



University Hospital
Southampton
NHS Foundation Trust

Mediastinoscopy

Information for patients



We have given you this booklet because you are due to have a procedure called a mediastinoscopy. It explains what a mediastinoscopy is and what the procedure involves. 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 mediastinoscopy?

A mediastinoscopy is an examination of the area inside the middle of your chest between your two lungs (known as the mediastinum) and nearby lymph nodes (glands).

The procedure involves a thoracic (chest) surgeon making a small incision (cut) at the bottom of your neck and then inserting a thin, tube-like instrument with a camera built into the end (called a mediastinoscope) to look inside your chest.

During this procedure, the surgeon will also take a small sample of tissue (known as a biopsy) from the lymph nodes that surround your airway and large blood vessels in your chest.

Why do I need a mediastinoscopy?

You may have been referred for a mediastinoscopy because a recent chest x-ray or CT scan (a test that takes detailed images of the inside of the body) has shown enlarged or abnormal gland(s) around your airway or large blood vessels in your chest.

During a mediastinoscopy, a surgeon will take a small sample of the enlarged or abnormal gland(s). This tissue sample will then be sent to the laboratory to identify what it is. By finding out the nature of the abnormality, your doctor will be able to decide on the best treatment option or management plan for you.

Are there any risks or complications?

A mediastinoscopy is generally a safe procedure, but as with all surgical procedures there are some possible risks and complications.

Complications can include:

- 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)

- bleeding (if this happens, the surgeon may need to perform a sternotomy – see 'Changes to the planned procedure' section below)
- a collapsed lung (pneumothorax)

Changes to the planned procedure

Depending on what the surgeon finds when they look inside your chest, they may have to make some changes to your planned procedure.

In rare circumstances (for example, if bleeding occurs), the surgeon may not be able to perform the procedure via the one small incision as planned. If this is the case, the surgeon will use an 'open' surgical approach known as a sternotomy to open your chest. This approach involves the surgeon making a larger incision through your sternum (breastbone) to access your mediastinum.

The surgeon will only do what is appropriate for your condition. We will discuss all possible changes with you before your procedure as part of the consent process. If any changes need to be made to your planned procedure, we will explain what these were and the reasons for the changes after your procedure.

Are there any alternatives?

A mediastinoscopy is usually only recommended after other diagnostic tests or procedures have been inconclusive or have failed to provide adequate results to make a definitive diagnosis.

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
- what the procedure involves
- the benefits and risks of the procedure
- any alternative tests or procedures

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 explain 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 your 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 part 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 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) 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. We will then clean the area of your neck where we will be making an incision (cut) with some antiseptic solution.

The surgeon will then make a small incision at the bottom of your neck, usually in the normal skin folds. They will then insert the mediastinoscope through the incision and into your mediastinum. This will allow the surgeon to look at the area between your lungs and take samples of tissue (biopsies) from the abnormal or enlarged gland(s). These samples will then be sent to the laboratory for testing.

At the end of the procedure, the surgeon will close the small incision with dissolvable stitches (these are stitches that do not need to be removed). We will then place a dressing over the small incision.

How long will it take?

The procedure will usually take 30 minutes to one hour.

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 around 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 back to the ward you were admitted to, to continue your recovery.

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.

You should expect to go home on the same day as your procedure. However, some people may need to stay in hospital overnight depending on how they recover from the procedure.

If you go home on the same day as your procedure, we advise that you arrange for someone to stay with you overnight for the first 24 to 72 hours.

Side effects

After the procedure, you may experience some of the following side effects:

- tiredness
- a sore throat for a few days (you can take over-the-counter pain relief medication to help ease this)
- a cough which brings up a small amount of blood (this should stop after a few days)
- a temporary narrowing of the airways (bronchospasm) causing wheezing or coughing (this will usually settle down and resolve quickly on its own)

- low blood pressure (this will usually improve as you drink more fluids)
- swelling and bruising around the incision
- a slight ooze (stain) to your dressing

If you have any concerns about side effects, please contact us for advice using the details at the end of this booklet.

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.

What should I expect when I go home?

You may go home once we feel you are recovered, and you have passed urine and managed to eat and drink without difficulty. 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 immediately after the procedure.

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

Pain relief medication

It is normal to experience some mild discomfort after the procedure. If you experience discomfort, we advise taking over-the-counter pain relief medication such as paracetamol. Remember to read the instructions on the box before taking any medication.

Driving

You will be able to resume driving once you are comfortably able to sit in a car and perform all the manoeuvres safely (for most people, this is usually 48 hours 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.

Wound care and dressings

We will place a dressing over your wound after your procedure. You (or a relative or carer) should remove this dressing 48 hours after your procedure, leaving the wound exposed if clean and dry. If your wound is not clean and dry, you will need to put another clean dressing on.

It is normal to have some slight swelling and bruising around the wound.

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

Contact the thoracic nurse specialist, the ward you were being cared for on or your general practitioner (GP) if:

- you are worried about how your wound is healing
- your wound becomes more painful, red, inflamed, or starts to ooze

When will I receive my 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?

We will phone you the day after your procedure to check how you are recovering and discuss your follow-up plan with you.

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)

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

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