

Patient information factsheet

Airway clearance after your operation

We have given you this factsheet because we would like you to perform airway clearance after your operation. It explains what airway clearance is and what it involves. We hope it helps to answer some of your questions. If you have any further questions or concerns, please contact us using the details at the end of this factsheet.

What is airway clearance?

Your lungs regularly produce mucus (100ml a day on average). This mucus lines the surface of your airways (the passages from your nose and mouth down to your lungs, through which air enters and leaves your body) and lungs and helps protect these tissues from debris that you breathe in every day. The mucus is naturally pushed out of your body every day by small 'hairs' called cilia which line the surface of your airways. The cilia transport the mucus to your stomach where the acid in your stomach destroys it, or you cough it up. You won't usually notice this process happening unless you have a chest infection, as your body produces more mucus in response to the infection.

When you have a general anaesthetic (medicine that sends you to sleep so you do not feel anything during an operation or procedure) as part of your operation, the mucus removal process is temporarily 'dampened down' by the effects of the anaesthetic and this can lead to a build-up of mucus in your lungs.

Airway clearance involves using certain breathing techniques after you have an operation to loosen, move, and remove excess mucus from your lungs and airways.

Why do I need to perform airway clearance techniques?

Airway clearance techniques can:

- reduce your risk of developing a chest infection after your operation (in addition to getting out of bed early and moving around)
- optimise your lung function after your operation
- reduce the length of your hospital stay

After having an operation, you may initially find it difficult to take a deep breath or cough, but it is important to continue to do so to help clear the mucus. If pain is stopping you from taking deep breaths or coughing, please ask the nursing team for pain relief to help with this.

Are there different airway clearance techniques?

There are many different airway clearance techniques that can help you to clear mucus from your lungs. Our physiotherapy team will advise which is the best technique for you.

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Active cycle of breathing technique (ACBT)

The most common technique is the active cycle of breathing technique (ACBT). For more information about this technique, please read our 'The active cycle of breathing technique (ACBT)' factsheet (see the 'Useful links' section below).

We recommend practising this technique before your operation, so you get an idea of how to do the technique. We will check you are performing it correctly after your operation.

Supported cough

When you need to cough after your operation, we advise placing a folded towel or pillow over any wounds or painful areas to help support the muscles that help you to cough. If you are not sure how to do this, please ask us.

How long will I need to perform airway clearance for?

After your operation, you should perform the ACBT **eight to ten times every hour** while you are awake and in hospital. Once home, you can gradually reduce how often you perform the ACBT and practice as and when needed based on how congested your lungs feel.

Contact us

If you have any questions or concerns, please contact your clinical nurse specialist who will pass on your query to the physiotherapy team. A member of the physiotherapy team will then contact you.

Useful links

www.uhs.nhs.uk/Media/UHS-website-2019/Patientinformation/Respiratory/The-active-cycle-of-breathing-technique-ACBT-747-PIL.pdf

www.uhs.nhs.uk/Media/UHS-website-2019/Patientinformation/Surgery/Preparing-for-surgery-3167-PIL.pdf

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