

## Discharge

Once all of the tubes are removed, you should be ready to go home. The average length of stay is 3-7 days. If the surgery is done using the smaller incisions, the length of stay is typically shorter.

You must go home WITH either a FRIEND or RELATIVE by private vehicle or by taxi, NOT by public transportation.

Most patients do NOT need Home Care support.

## Dressings

A bandage will cover the sites where the chest tubes were. This bandage should be kept dry and left in place for 2 days. After 2 days, remove the bandage and gently wash the wound with a mild soap in the shower. Do not take a bath until all of the wounds are healed. Further dressings are not needed, but you may cover the wound with a dry gauze if there is any drainage from it.

## Activity

You are encouraged to do your regular activities except:

- No heavy lifting for 6 weeks
- Do not drive a car for 2 weeks

## Prescriptions

You will be given a prescription for pain medication (e.g. Tylenol® #3) and a stool softener (Colace®) to prevent constipation. If you feel constipated, take 30 ml Milk of Magnesia® twice a day until you have a bowel movement. Additional prescriptions will be given if needed.

## Follow-up

Before you leave the hospital, your nurse will schedule you a return appointment with Dr. Malthaner / Dr. Inculet / Dr. Fortin / Dr. Frechette. This will be in about 6 weeks time. The final pathology results will be discussed during this appointment.

*Call Linda McMahon, Danielle Lozier,  
Dr. Malthaner, Dr. Inculet, Dr. Fortin  
or Dr. Frechette if:*

1. You have any excess
  - bleeding
  - drainage from the wound
  - pain
  - shortness of breath
  - yellow or green sputum
2. You have a temperature of
  - 38.5°C (101.5°F)
3. Your prescriptions run out.
4. You have any questions.

**Linda McMahon** RN MScN NP  
Telephone: 519-685-8500 ext 75095

**Danielle Lozer** RN MScN NP  
Telephone: 519-685-8500 ext 57968

**Richard A. Malthaner**  
MD MSc FRCSC FACS FCCP  
Telephone: 519-667-6835

**Richard I. Inculet**  
MD FRCSC FACS FCCP  
Telephone: 519-667-6679

**Dalilah Fortin**  
MD FRCSC  
Telephone: 519-685-8777

**Eric Frechette**  
MD FRCSC  
Telephone: 519-6676572

Division of Thoracic Surgery  
London Health Sciences Centre  
800 Commissioners Road East  
PO Box 5010  
London, Ontario, Canada N6A 5W9

---

---

## PATIENT INFORMATION

# LUNG SURGERY



London Health Sciences Centre

Victoria Hospital  
London, Ontario

Division of Thoracic Surgery

---

---

## What is it?

*Lung Surgery* involves the removal of part or all of one lung. A *lobectomy* is the removal of one lobe of one lung while a *pneumonectomy* is the removal of the entire lung. There are 3 lobes in the right lung and 2 lobes in the left lung.

## Why?

The most common reason for removing part of a lung is cancer. Sometimes there may be a “mass” or “tumour” that is very suspicious and it should be removed to determine what it is and at the same time treat it.

## Preoperative Evaluation

Lung surgery is major surgery. You will need to undergo several tests before surgery in order to make the procedure as safe as possible. You may require some or all of the following:

- Blood tests
- Electrocardiogram (ECG)
- Pulmonary function tests
- CT scans (“CAT scan”)
- Bone scan
- Ultrasound
- Lung needle biopsy
- Bronchoscopy
- See other specialists

Within 4 weeks of your surgery, you will be assessed in the *Pre-Admission Clinic, Zone C, Level 2, Victoria Hospital*.

## Procedure

The procedure is done through an incision (“cut”) between your ribs on the side and back of your chest. Occasionally, a portion of a rib is removed. Sometimes the procedure is done using 3 small incisions. A video camera and surgical instruments are inserted through the small incisions and a portion of lung removed. The amount of

lung removed depends on the size and location of the tumour.

## Time

The procedure takes between 3 and 5 hours and is done in the Operating Room Operating Room, Zone D, Level 2, Victoria Hospital of the London Health Sciences Centre.

## Risks

As with all major chest surgery there are risks. These include bleeding, infection, heart attack, irregular heart beats, stroke, blood clots to the lung, and sometimes death.

## Before Surgery

DO NOT EAT OR DRINK ANYTHING, including water, after midnight the night before the procedure unless instructed otherwise by your surgeon.

Advise Dr. Malthaner / Dr. Inculet / Dr. Fortin / Dr. Frechette if you are taking any “blood thinners” (such as Coumadin (warfarin), plavix, heparin, or fragmin).

Leave jewelry and other valuables at home.

## Day of Surgery

You must report to the *Admitting Department, Zone D Level 3*, 2 hours before your scheduled operation. You will be directed to Day Surgery, Zone D, Level 2, where you will be assessed by a nurse and have an intravenous started. To help prevent blood clots from forming in your legs during and after the surgery, sequential compression stockings may be applied.

**Family and Friends** may wait in the *Perioperative Waiting Room, Zone D, Level 2*. Dr. Malthaner / Dr. Inculet / Dr. Fortin / Dr. Frechette will come to speak with them following the procedure (surgery takes approximately 3 to 5 hours).

## After Surgery

You will wake up in the post anesthesia care unit (P.A.C.U. or “recovery room”). A breathing tube may be in your mouth to help with your breathing. Once you are awake and able to breathe on your own, the breathing tube will be removed and you will be transferred to the *Thoracic Observation Unit, Zone C, Level 5 (C5-300)*. If you need more help with your breathing, you will be transferred to the intensive care unit (C.C.T.C.) Zone D, Level 2. While in the Thoracic Observation Unit, your heart rhythm and oxygen level will be monitored closely along with the drainage from your tubes. You will have many tubes. Some will be coming from your chest (chest tubes), your bladder (catheter), your arms or neck (intravenous lines). Most patients will also have an epidural in their back for pain control. These tubes will be removed over the next few days. You may eat and drink immediately after surgery.

To help prevent blood clots from forming in your legs, you will be given a blood thinner (Fragmin) as an injection once a day.

## Pain

There is moderate to severe pain with this surgery. A variety of methods are used to control the pain. You may receive an epidural which delivers pain medication directly around the spinal cord, or an intravenous that you control to give yourself medication as needed (PCA). Many of these are started in the operating room to help decrease the pain immediately after surgery.

## Physiotherapy

You will be seen by the Thoracic Physiotherapist who will help you with deep breathing, coughing, and getting out of bed. Walking after surgery is very important.