCard before the cable is connected. Daily, weekly and long-term rates are available. Customer service representatives are available from 2 p.m. – 6 p.m. daily. Free educational and advertising channels are available

to all patients.

Channel 81: Patient TV channel – All about St. Joseph's Healthcare Hamilton

Channel 82: Patient Education and Daily Mass at 11:45 a.m.

Channel 83: Staff Education

Channel 84: Health TV

Channel 85: Maternity (available on Maternity Unit only)







## Hospital Website

The address of the hospital website is [www.stjoes.ca/thoracicsurgery](http://www.stjoes.ca/thoracicsurgery). The address for the McMaster University Thoracic Surgery academic website is <http://fhs.mcmaster.ca/thoracicsurgery/>. We encourage you to visit our web sites for on-going and up-to-date news and information.

## Wheelchairs and Transport Chairs

Wheelchair and Transport Chairs are available to transport patients from one area of the hospital to the other, free of charge. Wheelchairs and Transport chairs are located outside of the Fontbonne Outpatient entrance, outside of the Cafeteria on the second level, outside of Emergency and inside the hallway of the Juravinski Innovation Tower. To operate the blue and white transport chairs, release the brakes and pull the red bar towards the handle. Brakes automatically work when the red bar is released. Gently release to avoid sudden stops. For patient safety, ask staff for assistance if needed.

## Closets and Lockers

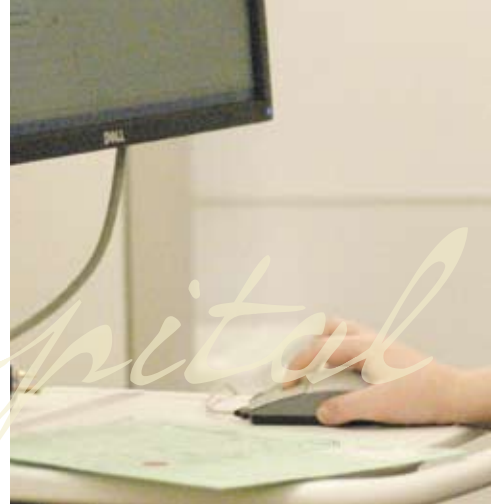
Each patient has a closet in the room for personal items. Please keep valuable items at home. St. Joseph's is not responsible for lost or stolen items. Valuables will be locked in the hospital vault.

## Education Room and Lounge

Everyone is welcome to visit the education room and lounge located on your Unit. This room has pamphlets on health care topics. You, your friends and family should feel free to relax and read here.

## Patient Relations

At St. Joseph's Healthcare Hamilton, we expect everyone to treat each other with dignity and respect at all times. We invite you to contact our Patient Relations Department at 905-522-1155 ext. 33838 with comments, compliments or complaints about the care you have had. When you call with a compliment, we will pass this message on. When you call with a complaint, we will work with you and your health care team to try and resolve the problem using respect, compassion, confidentiality and fairness for all involved.



# MY RESOURCES

## Introduction to HNHB CCAC Resources

### Introduction to the Hamilton Niagara Haldimand Brant Community Care Access Centre (HNHB CCAC)

HNHB CCAC can connect you with the health and support services you need to remain at home, avoid hospital admission and access support upon discharge from hospital.

HNHB CCAC has built strong relationships with trusted care providers in our community and can connect you with home care services including:

- Case management
- Nursing
- Physiotherapy
- Social work
- Dietetics
- Occupational therapy
- Speech therapy
- Personal support



The HNHB CCAC also has access to the region's most comprehensive community information database and can provide information tailored to your unique needs.

- Accurate information is only one call away.
- Services are free to service providers and the public.
- Your call will be answered "live" by our specially trained staff.
- We can provide translation to over 170 languages.

**Contact us for information about home care & community health services**

**8:30am to 8:30pm, 7 days per week, 365 days per year.**

**1-800-810-0000 | [www.hnhb.ccac-ont.ca](http://www.hnhb.ccac-ont.ca) or 310 CCAC**

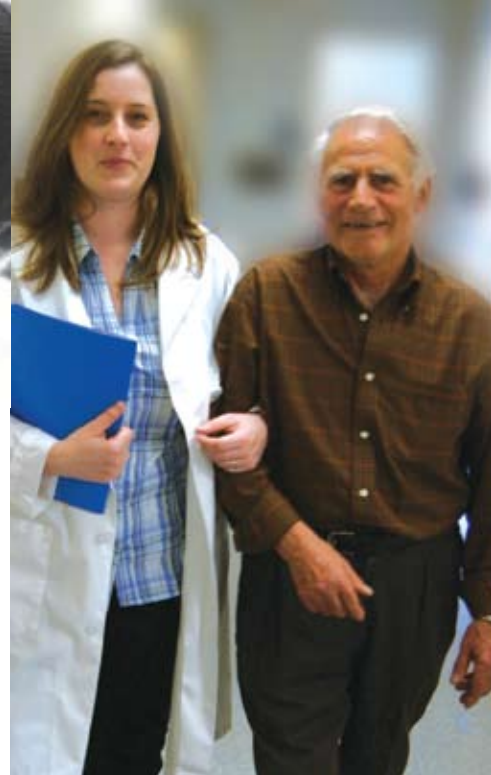
### Specialized Services coordinated by HNHB CCAC

Services may be available in your community for those with specific health needs such as:

- Acquired brain injury
- Mental health and addictions
- Convalescent care
- Alzheimer's disease and related dementias
- Stroke recovery

Contact your CCAC Case Manager to determine what's available in your area.

*HNHB can assist with coordinating convalescent care, a short or long term stay in a long-term care home or provide information on retirement home living.*



## Convalescent Care

Following surgery or serious illness you may be ready to leave the hospital but are not able to return home safely. The Convalescent Care Program provides 24-hour care to people who require specific medical and therapeutic services in a supportive environment. The program will help you recover your strength, endurance and functioning before returning home.

Convalescent care provides the care you need, when you need it, including:

- Medical and therapeutic support;
- A specialized care plan to help you regain your strength and independence;
- Guidance for your family and caregivers in how to support you.

## Short-Stay

Sometimes, all you need is a brief stay in a Long-Term Care Home while your caregiver is on vacation or taking a rest, or while you are recovering from an illness or surgery (this is also referred to as respite care). Long-Term Care Homes have short-stay programs for up to 60 days at a time, to a maximum of 90 days during the calendar year.

## Long-Term Care Homes

Long-Term Care Homes provide a wide range of services for people who can no longer live independently. These include:

- Nursing and personal care
- Regular and emergency medical care by the on-call physician
- Treatment and medication administration
- Assistance with activities of daily living
- 24 hour supervision
- Room and board, including laundry services (special diets are also accommodated)
- Pastoral services
- Social and recreational programs

## Retirement Homes

If you think it would be safer for you to live in an environment that enables you to maintain your independence and provide you with light assistance with services such as meals, laundry and housekeeping, a retirement home may be the right choice. Each retirement home offers different services, so you will need to discuss what you need and the costs with the home's administrator.

### Information on Getting a Short Break from Caregiving:

Community Care Access  
Centre or HNHBC CCAC  
1-800-810-0000

Macassa Lodge  
905-546-2800

Wentworth Lodge  
905-546-2618

Shalom Village  
905-529-1613

St. Joseph's Villa  
905-627-3541

St. Peter's Hospital  
905-549-6525

Extend-a-family  
(especially for parents  
of disabled children and  
youth)  
905-383-2885



# MY RESOURCES

## Resources to Help You Manage at Home

### General Information on Assistance Services in Ontario:

After surgery you may need a bit of extra help at home. It is important for you to prepare for this before your surgery. Everyone may have different needs after surgery, such as needing help preparing meals, cleaning, getting to appointments, etc. Sometimes family and friends can help, but here are a few organizations that will be able to help you make appropriate arrangements after surgery so that your recovery goes well.

This list is not exhaustive and sometimes resources do change. Additional resources may be available in your community. Please contact your local CCAC to get an updated list of services or talk to one of your health care providers.

When you don't know  
where to turn.™



Quand tu ne sais pas  
vers qui te tourner.™

**211.....1-800-263-3695 or Dial 211**

211 is an information referral service that provides the people of Ontario with reliable information on community and social services. A Certified Information and Referral Specialist will help you assess your needs, answer your questions accurately, and advise you about the services and programs that are best for you and/or your loved one. Please call 211 for more information.

**FindHelp Community Information Service .....1-800-836-3238**

Findhelp Information Services (Findhelp) provides free public access to information about community and social services through information lines, web and print directories, and specialized tools and training to help people find help.

**Disability Information Services Helpline (DISH).....905-546-3474**

A free, confidential phone service providing information, referral, and informal counselling. DISH is a one-stop access to information about community programs and services for persons with disabilities, their families, friends, professionals and students in the Halton area.

**Seniors for Seniors .....1-800-889-9482**

Seniors for Seniors is a regional agency that has a number of local offices. They offer a number of services at a fee including home-cleaning, companion visits, drivers, handypersons, yardwork, lawncare, house/pet setting, live in care-givers, and overnight care. Please contact Seniors for Seniors to see how they are able to help.

**The Canadian Red Cross.....1-800-418-1111 and Press 4**

The Canadian Red Cross has a number of different locations through Ontario. They each varying in the types of programs they offer but many of them include transportation programs to medical appointments, help attaining assistive







equipment, emergency supplies for young families, meals on wheels, etc. Please call the number above to get connected to you local chapter and find out what unique services they offer in your area. [www.redcross.ca](http://www.redcross.ca)

### Ontario March of Dimes

Head Office: 1-800-263-3463

Hamilton: 1-866-244-3463

London: 1-877-369-4867 (HVMP)

Thorold: 1-800-263-4742

Waterloo: 519-579-5530



Ontario March of Dimes aims to maximize the independence, personal empowerment and community participation of people living with disabilities. Some of their programs include but are not limited to: Potential supplement to The Assistive Devices Program (which provides partial coverage), Home & Vehicle Modification Program (HVMP), Acquired Brain Injury Services, Stroke Recovery Canada, and various recreational services. Please contact your local office for more information on the services available in your area.

### General Information on Assistance Services specific to your community:

**City of Hamilton.....905-546-CITY(2489)**

**Hamilton:** The City of Hamilton offers a number of social service support programs including Helping Hands (assistance with cleaning), Snow Angels (assistance removing snow), dental services, funeral/burial and cremation services, financial supports, Special Supports Program (funding for assistive devices), Smoking Cessation Program, and etc. Please call the City for more information or visit their website at <http://www.hamilton.ca>

*Make sure you  
have all of  
your questions  
answered before  
you go home*



## Care in Your Community

**You can take advantage of a variety of support services available in your community, whether you're receiving care in your home, or managing on your own. For example:**

- meal delivery and dining programs
- homemaking and home help
- caregiver relief
- transportation services
- community dining
- friendly visiting
- supportive housing
- adult day programs

# MY RESOURCES

## Resources to Help You Manage at Home

### Information about Caregiver Support Groups:

**Family Caregiver Connection.....416-635-1692**

Family Caregivers assist loved ones with physical or mental disabilities, chronic illnesses or other frailties by looking after their physical, mental, social and psychological needs.

### Information about General In-Home Community Assistance:

**Glanbrook Home Support Association.....905-692-3464 or 1-866-747-2861**

**Hamilton:** Glanbrook assists individuals in Hamilton who are temporarily disabled because they are recovering from surgery, broken bones, cancer treatments etc. We provide assistance to individuals who have permanent disabilities such as mobility problems, heart conditions or any medical condition that restricts their ability to cope with daily activities in order to live independently. Services include Meals on Wheels, transportation, housecleaning and laundry, home maintenance and repair, foot care clinic (as well as in home services), in home hairdressing, diner's club, and gentle fit fun program. Glanbrook Home Supports Association also provides information and referrals to other community agencies.

### Community Support Services of Niagara

**St. Catharines: 905-682-3800**

**Beamsville: 905-563-9501**

**Welland: 905-788-3181**

**Niagara:** Community Support Services of Niagara is a volunteer based not for profit agency that provides comprehensive client driver community support services to help seniors and adults with disabilities live independently in their own homes. Services include but are not limited to: Meals on Wheels, Lunch Out, Transportation, Homemaking, Home Maintenance and Repair, Safety at Home, Volunteer Visiting/ Phone Chat, and a Wellness Supportive Living Program. Please call your local office to get more information, or visit their website <http://www.cssn.on.ca/>



*It is important to know what types of food to avoid eating while you recover from surgery*

### Haldimand-Norfolk Community Senior Support Services (HNCSSS)

**Haldimand: 1-800-265-2818**

**Norfolk: 1-266-529-0849**

**Haldimand/Norfolk:** HNCSSS aims to enhance the independence and improve the quality of life for seniors and adults living with disability over the age of 60 who are residents of the area. Some of their programs include: meals on wheels, diner's club, transportation, home maintenance, aphasia program, friendly visiting,

telephone reassurance, adult day program, emergency response systems, volunteer hospice, safety at home, caregiver support, foot care, loans cupboard, hall walkers, and more. Please contact your local branch to see what services are offered in your area or visit their website: <http://www.seniorsupport.ca/>



## Meal Assistance

**Meals on Wheels.....905-522-1022**

**Hamilton:** Sometimes after leaving hospital, you might not have the energy to prepare your own meals.

- Provides a hot nutritious meal to individuals in their own home or apartment
- This service is for people with disabilities, recuperating for surgery or anyone not able to cook a meal for themselves
- There are no deliveries on holidays or weekends
- Meals are delivered Mon-Fri from 11 am-1 pm

**Meals on Wheels Thorold/St. Catharines.....905-682-0333**

**Copper County.....1-800-786-6113**

Copper County has over 70 frozen meals, soups and desserts to choose from including meals for special dietary needs. The food is prepared by Copper County's chef and dietitian to fulfill a variety of dietary needs and likes. Copper County is available in most parts of Southern Ontario, with plans to expand into the Niagara region. Please contact Copper's for more information on local offices in your area.



## Information about Help with at Home Personal Care:

**St. Joseph's Home Care.....905-522-6887 or 1-800-463-6612**

St. Joseph's Home Care, is dedicated to providing quality home care, community nursing and personal support services to our clients at competitive prices. We provide high quality compassionate care for the Greater Hamilton Area. Our services include: nursing services, foot care, personal support services, caregiver relief/companionship, home cleaning, home maintenance, snow removal/lawn care, meal preparation.



**Victorian Order of Nurses (VON).....1-888-866-2273**

VON offers more than 75 different home care, personal support, and community services to enhance each client's quality of life by providing them with the personal assistance and support needed to make them comfortable in their own home.



## Homemaking Assistance

**Helping Hands Program.....905-546-3057**

**Hamilton**

- Provides home support to senior citizens and the disabled, allowing them to remain in their own home environment.
- Services available include: house cleaning, Spring/Fall yard clean-up, lawn and yard maintenance, snow shovelling, painting, packing and a friendly visitor.

**SnowAngels.....905-523-1910**

**Hamilton**

- Volunteer Hamilton in partnership with the City of Hamilton offers a volunteer snow removal service for eligible seniors and people with physical disabilities.
- To be eligible for this service you must be a resident of 65 years or older, receive the Seniors Tax Credit and be a resident with a disability documented by a ODSP cheque stub, a wheelchair parking pass or a doctor's note
- Please call for more information



# MY RESOURCES

## Resources to Help You Manage at Home

### Information about Transportation:

#### Canadian Cancer Society Transportation Program



Canadian Cancer Society  
Société canadienne du cancer

For qualified clients, volunteer drivers provide free transportation to and from cancer related appointments. For more information or to register for the program, contact your local Canadian Cancer Society office:

Hamilton - 905-575-9220

Brant/Norfolk Counties - 519-753-2566

Niagara - 905-684-6455

or the Cancer Information Service at 1-888-939-3333

#### Accessible Transportation Services .....905-528-4200

**Hamilton:** Through the City of Hamilton, the Hamilton Street Railway (HSR) offers a number of programs to ensure public transit can remain accessible for all. These program include, but at not limited to, DARTS, taxi coupons, accessible lower-floor (ALF) buses. Please call Accessible Transportation Services and they will help you determine what program would be best for you and how to apply.

#### DARTS.....905-529-1212 or 905-529-1717

**Hamilton:** D.A.R.T.S. is available to persons with disabilities in the City of Hamilton who are unable to access regular transit service and require the assistance of a personal mobility device (wheelchair, scooter, walker).



#### Operation Lift.....519-756-2170

**Brantford:** Operation Lift provided alternative transportation to eligible persons who are unable to access conventional transportation in the City of Brantford. Please contact Operation Lift by phone or visit their website [www.operationlift.com/](http://www.operationlift.com/) to get more information on who is eligible and how to apply.

### St. Joseph's Healthcare Services

#### Patient and Family Library.....905-522-1155 ext. 33410

- Located at the Juravinski Tower, 2nd Floor, Room T2305
- A free lending library offering a wide range of books, audiotapes, videos, pamphlets, and information to cancer patients and their families

#### Clinical Dietitian.....905-522-1155 ext. 33453

- Available to give you information and answer your questions if you are having problems eating or drinking and may be losing weight
- Before taking any nutritional supplements, the dietitian can give you suggestions to help select the best supplement for you
- Ask your health care team for a referral, or call for more information



**Social Worker.....905-522-1155 ext. 33101**

- Provides ongoing counselling and support to patients and family members in managing emotional, social, financial and housing difficulties
- Will discuss your concerns and refer you to appropriate community supports or other facilities as needed
- Ask your health care team for a referral, or call for more information

## Coping with Cancer

**SJHH Spiritual Care.....905-522-1155 ext. 33311**

- We aim to listen, support and encourage; to provide spiritual and religious care; to be a caring presence, symbolic of the ever-present love of God to offer prayer, when appropriate
- An on-call chaplain is available 24 hours a day, 7 days a week. Clergy persons are welcome and are encouraged to visit. A member of the clergy of any denomination or faith tradition can be contacted upon request
- Call for more information

**East Region Mental Health Services.....905-573-4801**

- Our team of experts will work with you and your family to help improve your personal well being and quality of life at all stages of illness.

**S.T.O.P Program.....416-535-8501 ext. 4455**

Smoking Treatment for Ontario Patients (S.T.O.P) program provides free smoking stopping medication and counselling support.

**Catholic Family Services.....905-527-3823**

**Hamilton:** Catholic Family Services (CFS) offers a variety of services at no cost to people from various faith groups. Programming includes: walk in counseling clinic, online counseling, financial and credit counseling, developmental services, family counseling, various domestic violence programs, and a wealth of senior geared programs aimed at protecting seniors at risk. Please contact CFS for more information.

**Halton Family Services.....905-845-3811**

**Burlington:** Halton Family Services (HFS) is a professional, not-for-profit counseling service in the community to help individuals, couples and families. Their main office is in Oakville however they have a branch in Burlington. HFS offers services including counseling (individual, couple, and family), credit/debt counseling, bereavement counseling, services for women experiencing violence, services for men and children, an employee assistance program, education for living groups, and the safety zone. Please call for more information or visit their website: <http://www.haltonfamilyservices.org/>



# MY RESOURCES

## Resources to Help You Manage at Home

### Coping with Cancer (Continued)



#### **Family Counselling Centre of Brant.....519-753-4173**

**Brantford:** The Family Counselling Centre of Brant promotes the well being and social inclusion of individuals and families through counselling, support, education and advocacy. Their services include a women's group, employment assistance group, credit counselling, developmental services and is a BEST Start Early Learning and Parenting Classes. Please call Family Counselling Centre of Brant or visit their website [www.familycounsellingcentrebrant.com/](http://www.familycounsellingcentrebrant.com/)

#### **Family Counselling Centre of Cambridge and North Dumfries....519-621-5090**

**Cambridge & area:** The Family Counselling Centre of Cambridge and North Dumfries is a not-for-profit agency helping individuals and families. The agency provides services related to Family Violence, Child Poverty, and Personal Counselling for individuals, couples, and families. Services include financial counselling, employment assistance program, families, couple and individual counselling, health connect, neighbourhood partnerships and outreach services. Please contact The Family Counselling Centre or visit their website [www.fccnd.com/](http://www.fccnd.com/)

## Cancer Support Groups

#### **Wellspring.....416-961-1928**

- Provides support and teaches various coping skills for anyone facing a Cancer diagnosis
- Staffed by professionals and trained volunteers who are Cancer survivors and family members of those with a Cancer diagnosis
- Groups also available for children
- Call for information on wide range of free programs and locations
- No referral required



Canadian Cancer Society  
Société canadienne du cancer

#### **Canadian Cancer Society.....1-888-939-3333 or [cis@ontario.cancer.ca](mailto:cis@ontario.cancer.ca)**

- Provides free information about cancer and cancer related services to patients and their families
- Service is available in English and French as well as many other languages using an interpreter service

#### **CancerConnection.ca/ParlonsCancer.ca**

- Online community for cancer patients and caregivers to share their experiences and build relationships to support them in their cancer journey
- Members can take part in discussion forums, contribute to blogs, create personal profiles, exchange messages and share information and links

#### **Peer Support**

- Connects patients or caregivers with fully screened and trained volunteers who've had cancer or cared for someone with cancer
- Volunteers listen, provide hope, offer encouragement and share ideas for coping all from their unique perspective as "someone who's been there"

**Life Choices.....905-777-9100 ext. 2**

- One-on-one counselling with a physician
- Covered by OHIP
- Available to all Hamilton residents

## Help to Pay for Assistive Devices:

**Ontario March of Dimes.....905-528-9432 ext. 219**

**Cancer Assistance Program.....905-383-9797**

**Hamilton:** The Cancer Assistance Program (CAP) offers services free to charge to people living with cancer and their family members. [www.cancerassist.ca](http://www.cancerassist.ca)

- Assistive equipment loans such as walkers, wheelchairs, rollators, bath benches, canes and more
- Transportation to clinic and other medical appointments
- Emotional peer support
- Incontinence supplies
- Child-care
- Wigs, turbans

**City of Hamilton Special Supports Program..... 905-546-2590**

**Hamilton:** Provides funding for assistive devices (bath aids, grab bars, toilet aids), prosthetics, diabetic supplies, hearing aids custom foot orthotics and orthopaedic footwear, hospital beds, surgical supplies, incontinent supplies, mobility aids, wheelchair batteries and repairs, dental services and dentures, medical transportation, eye glasses, funerals and burials, bath equipment, day programs and other services and special items.

## Stop Smoking Assistance

Canadian Cancer Society Smoker's Helpline.....1-877-513-5333

Website: <http://www.smokershelpline.ca>

- Province-wide, evidence based, telephone- and website-based quit smoking service where callers receive individualized support, advice and information from trained specialists. Service is free anywhere in Ontario and is available in English or French and many other languages using an interpreter service.
- Quit Coaches talk about withdrawal symptoms, quitting methods, how to deal with slips and relapse, managing stress, dealing with cravings, asking for support and developing a "quit plan"

### **This service offers:**

- One-on-one personalized support
- Advice and information about quitting smoking
- Self-help materials and community referrals
- Quit Coaches who assist with developing a quit plan, coping with cravings, withdrawal symptoms, managing stress and dealing with slips and relapses.
- Third party interpreter service available in over 100 languages.
- Educational opportunities through presentations, displays and promotional materials to organizations and professionals who work with smokers.



*It is normal to have decreased appetite, constipation, pain and an altered mood as you recover after surgery. If you are not feeling better and better each day contact your family doctor or health care provider*



# MY RESOURCES

## Resources to Help You Manage at Home

### Stop Smoking Assistance (Continued)



#### **Smokers' Helpline Online is an interactive web-based service which includes:**

- Online support groups where questions and experiences can be posted
- Quit meter that provides personalized feedback about financial and health gains
- Inspirational e-mail support with information, tips and strategies for remaining smoke-free.

#### **Smokers' Helpline Text Messaging (TXT) offers:**

- Support, advice and information to smokers and tobacco users who are looking to quit, via their mobile device. TXT is a free service. Users' standard text messaging rates apply; check with your mobile phone provider.
- Supportive text messages will be received based on the quit date and preference options. Please go to the website [www.smokershelpline.ca](http://www.smokershelpline.ca) for instructions on how to receive text messages. The first message received asks to confirm agreement to the Terms of Service. By replying "ACCEPT" to the text, a series of messages will follow. The following is an example of a supportive TXT message:

*"As your body adjusts to life without nicotine, edginess is common. Let others know you are not mad at them but just having a hard time. Emergency Coping Plan: AVOID or LEAVE the situation, DISTRACT, DELAY and use positive SELF TALK"*

#### **Lung DAP patients can also call Colleen Stang, RN BN MN Clinical Nurse Specialist, Nurse Navigator for LDAP and Tobacco Treatment Specialist.**

- Colleen can help with individualized counseling and help set up a personalized smoking cessation plan.

Phone: 905-522-1155 x35351 or

Email: [cstang@stjosham.on.ca](mailto:cstang@stjosham.on.ca)

#### **S.T.O.P Study.....416-535-8501 ext. 4455**

Smoking Treatment for Ontario Patients (S.T.O.P) program provides free smoking stopping medication and counselling support. To enroll, please call the STOP

Study or visit their website <http://www.stopstudy.ca/>

#### **Hamilton Public Health Services Smokers**

**Helpline.....905-540-5566**

#### **City of Hamilton smoking cessation programs:**

<http://www.hamilton.ca/HealthandSocialServices/PublicHealth/Tobacco/HamiltonPrograms.htm>



*Be sure to tell a member of your health care team if you are concerned about any symptom you have as you recover. Members of the health care team are here to help.*



# MY RESOURCES

## Help to Quit Smoking

Use this resource to help you with your decision to quit smoking. Take some time to work through the outlined questions, think about your plan and set some goals. You can talk to any member of the health care team while you are in the hospital and refer to the resources in this booklet after you leave.

### Some questions to think about:

- Did you know that smoking can lead to health problems?
- Have you had a cigarette in the past 3 weeks?
- Have you tried to quit smoking in the past?
- Are you interested in talking to a member of the health care team about smoking?

### How to START:

**S**pend time with good friends. Set a quit date.

**T**ell family, friends and coworkers that you plan to quit. Ask for their support and encouragement.

**A**void smoking in places that you like to spend time.

**R**emove tobacco products and ashtrays from your home, backyard, and car.

**T**ry to avoid going to places where people smoke.

You may also want to ask a friend to be your 'Buddy'. Your Buddy can:

- Listen
- Help you meet your goals
- Reward you with positive comments
- Walk with you to keep you healthy
- Support you in any way you ask



# MY RESOURCES

## Help to Quit Smoking

### My Support People

Fill in this chart with your support people. These may include your doctor, pharmacist, friend or support buddy.

Support Person	Contact	Information	Advice or Action	Follow-Up

### Some things to think about:

Take some time to think about smoking and how you feel. Fill in the blanks when you are ready.

My feelings around smoking are:

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My desires around smoking are:

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I feel a need to smoke when:

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Write a list of things that you enjoy:

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Use these to help you stick to your plan and change your life. For example, if you enjoy ice cream, have a cone each week you stay smoke free. Treat yourself to a movie once a month as another reward.

### My Quit Smoking Plan:

Goal	Plan	Date to Meet	Goal	How Did I Do?



## Medications to help with quitting smoking

- If you are trying to quit smoking around the time of your surgery, there are medications available in the hospital to help you
- For example:
  - Various types of nicotine replacement therapy (including the nicotine patch, nicotine gum, and nicotine inhaler) are available in hospital
  - For details see Patient Education Material “Medications to help you quit smoking:” <http://www.stjoes.ca/media/PatientED/P-T/QuitSmokingMedications-trh.pdf>

## Resources to Help with Quitting:

**Smoker’s Helpline:** 1-877-513-5333

- Run by the Canadian Cancer Society
- Telephone support
- Many reading materials available

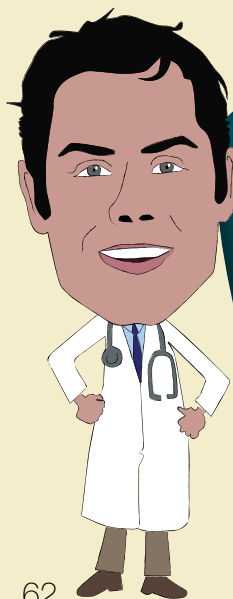
### Websites:

[www.hc-sc.gc.ca/hr-ps/tobac-tabac/index-eng.php](http://www.hc-sc.gc.ca/hr-ps/tobac-tabac/index-eng.php) is Health Canada’s website to help you assess how ready you are to quit smoking and give you ways to get motivated and develop a plan.

[www.quitnet.com](http://www.quitnet.com) offers support for smokers trying to quit and stay smoke-free.

[www.quit4life.com](http://www.quit4life.com) is a Health Canada website that offers a 4-step quit plan as well as quizzes, and worksheets.

[www.on.lung.ca](http://www.on.lung.ca) is the Lung Association’s site for lots of tips and reading material.



*Avoid pushing yourself too hard as you recover. You need to go at your own pace. Each person is different. Doing too much prevents healing. Be sure to follow your exercise program.*



# GETTING TO ST. JOSEPH'S HEALTHCARE

## Directions to St. Joseph's Healthcare Hamilton's Charlton Campus:

### Brantford

Take Highway 403 to Hamilton and exit at the Main Street East exit ramp. Follow Main Street (one-way eastbound) to James Street South (at the 9th set of stoplights). Turn right on James Street South and at the 5th set of stoplights you will see St. Joseph's Hospital on your left. There is a parking garage for patients and visitors off James Street, just past St. Joseph Drive.

### Kitchener-Waterloo and Guelph

Take Highway 401 to the Highway 6 exit. Turn right onto Highway 6 southbound to Hamilton. Highway 6 merges onto Highway 403. Take the merge on the right to 403 Hamilton/Brantford and follow to the Main Street East exit. Follow Main Street (one-way eastbound) to James Street South (at the 9th set of stoplights). Turn right on James Street South and at the 5th set of stoplights you will see St. Joseph's Hospital on your left. There is a parking garage for patients and visitors off James Street, just past St. Joseph Drive.

### Toronto

Take Queen Elizabeth Highway (QEW) to Hamilton/Niagara. At Burlington, merge right onto Highway 403 Hamilton/Brantford. Take 403 to the Main Street East exit. Follow Main Street (one-way eastbound) to James Street South (at the 9th set of stoplights). Turn right on James Street South and at the 5th set of stoplights you will see St. Joseph's Hospital on your left. There is a parking garage for patients and visitors off James Street, just past St. Joseph Drive.

### Niagara

Take Queen Elizabeth Highway (QEW) west (Hamilton/Toronto). Go over the Burlington Skyway. Just past Mapleview Centre on the right, take the exit to Highway 403 Hamilton/Brantford. Take Highway 403 to the Main Street East exit. Follow Main Street (one-way eastbound) to James Street South (at the 9th set of stoplights). Turn right on James Street South and at the 5th set of stoplights you will see St. Joseph's Hospital on your left. There is a parking garage for patients and visitors off James Street, just past St. Joseph Drive.

### London

Take Highway 401 to the Highway 403 Brantford/Hamilton Exit at Woodstock. Take 403 through Brantford to Hamilton. Exit at the Main Street East exit ramp. Follow Main Street (one-way eastbound) to James Street South (at the 9th set of stoplights). Turn right on James Street South and at the 5th set of stoplights you will see St. Joseph's Hospital on your left. There is a parking garage for patients and visitors off James Street, just past St. Joseph Drive.

### Dunnville, Cayuga, Simcoe and Hagersville

Take Highway 6 northbound to Hamilton. Highway 6 becomes Upper James. Stay on Upper James and take the Claremont Access to the lower city. Merge to the right onto the Charlton Avenue exit. Turn left onto Charlton Avenue. Charlton Avenue will take you across from the front of St. Joseph's Hospital. To get to the parking garage, follow Charlton to James. Turn left onto James, where there is a parking garage for patients and visitors off James Street, just past St. Joseph Drive.

These directions are also available over the telephone.

Call 905-522-1155 and select one of the following telephone extensions:

- Brantford ext. 32915
- Kitchener-Waterloo & Guelph ext. 32920
- Toronto ext. 32925
- Niagara ext. 32930
- London ext. 32935
- Dunnville, Cayuga, Simcoe & Hagersville ext. 32940

### Parking

Visitor parking is always available. There are 3 available Parking Areas at St. Joseph's Healthcare's Charlton Campus.

Parking Garage behind the Fontbonne Building off James Street South.

Visitor Parkade (premium rates apply) on Charlton Avenue East at the Main Entrance to the hospital for visitors and patients

Short Stay Visitor Parkade on St. Joseph's Drive on Level 2 of the Sister Mary Grace Wing, outside of the cafeteria.

Due to the short supply of parking spaces, patients are not permitted to leave vehicles in hospital parking lots during a hospital stay. Immediate family members of patients who must be in the hospital for longer than 2 weeks may qualify for a discounted parking pass. Patients cannot drive themselves home after having surgery. Please arrange for a family member or friend to pick you up when you are discharged from the hospital. For parking-related questions or detailed information about the parking rates contact Parking at 905-522-155 ext. 32750.

# GLOSSARY OF MEDICAL TERMS

<b>Adjuvant Chemotherapy</b>	The use of anticancer drugs after surgery to decrease the chance of the cancer coming back
<b>Adjuvant Therapy</b>	A treatment method used in addition to the primary therapy; used to increase the effectiveness of treatment
<b>Alopecia</b>	Loss of hair that can include all body hair; a side effect of some cancer treatments
<b>Alveoli</b>	Tiny air sacs found at the end of the smallest branches of the bronchial tree; through the alveoli, oxygen passes into the bloodstream and carbon dioxide passes into the lungs to be exhaled
<b>Anemia</b>	A condition caused by a reduction in the number of red blood cells that are produced by the bone marrow; anemia can occur due to cancer itself or from the treatments; symptoms of anemia include fatigue and dyspnea
<b>Anesthesia</b>	A condition of having awareness or feelings such as pain blocked or taken away. This can be done locally or generally. Anesthesia medication is given by an anesthesiologist
<b>Anorexia</b>	Diminished appetite and/or aversion to food
<b>Antibiotic</b>	Drug that kills or reduces the growth of bacteria
<b>Antiemetic</b>	Drug that reduces or prevents nausea and vomiting
<b>Asymptomatic</b>	Lack of obvious symptoms of disease
<b>Atypical</b>	Abnormal or not usual
<b>Axillary</b>	Node lymph node found in the armpit (axilla)
<b>Biopsy</b>	Removal of a piece of tissue for analysis by a pathologist which is done by a needle or surgery
<b>Blood Cells</b>	General terms describing the three cellular components of the blood (white blood cells, red blood cells, and platelets), all of which are made in the bone marrow
<b>Blood Count</b>	Routine test that determines the number of white blood cells, red blood cells, and platelets in a sample of blood
<b>Bone Marrow</b>	Spongy material found inside some bones that produces blood cells
<b>Bone Metastases</b>	Tumour cells that have spread from the original (primary) tumour to the bone
<b>Bone Scan</b>	Procedure by which an image of the bones is produced after injection of a radioisotope; used to determine if the cancer has spread to the bones
<b>Brachytherapy</b>	Type of radiation therapy treatment; a radioactive source is placed in the area of the tumour

<b>Brain Scan</b>	Test used to determine if cancer has spread to the brain
<b>Bronchial Carcinoma</b>	Lung cancer
<b>Bronchi</b>	Plural of bronchus; bronchial tubes
<b>Bronchiole</b>	Very small tube(s) without cartilage that is the last part of the bronchus before it leads into the alveolus
<b>Bronchoscope</b>	A long thin instrument which is inserted into the throat or nasal passage to examine the larger breathing passages; see fiber optic bronchoscopy
<b>Bronchoscopy</b>	Examination of breathing passages with a bronchoscope
<b>Bronchus</b>	Either of the two main breathing tubes branching off from the windpipe; one bronchus leads to each lung
<b>Cancer cell</b>	Cell that divides and reproduces abnormally and is capable of invading other tissues
<b>Carcinoma</b>	In situ early-stage cancer in which the disease is confined to the original tissue in which it started
<b>Carcinogen</b>	Substance that causes cancer
<b>Capillaries</b>	Tiny blood vessels
<b>Catheter</b>	Flexible tube inserted into the body to transport fluids into or out of the body
<b>Cell</b>	The basic building block of all living tissues; comprised of a nucleus (the “brain” of the cell), the cytoplasm surrounding the nucleus, and a cell wall enveloping the cytoplasm
<b>Central Nervous System (CNS)</b>	Control center for the body; includes the spinal cord and brain
<b>Central Venous Catheter</b>	special catheter placed in a large vein; left in place as long as necessary to deliver/withdraw fluids or administer drugs
<b>Chemotherapy</b>	A drug or combination of drugs used to kill cancer cells and fight cancer
<b>Chronic</b>	Lasting for a long period or time
<b>Combination</b>	
<b>Chemotherapy</b>	Treatment using two or more anticancer medications
<b>Combined Modality Therapy</b>	Two or more types of treatment are given either at the same time or in sequence; may include combinations of radiation, chemotherapy, surgery, or others
<b>Complementary Therapy</b>	Techniques or approaches that may be used in addition to standard treatment (for example, meditation or diet)
<b>Complete blood Count (CBC)</b>	An analysis to determine quantities of various components of the blood; see blood count
<b>Complete Response</b>	Indicates that the cancer has disappeared as a result of therapy; no clinical evidence of cancer found after treatment
<b>Complications</b>	Unexpected symptoms or problems resulting from medical treatment such as from surgery, chemotherapy or radiotherapy
<b>Consent Form</b>	A form that advises patients about all potential risks and benefits of any treatment they are to receive; used by all hospital and clinics and must be signed by the patient before treatment can proceed

# GLOSSARY OF MEDICAL TERMS

<b>Cure</b>	Term used when there is no sign of disease present in the body and adequate time has passed so that the chances of recurrence of the disease are small
<b>CT Scan or CAT Scan (computed axial tomography)</b>	Diagnostic test that uses a combination of x-ray and computers to create cross-sectional views of the inside of the body.
<b>Cytology</b>	Study of cells, their origin, structure, function
<b>Diagnostic Procedure</b>	A method used to identify a disease or an abnormality
<b>Diaphragm</b>	A major muscle that separates the chest from the abdominal cavity and helps with respiration
<b>Dysphagia</b>	Difficulty with swallowing
<b>Dyspnea</b>	Shortness of breath or “air hunger”
<b>EBUS</b>	Endobronchial Ultrasound, A technique using ultrasound and bronchoscope procedures together to visualize the airway wall and surrounding tissues
<b>Edema</b>	Swelling of a body part due to the accumulation of fluid in the tissues
<b>Epidural</b>	A method of pain relief after surgery
<b>Epithelium</b>	A covering or lining; cancers of the epithelium are called carcinomas
<b>Erythema</b>	Redness
<b>Erythrocyte</b>	Red blood cell that carries oxygen to the cells and carries Carbon dioxide away from them
<b>Erythropoietin</b>	A hormone that stimulates cells in the bone marrow to produce red blood cells
<b>Esophagus</b>	The part of the body used to connect the mouth to the stomach i.e. the “swallowing tube”
<b>Excision</b>	Removal by surgery
<b>Expectorant</b>	Medicine that helps a person cough up secretions from the lungs
<b>Fiberoptic Bronchoscope</b>	Long thin instrument consisting of a flexible bundle of glass fibers that transmit light throughout their length; allows a better view of breathing passages than a conventional bronchoscope
<b>Fraction</b>	Dose of radiation for a single treatment
<b>Fractionation</b>	Dividing the total dose of radiation therapy into several smaller, equal doses, delivered over a period of several days
<b>Granulocyte</b>	Type of white blood cell that fights bacterial infection
<b>Granulocytopenia</b>	a low number of granulocytes which may reduce the ability of the immune system to fight infection
<b>Hematologist</b>	A physician who specializes in diseases of the blood
<b>Hematology</b>	The study of blood, blood-producing organs, and blood disorders



<b>Hemoglobin</b>	The iron-protein component in red blood cells that carries oxygen to body tissues
<b>Hemoptysis</b>	Coughing up blood in the sputum
<b>Hickman Catheter</b>	Catheter that is inserted into a large vein near the heart; used for delivery of medications, transfusions and blood sampling.
<b>Hospice</b>	A place or program dedicated to caring for terminally ill patients and their families
<b>Hypercalcemia</b>	Abnormally high concentrations of calcium in the blood, which can cause symptoms of nausea, vomiting and constipation, fatigue and sleepiness
<b>Hyperfractionated Radiation</b>	The total daily dose of radiation is divided into smaller doses that are given more than once a day
<b>Imaging Procedures</b>	Methods of producing pictures of areas inside the body; includes x-ray, ultrasound, CT scan, MRI, and nuclear medicine scans
<b>Immune Function</b>	Production of cells that fight disease or infection
<b>Immune Response</b>	The activity of the immune system against foreign substances (antigens)
<b>Immune System</b>	A system within the body that recognizes and fights foreign cells and disease
<b>Incision</b>	A cut, usually used in reference to a surgical incision
<b>In-situ</b>	In place, localized and confined to one area; a very early stage of cancer
<b>Infection</b>	The invasion and multiplication of disease-producing organisms
<b>Informed Consent</b>	Legally required procedure to ensure that a patient knows about the potential risks and benefits of a treatment before it is started
<b>Intravenous</b>	Within, or administered into, a vein
<b>Invasive Cancer</b>	Cancer that has spread beyond its site of origin and is growing into surrounding, health tissues; also called infiltrating cancer
<b>Larynx</b>	The voice box, located above the windpipe
<b>Lesion</b>	An abnormal change in the structure of an organ or part due to injury or disease
<b>Leukocyte</b>	Also known as white blood cell (WBC)
<b>Leukopenia</b>	Low number of leukocytes or WBCs; decreases a person's ability to fight infection/disease
<b>Lobe</b>	Division of a body organ, such as the lung or liver, marked by a fissure (crease) on the surface; there are usually two lobes in the left lung and three lobes in the right lung
<b>Lobectomy</b>	Surgical removal of one lobe of a lung
<b>Local treatment</b>	Treatment that affects a tumour and the area close to it
<b>Locally Advanced Cancer</b>	Cancer that has spread only to nearby tissue or lymph nodes
<b>Lung Metastases</b>	Tumour cells that have spread from the original (primary) tumour (not lung cancer) to the lung
<b>Lymph</b>	An almost colorless fluid that travels through the lymphatic system to help fight infection/disease
<b>Lymph node</b>	Small bean-shaped organ that acts as a filter to collect bacteria and other foreign substances from the lymph system to be processed by the immune system; lymph nodes are connected by lymphatic vessels throughout the body

# GLOSSARY OF MEDICAL TERMS

<b>Lymphatic (lymph) System</b>	Network including the lymph nodes, lymph cells, and lymph fluid; can also be an avenue of spread for cancer cells
<b>Lymphocyte</b>	A type of white blood cell that fights virus and other foreign substances
<b>MRI (Magnetic Resonance Imaging)</b>	A test that uses a magnetic field to create two-dimensional images of the body ; similar to a CAT scan but uses magnets instead of xrays
<b>Malignant Mesothelioma</b>	A malignant tumour that starts from the lining of the chest cavity or covering of the lungs; this type of lung cancer has been linked to exposure to asbestos
<b>Mediastinum</b>	The area between the two lungs containing structures such as the esophagus, trachea and heart
<b>Medical Oncologist</b>	A doctor who specializes in the treatment of cancer using chemotherapy
<b>Mediastinoscopy</b>	A surgical procedure which examines the lymph nodes along the windpipe under the breastbone for presence of cancer or other disease
<b>Metastasis</b>	The spread of cancer cells from the original site to other parts of the body
<b>Metastatic Cancer</b>	Cancer that has spread from one part of the body to another
<b>Modality</b>	A type or kind of treatment (surgery for example)
<b>Mucositis</b>	Inflammation of the mucous membranes (for example, the mouth) that causes pain, soreness and/or excessive mucus production
<b>Multimodality Therapy</b>	Therapy that combines more than one method of treatment such as chemotherapy and radiation
<b>Myelosuppression</b>	Suppression of blood cell production
<b>Nausea</b>	The symptom indicating the inclination to vomit
<b>Needle Aspiration Biopsy</b>	The withdrawal of fluid or cells from a part of the body for examination under the microscope
<b>Neoadjuvant Therapy</b>	Therapy given before the primary treatment to treat a cancer to improve the effectiveness of the primary treatment; neoadjuvant therapy can be chemotherapy or radiation therapy
<b>Neurologic(al)</b>	Involving the nerves or nervous system
<b>Neuropathy</b>	The malfunction of the nerves which may be caused by chemotherapy; numbness and weakness are common symptoms
<b>Neutropenia</b>	Low number of neutrophils or white blood cells; may increase the risk of infection, depending on how low the count is and for how long

<b>Neutrophil</b>	Type of white blood cell used to fight bacterial infections; granulocyte
<b>Neurotoxicity</b>	The tendency of some treatments to cause damage to the nervous system
<b>Oncologist</b>	Physician who specializes in the study, diagnosis, and treatment of cancer
<b>Oncology</b>	The study of the development, diagnosis, treatment and prevention of cancer
<b>Parietal Pleura</b>	The membrane that lines the chest cavity
<b>Pathologic Fracture</b>	A broken bone often caused by metastases to the bone or other disease-related problems
<b>Pathology</b>	Study of the nature of disease and its causes, processes, development and consequences
<b>Peripheral Neuropathy</b>	This condition may be caused by disease or treatment, and includes the inflammation, injury or degeneration of the peripheral nerve fibers.
<b>Phase I Clinical Trial</b>	The phase of clinical research in which the safety and dosage levels are being evaluated; because these treatments are new, there may be risks to participants; therefore, these trials are only open to a small number of participants who have advanced disease
<b>Phase II Clinical Trial</b>	These trials focus on the tumour response and side effects that may not have been seen in Phase I trials; phase II trials are open to a larger number of participants
<b>Phase III Clinical Trial</b>	Evaluates safety, efficacy, dosing and side effects in a large group of patients compared to a standard treatment
<b>Phase IV Clinical Trial</b>	A trial of treatment after approval by the Food and Drug Administration (FDA) in the United States, or by the Health Protection Bureau (HPB) in Canada and the treatment is available on the market
<b>Plasma</b>	Liquid part of the blood, lymph, and intracellular fluid in which cells are suspended
<b>Platelet</b>	Blood cell that helps to control bleeding by causing clotting; also called thrombocyte
<b>Platelet Count</b>	Measurement of the number of platelets in the blood
<b>Platinum-Based Therapy</b>	The use of a combination of chemotherapy drugs, one of which contains the drug cisplatin
<b>Pleura</b>	Two thin membranes, separated by fluid, that cover the lungs and line the chest cavity
<b>Pleural Effusion</b>	Fluid that collects between the lung and the lining of the chest wall; also called pleural fluid
<b>Pleurodesis</b>	A procedure using talc or chemicals to eliminate the space between the lining of the lung and the lining of the chest cavity to prevent the build-up of fluid within that space
<b>Pneumonectomy</b>	Surgical removal of one lung
<b>Positron Emission Tomography (PET or PET Scan)</b>	A scanning mechanism that produces images of the inside of the human body and its metabolic functions
<b>Primary Tumour</b>	Tumour at the original site where the cancer began
<b>Psychosocial Support</b>	Support designed to meet psychological and social needs

# GLOSSARY OF MEDICAL TERMS

<b>Radiation Oncologist</b>	Physician who specializes in the treatment of cancer with radiation therapy
<b>Radiation Surgery</b>	Also known as radiosurgery or stereotactic external beam irradiation; a type of therapy that delivers a single high dose of radiation directly to the tumour, sparing the healthy tissue from the effects of the radiation
<b>Radiation Therapy Radiologist</b>	X-ray treatment that damages or kills cancer cells A physician with training in reading diagnostic x-rays and performing specialized x-ray procedures
<b>Recurrent Cancer</b>	Cancer that has come back after treatment; recurrent cancer may occur in the original site or it may return elsewhere in the body
<b>Red Blood Cell (RBC)</b>	Blood cell that carries oxygen to the cells of the body and removes carbon dioxide
<b>Regimen</b>	The plan that outlines the dosage, schedule and duration of treatment
<b>Regional Involvement</b>	The spread of cancer from its original site to nearby surrounding areas
<b>Regression</b>	Reduction in symptoms or disease process
<b>Remission</b>	Disappearance of cancer and its symptoms; does not always mean the individual has been cured
<b>Screening</b>	A procedure or procedures to determine if disease is present where there are no symptoms
<b>Secondary Tumour</b>	A tumour that develops as a result of metastases or spread beyond the original cancer to another part of the body
<b>Segmental Resection</b>	Refers to the surgical removal of an anatomic segment of tissue (e.g. lung tissue); lobes of the lung are divided into segments by creases
<b>Side Effect</b>	An effect on the body caused by cancer treatment other than the effect on the cancer; also called adverse reaction
<b>Simulation</b>	Process involving special x-ray pictures that are used to plan radiation treatment
<b>Solid Tumour</b>	Cancer of the body tissues other than blood, bone marrow or lymphatic system; lung cancer is classified as a solid tumour
<b>Sputum</b>	Mucus from the bronchial tubes
<b>Sputum Cytology</b>	Examination of cells in sputum using a microscope, usually used to look for presence of cancer cells
<b>Standard Treatment</b>	Treatment that has been proven effective and is commonly used
<b>Steroid Therapy</b>	Treatment with corticosteroid drugs to reduce symptoms of inflammation such as swelling and pain
<b>Stomatitis</b>	Inflammation of the mouth
<b>Subcutaneous Port</b>	A device placed beneath the skin and connected to a catheter in a vein for delivery of medication or fluids
<b>Surgical Biopsy</b>	Surgical removal of a segment of tissue for analysis
<b>Surgical Resection</b>	Removing tissue from the body through a surgical procedure



<b>Systemic Disease</b>	Disease that affects the whole body rather than only an organ
<b>Systemic Treatment</b>	Treatment that reaches cells all over the body by traveling through the bloodstream
<b>Terminal</b>	A term used to describe an advanced stage of disease with limited life expectancy
<b>Therapy</b>	Treatment
<b>Thoracentesis</b>	Removal of fluid, by needle, from the space between the lungs and chest wall
<b>Thoracic</b>	Relating to the thorax or chest
<b>Thoracic surgeon</b>	A physician who performs surgery on disease and injury in the thoracic area
<b>Thoracoscope</b>	Instrument fitted with lighting system and telescopic attachment, designed for examining the inside of the chest cavity (thoroscopic examination)
<b>Thoracotomy</b>	Surgical procedure in which an incision is made through the chest wall to examine structures in the chest for the presence of cancer or other disease
<b>Thorax</b>	The upper part of the trunk between the neck and the chest
<b>Thrombocyte</b>	Blood cell that helps to control bleeding by causing clotting; also called platelet
<b>Thrombocytopenia</b>	Low number of thrombocytes (platelets) in the blood which could increase the risk of bleeding (hemorrhage)
<b>Thrush</b>	A yeast infection of the oral (mouth) cavity
<b>Tolerance</b>	Ability to endure the effects of a drug without exhibiting the usual unfavorable side effects
<b>Toxicity</b>	Unwanted effects of treatment
<b>Trachea</b>	Windpipe; leads from the larynx to the bronchial tubes
<b>Tumor</b>	Abnormal growth of cells that may be benign or malignant
<b>Ultrasound</b>	Medical test that uses sound waves to create the image of the inside of the body
<b>Unresectable</b>	Cannot be surgically removed
<b>Vein</b>	Blood vessel that carries blood from the body to the heart
<b>Venipuncture</b>	Procedure in which the vein is punctured in order to draw a blood sample, to give a medication, or start an intravenous drip
<b>Video-Assisted Thoracoscopic Surgery</b>	Surgery using a video camera attached to a thoracoscope to project and enlarge the image of the tumour seen in the chest cavity on a television screen
<b>Visceral Pleura</b>	The part of the pleural membrane which surrounds and separates the different lobes of the lung
<b>White Blood Cell (WBC)</b>	Term for variety of cells that are part of the immune system and fight infection, produce antibodies, and attack and destroy cancer cells in the body
<b>White Blood Cell Count</b>	Measurement of the total number of white blood cells
<b>X-ray</b>	High-energy electromagnetic radiation that is used in low doses to obtain an image of the inside of the body to diagnose disease and in high doses to treat cancer

[Adapted with Permission from Cancer Care Ontario]

# MY NOTES

*My Notes*

Handwriting practice lines consisting of 30 horizontal blue lines.

St. Joseph's  
Healthcare  Hamilton

McMaster  
University 