

Lobectomy via thoracotomy

Information for patients



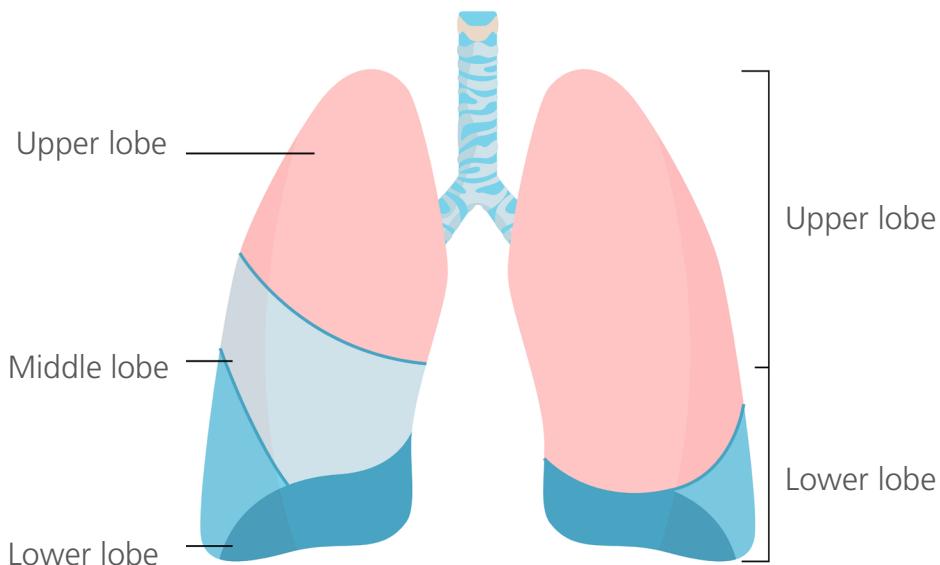
We have given you this booklet because you are due to have a lobectomy via a surgical approach known as thoracotomy.

This booklet explains what a lobectomy is, what the procedure involves and the possible risks. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please contact us using the details at the end of this booklet.

What is a lobectomy?

The lungs are divided into sections called lobes. The left lung is made up of two lobes and the right lung is made up of three lobes.

A lobectomy is a surgical procedure to remove one (or more) of these lobes. Please see the diagram below for more information.



What is a thoracotomy?

A thoracotomy is an open surgical approach where an incision (cut) is made in the chest or side to provide access to organs in the chest cavity such as the lungs.

Why do I need a lobectomy?

A recent chest x-ray or CT scan (a test that takes detailed images of the inside of the body) has shown an abnormal lesion, sometimes called a shadow or nodule, on your lung(s). As this lesion could potentially be cancerous, your doctor has recommended that this be removed via a lobectomy (a commonly used method of removal).

During a lobectomy, a thoracic (chest) surgeon will remove the lobe containing the abnormal lesion and the lymph nodes (glands) connected to that lung. The lesion and lymph nodes will then be sent to the laboratory for analysis. By finding out the nature of the lesion, your doctor will be able to decide on the best treatment option or management plan for you.

Worldwide studies have shown that if lung cancer is confined to one area of the lung, then surgically removing it is the best chance of a cure (although this is not a guarantee). Some people may also need further treatment after the surgery.

Are there any risks or complications?

As with all surgical procedures, there are some possible risks and complications associated with having a lobectomy via thoracotomy.

Minor complications include:

- damage to teeth
- a chest infection (moving around early on will help to prevent this)
- wound infection (using the antiseptic body wash we have given you can help to prevent this)
- a faster heartbeat (this can be treated with medication)
- a small amount of bleeding into the chest drain
- an air leak from the lung (this will usually settle within a few days, but we will need to leave your chest drain in until it does)

Major complications (which are less common) include:

- a collapsed lung (if this happens, you may need to stay in hospital longer to have a chest drain reinserted)
- blood clots (to reduce this risk, we will give you blood-thinning injections, compression stockings to wear and we will also get you moving around as soon as possible after your procedure)
- heart attack or stroke
- a large amount of bleeding into the chest drain (if this happens, you may need a blood transfusion (when you receive blood from someone else))

How should I prepare for the procedure?

Clinic appointment

Before the procedure, you will have either a face-to-face or telephone clinic appointment with your surgeon.

During this appointment, your surgeon will explain:

- why you need this procedure
- why a thoracotomy is the recommended approach
- what the procedure involves
- what the benefits and risks of the procedure are
- what the alternative treatments are

Together, you will decide whether you wish to go ahead with the procedure. If you do wish to go ahead with the procedure, we will ask you to sign a consent form either at this appointment or on the day of your procedure.

Pre-assessment appointment

If you decide to have the procedure, you will need to come to hospital for a pre-assessment appointment.

During the pre-assessment appointment, we will:

- perform blood tests
- perform an electrocardiogram (a heart tracing test)
- take a full set of observations to check your blood pressure, pulse, oxygen levels, temperature and breathing rate
- measure your height and weight
- take swabs from your nose and groin to check for MRSA (a bacteria that usually lives harmlessly on the skin but can cause a serious infection if it gets inside the body)

We will also:

- explain the procedure to you and answer any questions you may have
- advise when to stop eating and drinking before your procedure
- advise if you need to temporarily stop taking any medications before your procedure

- give you an antiseptic skin wash solution to use and instructions on how to use it (you will need to wash your whole body and hair before your procedure in this solution to help prevent infections occurring after your procedure)

There is a slight risk that your teeth may be damaged during the procedure. To help reduce this risk, please let us know at your pre-assessment appointment if you have dentures, any loose teeth or crowns.

General anaesthetic

The procedure will be performed under general anaesthetic (medication that sends you to sleep) so you will not feel anything.

To ensure you are well enough for a general anaesthetic, an anaesthetist (a specialist doctor) will visit you before your procedure and ask you some questions about your medical history and your general health and lifestyle. This may be at your pre-assessment appointment or on the day of your procedure.

Smoking

We recommend stopping smoking before and after your procedure. You should also avoid smoky environments. This will help to reduce your risk of developing a chest infection and will also help to keep your oxygen levels steady after the procedure. We can provide you with nicotine patches after your procedure, if necessary. We can also give you details of services that can help you to stop smoking.

What will happen on the day of the procedure?

When you arrive for your procedure (please see your appointment letter for where you need to go), we will ask you to change into a hospital gown. We will also give you compression stockings to wear (these will help to prevent blood clots, also known as deep vein thrombosis or DVT, from developing in your legs).

The anaesthetist will then visit you (unless they spoke to you at your pre-assessment appointment).

We will explain the procedure to you again and answer any questions you may have. If you are happy to go ahead with the procedure, we will then ask you to sign a consent form (if not already done at your clinic appointment).

Before your procedure, we will use a marker pen to mark the side of your body that we are going to operate on. Please let a member of staff know if this mark comes off before your procedure.

We will also give you two name bands to wear. These let staff know your:

- name
- date of birth
- hospital number

If you have any allergies, we will also give you a red band to wear. Please let a member of staff know if you lose your name band or red band, or if any of the information on either band is incorrect.

Before going to the operating theatre, we will complete a checklist with you (this will be repeated several times when you then go to theatre). We will then take you to a room where the anaesthetist will give you a general anaesthetic. This will usually be given as an injection through a cannula (a thin tube) that is inserted into a vein in the back of your hand or arm. Rarely, it may be given as a gas through a face mask. The anaesthetist will decide which option is most appropriate for you and will discuss this with you.

What will happen during the procedure?

Once the general anaesthetic has taken effect and you are asleep, we will move you to our operating theatre.

The surgeon may do a bronchoscopy first. This is a procedure where a thin, flexible tube with a camera is passed down your throat to look inside your windpipe and airways.

We will then position you slightly on your side, with your arm above your head. This is so that we can gain access to the side of your chest. We will then clean the area of your chest that we are going to operate on with some antiseptic solution.

The surgeon will make an incision (cut), starting under your shoulder blade, along the line of your ribs. They will then separate your ribs from each other so that they can gain access to your lung. Please note that there is a risk that some of your ribs may be broken during this procedure, but this is rare. In the unlikely event that this does occur, the surgeon will inform you of this after the procedure.

The surgeon will then locate the lung lobe containing the abnormal lesion and remove it from your chest through the incision they have made. They will also remove the lymph nodes connected to that lung. The lobe and lymph nodes will then be sent to the laboratory for testing.

At the end of the procedure, the surgeon will close the wound with dissolvable stitches in layers (these stitches do not need to be removed). The surgeon will also insert one or two tubes into your chest (known as chest drains) to drain any excess air and fluid after the procedure. Please see the 'Chest drains' section on page 10 for more information about this.

Changes to the planned procedure

Depending on what the surgeon finds when they look into your chest, they may have to make some changes to your planned procedure. The surgeon will only do what is appropriate for your condition. We will discuss these possible changes with you before your procedure as part of the consent process. If any changes need to be made to the planned procedure, we will explain what these were and the reasons for the changes after your procedure.

How long will the procedure take?

The procedure will usually take between two and four hours.

What will happen after the procedure?

After the procedure, we will take you to our recovery room where you will gradually wake up from the general anaesthetic. You will stay in the recovery room until you are more awake and stable (this usually takes between one and two hours). During this time, we will monitor you regularly to check that you are recovering well, and your pain is controlled.

We will then transfer you to E4 ward, where we will continue to monitor you.

You may need to have oxygen for the first few hours after your procedure. If this is the case, we will give this to you through a face mask or nasal tubes.

Pain

After your procedure, we may initially give you a pump known as a PCA (patient-controlled analgesia) pump to help control your pain.

A PCA pump consists of a syringe containing pain relief medication that is then attached to a vein in your arm. You are in control of the pump and can give yourself a dose of pain relief medication as and when you need it. You are likely to have the PCA pump until the morning after your procedure. We will then swap your pain relief medication to tablets or liquids that you take by mouth.

We may also infuse some local anaesthetic around your wound for a period of time after the procedure to help ease any pain.

We will monitor your pain levels and amend your pain relief medication as needed.

Side effects

It is common to experience some of the following side effects:

- tiredness
- a sore throat for a few days (we will send you home with pain relief medication to help ease this)
- a cough which brings up a small amount of blood (this should stop after a few days)
- low blood pressure (this will usually improve as you drink more fluids)
- a painful shoulder (this should improve with pain relief medication and movement)
- numbness, tingling and pins and needles around your wounds and at the front of your chest (this is normal and will usually improve as your incisions heal)

Chest drains

We will monitor your chest drains and decide when it is safe to remove them (this will depend on what they have drained). After we have removed the chest drains, we will close the wounds with one or two stitches. **These stitches are not dissolvable and will need to be removed seven to ten days later.** We will give you a letter telling you how to arrange this with a nurse at your GP surgery.

Eating and drinking

You can eat and drink as usual after the procedure. However, you may find that you have a reduced appetite. This is normal.

Movement

We will help you to get up and walk around as soon as possible after the procedure.

Moving after the procedure will help to:

- improve your blood circulation
- expand your lungs
- prevent chest infections

We will support you in doing this until you are confident moving around the ward on your own.

To help prevent blood clots, we will give you blood-thinning injections each day you are in the hospital. You will also need to wear compression stockings. If you need any help with moving or deep breathing, speak to a nurse who will contact a physiotherapist for support.

What should I expect when I go home?

You should expect to go home three to five days after your procedure. However, some people may need to stay a day or two longer depending on how they recover from the procedure. We will advise you when it is safe for you to go home.

You will need to arrange for someone to pick you up from the hospital when you are ready to go home as you will not be able to drive yourself home.

When you are ready to go home, we will go through your discharge summary with you and give you aftercare instructions and advice.

We will return any medication you brought into hospital to you (unless it has been stopped by your doctors during your hospital stay). We will also give you a supply of medication. This will include:

- any of your own supply that has run out
- any new tablets that we have started you on (such as pain relief medication or medication for your bowels)

All medication will be labelled with instructions on how and when to take it. Please make sure you understand these instructions before you go home.

Pain relief medication

You should take pain relief medication regularly. Most people will need to take some form of pain relief medication for two to four weeks after the procedure.

Your general practitioner (GP) will be able to prescribe you more pain relief medication if you need it. Please make sure you do not exceed the maximum dose of pain relief medication.

Many pain relief medications can cause constipation, so we often prescribe laxatives (a type of medication that helps to treat constipation) to help with this. We will advise you how and when to take this medication before you go home. We also recommend drinking lots of fluids and eating lots of fruit and vegetables to help with constipation.

Once your pain starts to improve, you can gradually reduce how much pain relief medication you take.

Rest and activities

It is normal to feel tired for the first week or more after you arrive home. It is important that you rest during the day and you should try to go to bed at the same time each night.

We advise having someone at home with you for the first few days, if possible, to help with heavier housework, such as vacuuming or loading the washing machine.

Gradually increasing your activity each day is important to help you get back to your normal.

Wound care and dressings

It is normal to have some numbness, tingling and pins and needles around your wounds and at the front of your chest. You may also get a slight bulge at the front of your chest or top of your abdomen. This is normal and is from the procedure irritating the nerves and making the muscle weak. This will settle over time, but it can take several weeks. In rare cases, you may be left with a permanently numb area or slight bulge.

We will place dressings over your wounds after the procedure. These dressings will need to be removed 48 hours after your chest drains are removed. If you have already gone home, you (or a relative or carer) will need to remove these dressings, leaving the wounds exposed. If your wounds are not clean and dry, you will need to put another clean dressing on. If you have any concerns about your wounds, please contact us for advice.

Your wounds will normally take two to four weeks to heal.

Contact the thoracic nurse specialist or your GP if:

- you are worried about how your wounds are healing
- your wounds become more painful, red, inflamed or start to ooze

Washing

When you shower or bathe, you should:

- use warm water
- make sure there is someone nearby in case you need help
- take care when washing around the wounds
- pat the wound areas dry carefully with a clean towel

You should **not**:

- use very hot water (this may make you feel faint)
- soak the wounds in the water
- put lotions or powder on your wounds until they are fully healed

Driving

You will be able to resume driving once you have stopped taking strong pain relief medication and are comfortably able to sit in a car and perform all the manoeuvres safely (for most people, this is usually two to four weeks after the procedure).

If you find driving difficult because of pain or restrictions in your mobility, you should rest for a few days before trying again.

Returning to work

Most people will need to take approximately four to six weeks off work after their procedure. However, if your job is very physical (for example, a gardener or labourer), you may need to take a longer time off work.

You will be able to self-certify as sick for seven days. After that, your employer may want to see a medical certificate. Please ask us for a medical certificate (sick note) before you leave hospital. If you need an extended medical certificate, you can speak to your GP.

When will I receive the results?

It usually takes two to three weeks for the results to come back from the laboratory. Once the results are back, we will send them to the doctor who referred you for the procedure. Your doctor will then contact you to discuss these and/or arrange a follow-up appointment.

What follow-up care will I receive?

Before you leave hospital, we will advise you if you need a follow-up appointment. This appointment will usually be six to eight weeks after your procedure. We will telephone you to confirm the date and time of this appointment a few weeks before it is due. Please note that this follow-up appointment may be via telephone or face-to-face.

At this follow-up appointment, the surgeon or thoracic nurse specialist will discuss:

- your results
- your procedure
- your recovery
- whether you need any further treatment

You will be able to ask any questions or voice any concerns you have at this appointment.

Contact us

If you have any questions or concerns, please contact us.

Thoracic nurse specialist

Telephone: **023 8120 8457** (Monday to Friday, 8am to 4pm, Saturday, 8am to 1pm)

Outside of these hours, contact:

E4 ward

Telephone: **023 8120 6498** (24-hour line)

Useful links

www.roycastle.org

www.macmillan.org.uk

If you are a patient at one of our hospitals and need this document translated, or in another format such as easy read, large print, Braille or audio, please telephone **0800 484 0135** or email **patientsupporthub@uhs.nhs.uk**

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**

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