Mediastinoscopy

You will need to know these words before you learn about this procedure:

| Mediastinum | This is the area behind the breast bone between the lungs. Organs in this area include:  
  - the heart and its large veins and arteries,  
  - the trachea or breathing tube,  
  - the bronchi or the large tubes that take air into the lungs  
  - the esophagus or food tube and  
  - lymph nodes in the upper chest  
  - nerves to the voice box  
  The mediastinum does not include the lungs. |
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<tr>
<td>Lymph nodes</td>
<td>These are small, bean sized glands found all over the body. Lymph nodes filter lymph fluid to help fight infection.</td>
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<td>Biopsy</td>
<td>This is a sample of tissue taken by the doctor. It is sent to a laboratory and examined by a pathologist. A biopsy is done to look for problems such as infection or cancer.</td>
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What is mediastinoscopy?

This procedure allows your surgeon to biopsy lymph nodes in the mediastinum. A small lighted tube called a scope is placed through the incision. Lymph nodes can be biopsied through this instrument. You are asleep during this procedure.

What are the risks?

Your surgeon will explain the risks and benefits of this procedure. Make sure you understand the risks and benefits before you sign the consent form.
Getting Ready . . .

Pre-Admission Assessment Clinic Visit

You will get an appointment to come to a Pre-Admission visit at St. Joseph’s Hospital 1 to 3 weeks before your procedure. In this clinic, the nurse will tell you what to expect and how to get ready at home. The nurse will also tell you when to come to the hospital on the day of your procedure.

You will then meet with an anesthetist to plan your general anesthetic.

The nurse will tell you if you are staying in the hospital or going home the same day. Most people go home the same day. If you are going home the same day, you will need to plan to have someone take you home. **You cannot drive for 24 hours after a general anesthetic.**

The Day of the Procedure . . .

Day Surgery Registration

You will check in at the Day Surgery Area at your assigned time. You will be called into the unit alone. Your support person will stay in the waiting room until he or she is called to join you.

Day Surgery Unit

A nurse will greet you and get you settled. The nurse will review your health history. You will have a needle put into a vein in your arm. This is called an intravenous and is used to give you fluid and medication.

After you are ready, your nurse will call in your support person to wait with you.

In the Operating Room

You will be taken to the operating room on a stretcher. Staff in this room will greet you wearing operating room clothes. They will help you move onto the operating room table.
The anesthetist will then put you to sleep for the procedure. A special tube is placed in your throat to help you breathe. The skin on your neck and upper chest is cleaned with a special solution and draped with sterile cloth.

Your surgeon makes a small incision, inserts the scope and examines the mediastinum. Biopsies are done when required. The incision is closed with a few stitches and a bandage.

**After the Procedure . . .**

**Recovery Room**

You will be taken to the Recovery area where nurses care for you until you are fully awake.

**Day Surgery Unit or Nursing Unit**

If you are going home the same day you will go back to the Day Surgery Unit until you are able to drink without problems.

If you are staying in the hospital you will go to a nursing unit for care and observation.

**At Home . . .**

Your nurse will give you instructions to follow at home.

For 24 hours after a general anesthetic you:
- cannot drive or operate machinery
- should not make major decisions or sign any contracts
- should avoid alcohol such as wine, beer or liquor

When you arrive home, you should rest. You may feel tired for 1 to 2 days after. You may have some general aches and pains. Take pain control medication you normally take when needed.

You may have a sore throat caused by the breathing tube. You can suck lozenges or gargle with warm salt water.
Follow-up . . .

Most people have stitches that dissolve and do not need removing. If you have stitches that need to be taken out, you will be advised to call your family doctor to make an appointment.

You will be given instructions for follow-up with your doctor.

Seek emergency help if you have:

- bleeding from the incision that cannot be controlled
- severe chest pain
- swelling in the neck
- shortness of breath or trouble breathing
- trouble swallowing
- hoarseness in your voice that lasts more than a few days or gets worse
- a fever over 38.3°C or 101°F