
Thoracic or Chest Surgery

What is thoracic or chest surgery?

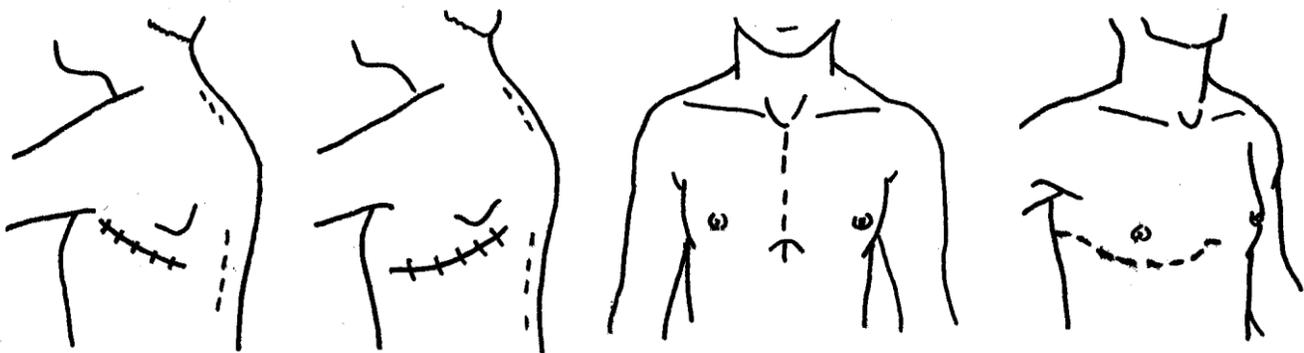
Thoracic surgery is any surgery that makes an incision into the wall of your chest. There are many types of thoracic surgery. These terms describe the common types:

- **Thoracotomy** means to open the chest cavity by surgery
- **Pneumonectomy** removes a whole lung
- **Lobectomy** removes a lobe of a lung – the right lung has 3 lobes and the left lung has 2 lobes
- **Segmental resection** removes one or more lung segments – the right lung has 10 segments and the left lung has 8 segments
- **Wedge resection** removes a small, triangle piece of a lung

You will have a general anaesthetic so that you will sleep during surgery.

Where is the incision?

The size and location of the incision will depend on what part of the lung is removed and on what side of the body. Here are some examples:

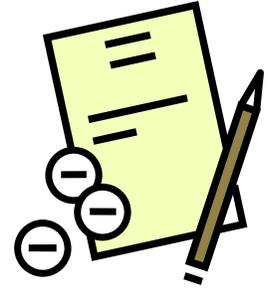


The incision is closed with sutures or staples and covered by a dressing.

What do I need to do before surgery?

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 orders.

Bring a record of all your medications to the clinic so the nurses and anaesthesiologist can see what you are taking. At this appointment the nurse will go over all of the steps you need to follow before surgery at home. You will get a checklist to take home.



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 may need to scrub your chest with a special brush. This scrub clears the skin of germs that may cause an infection. The nurse will tell you how and where to do this. If your doctor wants you to shave the area at home, the nurse will show you where to shave.

On the day of surgery – Day Surgery Unit

You will check in at the Day Surgery Unit 2 hours before surgery. In the Day Surgery Unit you will get ready for surgery by changing into hospital clothes. The nurse will go over some questions and answer any questions you have.

You will have a thin tube put into a vein in your arm. This is called an intravenous or IV. The IV gives you fluids and medications when needed.

The anaesthesiologist will visit you before surgery.

You will also have the surgery area marked with a special pen.



In the Operating Room

You go into the Operating Room when it is time for surgery. The room is cool. The team will greet you and help make you comfortable on a special table. Before the team starts they take some time to make sure you are the right patient and the right surgery is done. This is called the “surgical pause”.

What should I expect after surgery?

You will wake up in the recovery area feeling drowsy. You will stay there until you are fully awake. You may then go to the Intensive Care Unit, the Surgical Step Down Unit or the Chest Unit. Your doctor decides where you go.

You will have some pain from the incision after surgery. You may feel sick to your stomach. If you have these feelings, tell your nurse. Your nurse will give you medications that can help. There are many ways to relieve pain after surgery. When you talk with your doctor, ask how your pain can be relieved.

Some tubes you may have are:

- a small tube in the artery in your wrist. This is an arterial tube and is used to monitor blood pressure and take blood.
- a intravenous tube in a vein in your arm. This tube is used to give you fluids and medication until you are drinking well. Some people have more than 1 intravenous tubes after surgery.
- 1 or more chest tubes. A chest tube is placed in the space between your chest and lung during surgery and attached to a suction unit. The suction drains air and fluid from around the lung.
- a tube in your bladder. This is called a catheter. It is needed to drain urine until you can get up and do it on your own after 2 to 3 days.

You may also have a cardiac monitor to check your heart.

Your nurses will check your blood pressure and heart rate often.

What activity can I do?

You will get out of bed the day of your surgery. Your nurse will help you the first time you get up. Most people get up in a chair within 12 hours of surgery.

Getting up and moving after surgery will:

- keep your muscles strong
- prevent breathing problems
- help your blood move around your body
- help your bowels become active and pass gas

A physiotherapist will help you with deep breathing, coughing and moving safely.

Deep breathing and coughing

It is important to do deep breathing and coughing exercises even though it feels uncomfortable. These exercises prevent a lung infection or collapse. Your nurse and physiotherapist will show you how to do these exercises. When you cough, put a pillow over your incision. This gives extra support to your incision, prevents straining and can help decrease pain.

What can I eat?

Your doctor or nurse will tell you when it is safe for you to eat and drink after surgery. When you are able to drink enough fluid, your I.V. can come out. You can then start to eat and increase your diet. You need a well balanced diet to heal. High fibre foods such as whole grain bread, bran, fruit and vegetables help prevent constipation. Drink 6 to 8 cups of fluid each day unless your doctor has given other instructions. If you would like help from a dietitian, talk to your doctor or nurse.

After about 24 hours

If you were in the Short Stay Unit, you will move to a bed on the Chest Unit where you can begin to look after yourself. You are encouraged to wear your own clothes when all the tubes are out. For your safety, you should wear walking shoes when you are out of bed instead of slippers.

Moving around

You should walk in the hall and build up your strength to become more independent to go home. You will also learn to do some shoulder exercises to help prevent getting a stiff shoulder.

Hygiene

Your nurse will give you towels every morning and help you wash at the bedside or sink. You will be encouraged to do as much as you can on your own to help you get ready to go home.

Looking after your incision

Your nurse will check your incision each day. If you see redness or drainage, tell your nurse.

Your sutures and/or staples are removed 7 to 10 days after surgery. They are removed in the doctor's office at your follow-up visit.

How long will I be in hospital?

The usual hospital stay is 3 to 5 days. The time will depend on the type of surgery you had. Ask your doctor how long he or she expects you to be in the hospital. If your doctor decides that you need help when you go home, you will meet with the Community Care Access Centre (CCAC) Manager to make arrangements before you leave the hospital.

Questions, concerns or need help?

Please talk to any member of the Chest Team if you or your family have questions, concerns or need help. We would like to make your stay in the hospital the best it can be.