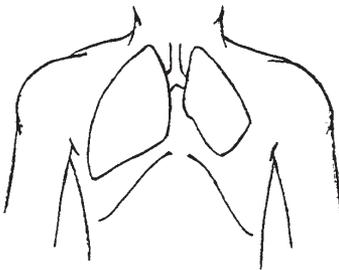


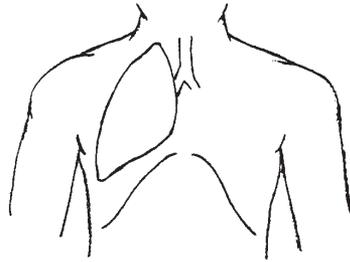
Chest Surgery

Thoracic Surgery for:

- Lobectomy
- Pneumonectomy
- Wedge Resection/Segmentectomy
- Sternotomy
- Bullectomy
- Decortication



Lobectomy



Pneumonectomy

Patient's Name: _____

Vancouver General Hospital

899 West 12th Avenue

Vancouver BC V5Z 1M9

Tel: 604-875-4111

You are about to have an operation on your lung or mediastinum. This booklet has been put together to let you know what to expect before and after your surgery. This information is meant as a guide only.

Throughout your hospital stay, you will receive care from a team of health care professionals including:

- Your surgeon and resident doctors
- Registered Nurses
- Physiotherapists
- Social Workers
- Dietitian
- Respiratory Therapists
- Occupational Therapists

All members of the health care team are available to answer your questions about your recovery. Please use this booklet to write down questions, messages or suggestions that you have for the health care team. Please bring this booklet with you when you come into hospital.

General Information

You have a right lung and a left lung. The right lung is made up of three lobes and the left lung is made up of two lobes. Each lobe is made of smaller segments. A **thoracotomy** is an incision (3 to 8 inches long) into the chest cavity, usually to remove a small segment of lung, a lobe of the lung, or an entire lung.

Video assisted thoroscopic surgery (VATS) is a type of thoracotomy where the surgeon enters the chest cavity through two or three holes between the ribs. Through these holes, the surgeon passes telescope type instruments. A camera is used to see and instruments are used to remove the diseased part of your lung.

The following is a list defining the various surgeries:

- A **lobectomy** is when a lobe(s) of a lung is removed. After this surgery, the remaining lung tissue expands to fill the space that was occupied by the diseased lung tissue.
- A **wedge resection** is when a small pie-shaped piece of a lobe is removed. The post-operative care after a wedge resection is the same as for a lobectomy.
- A **segmentectomy** is when an anatomical segment of a lobe is removed.
- A **bullectomy** is surgical removal of a bulla(e), a thin-walled blister or air filled cavity in the lung.

- A **decortication** is surgical removal of the pleural layers of the chest cavity.
- A **pneumonectomy** is the removal of an entire lung. If you have a pneumonectomy, the space that was occupied by the lung fills up with fluid and over time with fibrous tissue.
- **Thoracoscopy** is a procedure in which the surgeon inserts a telescope, through 1 to 2 holes, into the chest cavity to have a thorough look inside the chest.
- **Sternotomy** is an incision through your breast bone (sternum) to remove masses in the center of your chest called the mediastinum.

You will be surprised how quickly you'll start to feel better and be able to move around on your own after your operation. And before you know it, you'll be ready to go home.

Your Questions:

Getting Ready for Surgery

Most patients come to the Pre-Admission Clinic (PAC) for their tests before surgery. The nurses in PAC will teach you about how to prepare for your surgery and answer any questions you may have. If you had a preadmission clinic visit, you will be admitted for surgery the day of your operation through the Same Day Admitting Unit.

- The anaesthetist is the doctor who puts you to sleep for your operation, and monitors your condition during the operation and in the recovery room. An anaesthetist will see you in the PAC and ask you questions about your general health and any medications you are taking.
- An anaesthetist will also talk to you about ways to relieve your pain after the operation. Your nurses and doctors will teach you how to describe your pain on a scale of 1 - 10, so it can be better controlled.
- A technician from the lab will take a blood sample and do an ECG. You may also have a chest x-ray.

Diet Instructions before surgery:

- The evening prior to your surgery before midnight drink 2 glasses of fluids high in sugar (i.e. fruit juice). On the day of your surgery drink one glass of clear juice 1 hour prior to leaving for the hospital. This helps keep you hydrated and helps keep your blood sugar normalized during surgery.
- **DO NOT** eat food or drink alcohol after midnight on the night before surgery.

- You may drink clear fluids (juices such as, apple, grape, or cranberry, jello, popsicles and black coffee/tea.) after midnight until one hour before hospital check in time, then DO NOT drink at all.
- If you are already in hospital, you may or may not be allowed clear fluids the night before surgery.

Admission time to Hospital:

If your surgery is on a Monday or after a holiday, call VGH between 11:00 a.m. and 2:00 p.m. the day prior at 604-875-4937.

- For all other days, call your surgeon's office after 2:00 p.m. the day before your surgery.
- If you cannot get in touch with your surgeon's office by 3:00 p.m. the day before your surgery, call the VGH Admitting Department 604-875-4300 between 3:00 p.m. and 4:00 p.m.

Your Questions:

The Day of Surgery

Before your Operation:

- Have a shower the night before and the morning of your surgery using the special wipes you have been told about at your preadmission visit.
- Please leave all jewelery, credit cards and objects of value at home. The hospital is not responsible for any lost or stolen items.
- Report to the Admitting Office promptly at the time you were told to do so.
- You may be given some pills that have been ordered by the anaesthetist and an intravenous (IV) may be started in your hand or arm.
- About one hour before the operation, you will be taken to a holding area near the operating room.
- Your family can stay with you until you go to the operating room.
- Once you have gone to the operating room, your family should probably go home to await a call from your surgeon. Your family should leave the phone number where they can be reached, including a cell phone number if available.
- If your family chooses to stay at the hospital, they can wait in the Critical Care Waiting Room on the 2nd floor of the Jim Pattison Pavilion.

Your Questions:

After your Operation:

- You will go to the Post Anaesthetic Care Unit (PACU) located on the 2nd floor of Jim Pattison Pavilion. Some patients may stay in this area overnight or be transferred to the Chest Special Care Unit (CSCU) later that day. Only immediate family are allowed to visit in these areas, and only for short periods of time (about 10 minutes).
- While most patients are drowsy after surgery, you will be aware of the nurses and doctors talking to you, and of the equipment used to check how your body is working.
- You will be given oxygen by a face mask or by small nose prongs. Your nurse will check your oxygen level with a small finger probe called the “pulse oximeter”.
- You will have an IV line in your neck vein. This line (called a central line) is used to give you fluid and medications. It was inserted after the anaesthetist puts you to sleep.
- You will have a small tube in your wrist. This tube (called an arterial catheter) is used to draw blood samples and to measure your blood pressure. It was inserted after you were put to sleep and will be removed the next day after surgery.
- You will have a tube in your bladder called a foley catheter. This will be used to collect and measure your urine and will be removed by your nurse when it is appropriate to do so.
- If you have a **lobectomy, wedge resection, segment-ectomy, bullectomy, or decortication**, you will have one or two drainage tubes in your chest that will be connected to collection containers and to suction. These tubes drain air and fluid that collect in your chest after surgery (the doctor will determine when your chest tube(s) are removed). If you have a **pneumonectomy**, your chest tube will be removed in PACU, soon after surgery.
- If you have had a **sternotomy** you will also have one or two small tubes coming out from under your breast bone to drain fluid from under the incision. These tubes are connected to small suction containers and will be removed when there is little or no drainage.
- You may have a very small tube in your back. This tube (called an epidural catheter) is used to give you pain medication. Another way of delivering pain medication is through your IV which you can control. This is referred to as Patient Controlled Analgesia or PCA. At least every hour the nurse will check your comfort level and your ability to move and feel your body.

- You will have five small sticky pads on the front of your chest connected to a heart monitor. These will be on for 2 to 5 days.
- Your nurse will check your blood pressure, heart rate and breathing rate at least every hour.
- After your surgery, your nurse will encourage you to take deep breaths and cough, to gently exercise your arms and legs, and to turn in bed frequently. If you had a **pneumonectomy**, you will be asked to lie on your incision or on your back only for the duration of your hospital stay – **never** lie on your other side.
- Your nurse may help you to sit at the edge of your bed and provide you with some ice chips to moisten your mouth in the afternoon or evening the day of your surgery or you may be allowed to drink fluids.
- You will have one bloodwork drawn and have a chest x-ray early the next morning.

Your Questions:

First Day after surgery

You may or may not already be in the CSCU located at the Chest Centre on the 12th floor of Jim Pattison Pavilion. Your PAR or CSCU nurse will remove the small line in your wrist. The other equipment will stay in place for now.

In the CSCU you will be cared for by the Chest Centre Patient Care Team (nurses, thoracic surgeon, thoracic residents, respiratory therapist, physiotherapist, social worker, dietitian). If you have any concerns about your hospitalization or about going home, please ask any one of the team members.

In the CSCU:

Your nurse will orientate you to your new room and show you how to work the nurse call button.

- Your nurse will check your blood pressure, pulse, breathing, bandages, comfort level and your ability to move and feel your body when you arrive and then at least every four hours. Please let the nurse know if you have pain.
- You will have oxygen by face mask or by small nasal prongs. Your nurse will check your oxygen level in your blood with a small device that clips onto your finger. This is called a pulse oximeter. Your ECG electrodes will be connected to the bedside monitor or to a telemetry pack so you can walk around.

- The physiotherapist will listen to your breathing and review deep breathing and coughing exercises with you. As well, you will be given arm exercises to prevent shoulder stiffness and leg and ankle exercises to help prevent blood clots.
- Your nurse and the physiotherapist will help you to sit on the side of the bed and if you are able, will help you to sit in a chair. Sitting up will help your lungs recover.
- Your nurse will help you wash with a basin at the bedside.
- Your nurse will let you know when you are safe to drink fluids. If you've had a pneumonectomy, your fluid intake will be restricted.
- You may be progressed to eating a regular diet. You must eat all your meals while sitting up in the chair at your bedside and not in your bed.
- **The visiting hours on the Chest Centre (JPP12) is from 12:00 noon to 8:00 pm.**

Your Questions:

Day 2 after surgery

As you recover from your operation, your nurse will continue to encourage you to do deep breathing and coughing exercises throughout the day.

Your nurse will also:

- Help you wash with a basin at the bedside, or assist you into the washroom.
- Check your blood pressure, pulse, breathing, comfort level and your ability to move and feel your body at least every four hours.
- Remove the bandage from your incision.
- Check your oxygen level with the pulse oximeter and adjust the oxygen as needed.
- Your chest tube(s) may be taken off suction or removed completely.
- Your nurse and the physiotherapist will help you to get up to the chair a few times and to go for a walk a couple of times today. You may be progressed a little slower if you have had a pneumonectomy.
- If you had an epidural it will be turned down gradually and you will be offered oral pain medication to control your discomfort.
- You will likely have your foley catheter removed.
- If you have had a pneumonectomy, your fluid intake will continue to be restricted throughout your hospital stay.

Your Questions:

Day 3 after surgery

- You may have more of your equipment removed.
- The IV line in your neck may be removed.
- You will continue taking pills to relieve your pain and be weaned off your epidural or PCA. Your nurse will check comfort level every four hours
- Your nurse will check your blood pressure, pulse, breathing, and bandages, every six hours.
- You will continue to be encouraged to get up to the chair for all meals and go for walks several times a day.
- If you've had a **pneumonectomy**, your activity will be a bit slower and you will likely begin to walk more today.

- Your nurse will check your oxygen level with the pulse oximeter and adjust or remove your oxygen.
- Your chest tube(s) may be removed and you will have a chest x-ray a few hours after.
- If you have them, your sternotomy tubes may be removed.
- You may have a laxative or suppository if your bowels haven't moved.
- Your ECG monitoring may be removed.
- You and your family can begin to think about your needs when you go home.

Your Questions:

Day 4 after surgery

- If not already done, your oxygen may be discontinued. Continue deep breathing and coughing exercises and continue to increase your activity.
- You can walk on your own.
- Your nurse will check your temperature, blood pressure, and pulse at least twice today.
- You will have pills to relieve the pain. The nurse will check your comfort level at least every four hours.
- Your nurse will check your oxygen level twice today.
- If you still have it, your epidural catheter may be removed (usually at least 24 hours before discharge).
- Any small IV's may be removed.
- Review the discharge booklet and finalize your plans for going home.

Your Questions:

Day 5 and Onward

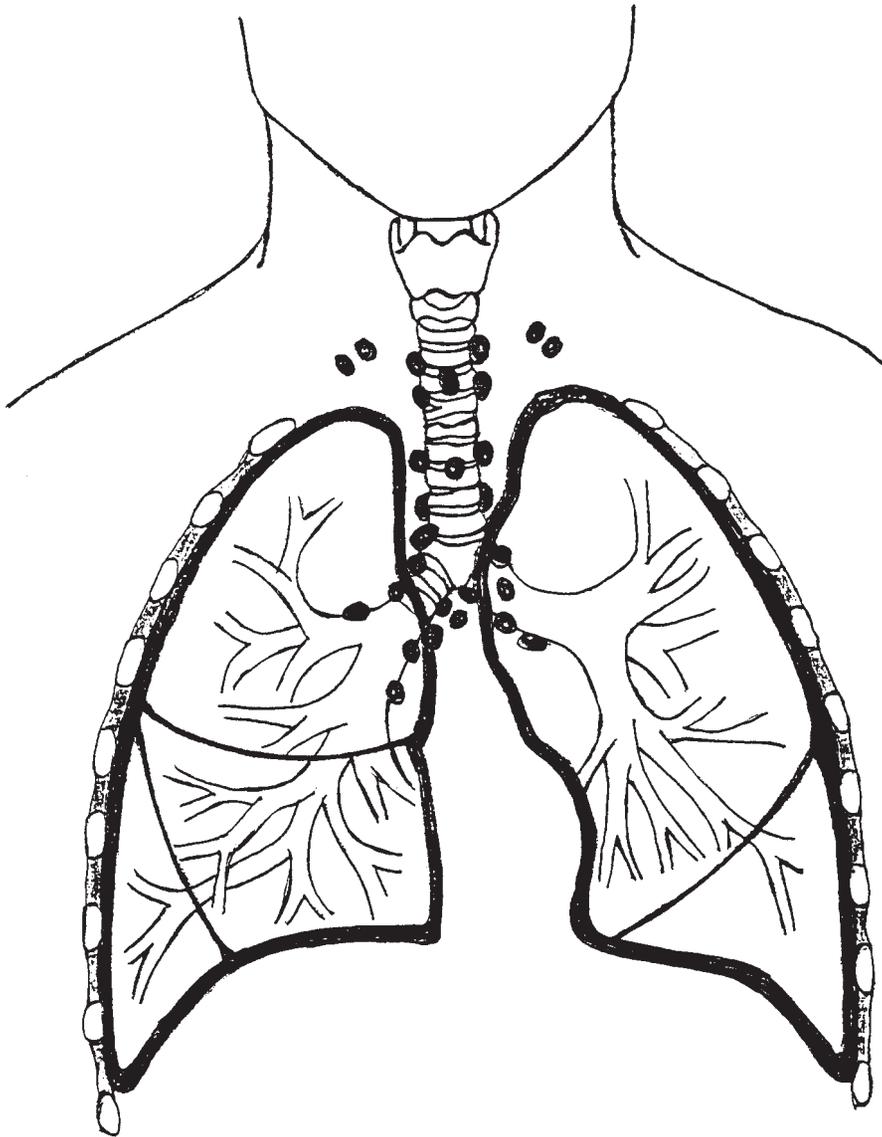
If for some reason you are still in hospital after Day 4, the nurses will continue to check your vital signs and administer medications as ordered. Meanwhile you should:

- continue to deep breathe & cough
- walk around as much as you can
- prepare yourself for discharge

Your staples should be removed 7 to 10 days after your surgery. Your surgeon can remove them in their office or we can send a staple remover home with you so your family physician can remove them. Your sutures to your chest tube sites can be removed 5 days after the chest tube(s) have been removed. The nurse will remove them prior to discharge or they will be removed in the surgeons office. The "Going Home After your Chest Surgery" booklet will tell you about how to care for yourself at home.

Your Questions:

You may want to use this picture to have your doctor show you where he operated on your chest.



Artwork by: Jan Fierro

Resources

CIBC Centre for patients and families

This centre can help you find more information on your condition as well as local services and support available. It is located on the main floor of the Jim Pattison Pavilion behind the information desk.

www.vch.ca/centreforpatients

The Lung Association

BC Lung Association

2675 Oak Street

Vancouver, BC V6H 2K2

Tel: 604-731-LUNG (5864)

Toll free out-side lower mainland 1-800-665-LUNG (5864)

www.bc.lung.ca

The Lung Centre

Gordon and Leslie Diamond Health Care Centre

7th Floor, 2775 Laurel Street

Vancouver, BC V5Z 1M9

<http://lungcentre.vch.ca>

HealthLink BC

Speak with a nurse, pharmacist or dietitian Services available in 130 languages

www.healthlinkbc.ca or call 811

For deaf and hearing-impaired assistance (TTY) call 711

Thoracic Surgery at Vancouver Coastal Health

www.bcthoracicsurgery.com/vancouver

Patient Services Manager

T12 Jim Pattison Pavilion
899 West 12th Avenue
Vancouver, BC V5Z 1M9
604-875-4094

Care Management Leader for the Chest Centre

T12 Jim Pattison Pavilion
899 West 12th Avenue
Vancouver, BC V5Z 1M9
604-875-4111 ext. 54214

QuitNow.ca

For more information on Vancouver Coastal Health's Tobacco Reduction Strategy, visit <http://www.vch.ca/your-environment/tobacco/tobacco-prevention/smoking-cessation/smoking-cessation> or email smokefree@vch.ca

The Chest Centre Health Care Team is committed to providing exemplary patient-centred care so that your surgical and hospital experience will be positive.

For more copies, go online at <http://vch.eduhealth.ca> or email phe@vch.ca and quote Catalogue No. **FN.230.T391**

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The information in this document is intended solely for the person to whom it was given by the health care team.

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