Mediastinoscopy and mediastinotomy
Information for patients
This information booklet is for patients who are due to have a mediastinoscopy or mediastinotomy. It will explain the reason for the operation, the procedure itself and potential risks involved. It will also explain the care you will need before and after the operation. Please feel free to ask any questions raised or not addressed by this booklet. The doctors and nurses are available to support you at this time.

**Mediastinoscopy and mediastinotomy**

Mediastinoscopies and mediastinotomies are procedures that allow a thoracic surgeon to take pieces of tissue (biopsies) from the glands (lymph nodes) that surround the airways and large blood vessels in your chest. Often these glands have been found to be enlarged and your doctor would like a biopsy to find out why.

Before the procedure the doctor will discuss why this procedure is recommended in your case.

It is important that you understand why this procedure is recommended and what is involved so that you can give your permission (consent) for it to be done. Please feel free to ask any questions and voice any concerns you may have about your procedure.

The procedure is carried out under a general anaesthetic by a thoracic surgeon.

**Preparation for your mediastinoscopy/mediastinotomy**

You will normally be admitted to hospital the day of the procedure; however some patients will need to come in the day before.

We will give you information on when to stop eating and drinking and advice about taking your normal medications.

On admission you may need to have:

- Blood tests
- ECG – heart tracing
- Chest x-ray
- A full set of observations – blood pressure, pulse, oxygen levels, temperature, respiratory rate, weight and height

Swabs will be taken from your nose and groin to screen for MRSA infection.
You will need to have a shower and hair wash in an antiseptic solution that the ward will give you.

Some paperwork will need to be completed and you will be given an explanation of the procedure, before being asked to sign a consent form.

An anaesthetist will see you to assess your fitness for a general anaesthetic.

These things may have already been done if you have attended a pre-admission clinic.

When you arrive on the ward or surgical day unit (SDU), you will be shown to your bed space. Sometimes the bed is not ready when you arrive on the ward so you will be asked to sit in the waiting area. Once you have a bed you will be asked to change into a theatre gown. You will need to wear compression stockings which will help to prevent blood clots (deep vein thrombosis, DVT) developing in your legs.

Please let the staff know if you have any valuables that require locking away for safekeeping.

The procedure

You will be taken to the anaesthetic room where you will be given a general anaesthetic. The surgeon will first look at your airways very carefully; this is called a bronchoscopy. If you are having a mediastinoscopy, a small cut will be made at the bottom of your neck, usually in the normal skin folds. This will allow the surgeon to take samples of tissue from the glands there.

If you are to have a mediastinotomy then a small cut will be made on the front of the chest, usually on the left but occasionally on the right. A small piece of rib will need to be removed to allow the surgeon access to the glands in that area so that samples can be taken. The samples will then be looked at in the laboratory.

It may take up to two weeks for the results to be ready.

Specialist registrars who are qualified doctors in training may perform this procedure, but only when fully competent and under supervision by your consultant surgeon.

After the procedure

Once the procedure is finished you will go to the recovery room next to theatre. You will be given oxygen through a face mask or nose tubes while you are recovering from the anaesthetic. You may need to have fluids given to you intravenously (via a drip) after the procedure; this is only for a short while or occasionally overnight.

Once you are awake we will help you sit up. Your condition will be monitored. Your blood pressure, pulse, oxygen levels, temperature and breathing rate will all be taken at regular intervals. It is normal to cough initially following this procedure and your throat may feel sore. If you have pain from your wound you will be given some pain relief.

Very occasionally a small drain will be put into your wound at the end of the procedure. The drain usually only needs to stay in for 24 to 48 hours after the procedure, but it does mean that you will have to stay in hospital during this time.

You will stay in the recovery room until the anaesthetic and nursing staff are happy with your recovery. You will then return to the ward or SDU.

Some patients will have a chest x-ray.

When you return to the ward or SDU you will be allowed to start drinking sips of water only to begin with. When the nurses are happy with your condition you will be able to increase the amount you drink.

The staff will continue to monitor your condition as necessary. You will need to stay in bed for a while before getting up. You will then be encouraged to walk around as able. When the staff are happy with your progress, and you are drinking freely you will be offered something to eat.

Please inform the staff if you have any pain or shortness of breath after your procedure.
Results of your mediastinoscopy/mediastinotomy

After the procedure a member of the team will discuss with you how the procedure went. It will not be possible to give you any results at this time. If biopsies have been taken it normally takes two weeks for the results to be ready. You will normally receive the results at an outpatient clinic. Please ensure you ask about follow-up arrangements before going home.

Going home

Depending on your recovery you may be allowed home the same day, or you may have to stay in overnight.

If the staff have any concerns about your recovery they may feel it is not sensible for you to go home the same day, in which case you will need to stay in overnight so your condition can continue to be monitored.

You may go home once the staff feel you are recovered, you have passed urine, and managed to eat and drink something without difficulty. Before discharge you will be checked to ensure you are ready to go home.

You will have a small dressing over your wound. All the stitches are under the skin and will dissolve on their own so there will be no stitches visible. After 24 to 48 hours the wound dressing can be removed and the wound left exposed if it is clean and dry. It is normal to have some slight swelling and bruising around the wound. This will normally settle in a few days. If the wound is still oozing slightly then a small light dressing can be put on. Your wound will be uncomfortable for several days, so we would recommend that you take pain relief regularly as needed. It is normal for more bruising to become obvious over the first week. If it becomes more swollen, painful, red and inflamed or is oozing anything then please see your GP or practice nurse. The staff will give you instructions about wound care before you go home.

It is normal to cough up old blood (rusty coloured) for a few days after the procedure. If this doesn’t stop after a few days contact E4 ward, the thoracic nurse specialists or your GP.

If you have had a mediastinotomy it is normal to have some bulging where the small piece of rib has been removed.

Most patients will be advised to continue to wear the compression stockings on discharge until fully recovered. If you experience any pain or discomfort in your calves (lower legs) or they become swollen contact your GP.

You will be given pain relief to take home if you require it, as you may need something a little stronger than paracetamol for a few days. If your doctor has recommended any medication other than pain relief a letter will be forwarded to your GP.

You must not drive for 48 hours after your procedure, so will need a relative or friend to drive you home.

If you go home the same day of your procedure, there must be someone able to stay with you for the first night at home.

Expect to feel generally tired and to have slight throat discomfort, this should improve over a few days.

Ensure that you rest between activities for the first 24 to 48 hours. We do not recommend returning to work for at least 72 hours after leaving hospital and you may need a few days longer at home.

Complications and side effects

It is important that you are aware that these procedures can occasionally result in complications.

Sore throat
It is normal to have some throat discomfort; this should improve over the next few days.

Coughing up blood
It is normal to cough up a little blood for a few days but it is not normal to cough up large amounts. If this occurs it will be necessary to stay in hospital.

Changes in blood pressure
Often your blood pressure is lower following an anaesthetic. This is normally due to not having anything to drink for a while. You will either be asked to drink more or you may need to have fluids through a tube into a vein in your arm.
Damage to teeth
Because of the nature of the procedure there is a risk that your teeth can be damaged. Although the surgeon and anaesthetist will try to avoid this you must be aware of the risk. Please inform the surgeon/anaesthetist if you have dentures, loose teeth or crowns before the procedure.

Chest infection
After any anaesthetic there is a small risk of developing a chest infection, early mobilisation (moving around) will help prevent this.

Bronchospasm
This is a temporary narrowing of the airways causing wheezing or coughing and usually settles down after a short while.

Pneumothorax
Very occasionally the lung will partially collapse following this procedure. It will either resolve on its own or require a chest drain, which will mean having to stay in hospital until it resolves.

Wound infection
Occasionally the wound will become infected requiring antibiotics and wound dressings. Normally this can be treated by your GP and practice nurse.

Bleeding
In very rare circumstances this occurs, requiring the surgeon to make an additional incision to control the bleeding. This will be explained as part of the pre-operative consent process.

Blood clots
These can occur in the legs and then travel to the lung. The risk is greatly reduced by wearing compression stockings and early mobilisation.

Please remember that you can ask questions at any time if there is anything that you are not sure about.

Further information
Once discharged if you have any concerns or questions please contact E4 ward.

- E4 ward: telephone 023 8120 6498

We would advise you to contact the ward if you have any of the following:

- Increased shortness of breath
- Concerns about the amount of blood you are coughing up
- Vomiting
- A high temperature
- Concerns about your wound

You may be asked to either come back into hospital or to contact your GP.

- For any non-urgent queries you may contact the thoracic nurse specialists on 023 8120 8457.
Wessex Heartbeat are continually funding projects to ensure the Centre remains at the forefront of cutting edge services. Wessex Heartbeat continues to help patients, loved ones and medical staff in many ways, including:

- Funding specialist equipment
- Providing patient literature
- Funding educational and training grants for medical staff

We are also taking the message of keeping healthy out to the community through our ‘Healthy Heart’ campaign, offering on the spot health checks to staff at businesses and organisations.

It is thanks to the generosity of many individuals and organisations that we are able to fund these projects past and present.

With an increasing number of patients being treated by the WCC, there are always more ways in which Wessex Heartbeat can help and ensure that the cardiac care these patients receive continues to get even better.

Our next major projects will be the development of a Cardiac Day Case Lounge and Heart Failure service.

For more information on our work please visit our website at www.heartbeat.co.uk

With your help, however large or small, we can continue to make a difference and change the lives of the people in our community.

Thank You

Registered Charity No 1116510
Company Limited by Guarantee No 5924982

The story so far...

Wessex Heartbeat is a registered charity dedicated to providing support to the Wessex Cardiovascular and Thoracic Centre (WCC), its patients and their loved ones so they can receive the best possible care and support.

Wessex Heartbeat has raised over £13 million, helping the WCC become and remain a Centre of Excellence for cardiac care in the UK. We receive no funding of any type and rely solely on the donations of our generous supporters.

Key Services

We fund Heartbeat House; a home from home providing free accommodation for the Wessex Cardiovascular and Thoracic Centre patients’ relatives, located just a few minutes walk from the hospital. For information about staying at Heartbeat House please ask the Ward Sister.

Please help Wessex Heartbeat make a difference

Mr/Mrs/Ms First name............................................. Surname ..........................................................
Address ......................................................................................................................................................
................................................................................................................................................................., Postcode ...........................................
Telephone .................................................. Email ..................................................................................

I would like to receive more information on:
Events WHB Community Groups Healthy Heart Campaign

How to make a donation

1 By Cheque
I enclose a cheque for $...................... made payable to Wessex Cardiac Trust.
Please send cheques to the address at the bottom of this form.

2 By Credit or Debit Card
To make a donation by debit/credit card please call the Fundraising Team on 023 8070 6095. We regret that we cannot accept American Express or Diners Club cards.

3 Direct Debit Mandate
We are very grateful for any amount you are able to give. Please complete the Direct Debit section below.

I / we wish to pay Wessex Heartbeat the amount of $...................... monthly / quarterly / annually, until further notice.

Instructions to your Bank or Building Society to pay by Direct Debit

Bank name..................................................................................................................................................
Bank address ...........................................................................................................................................
Account name(s).................................................. Branch sort code .............................................
Account number.................................................. Signature.................................................. Date ..............

By completing your details below, we can reclaim an extra 25p for each pound you donate.

I am a United Kingdom taxpayer and want this donation and all future donations to be treated as Gift Aid until I notify you otherwise.

Signature .................................................. Date ......................