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Your lung operation

Information for patients and carers

**Cardiothoracic Surgery
Aberdeen Royal Infirmary**

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Welcome to Ward 216

This booklet explains what happens during your stay in hospital. It also contains advice and information for your recovery after your operation. We hope you find it useful.

The surgeon will discuss your operation with you and the reason you need this operation. If you have any questions please ask.

What operation do I need?

- You may need to have part of your lung removed. This is called a **lobectomy**.
- You may need to have all of your lung removed. This is called a **pneumonectomy**.

A cut will be made in your chest, under your arm and round to your shoulder blade. This allows the surgeon to see exactly which operation you need.

You can lead a reasonably normal life after a lung operation but you may be a bit short of breath at times.

Before your operation

You usually come into hospital the day before your operation.

You may have:

- a chest X-Ray
- a tracing of your heart (ECG)
- breathing tests
- blood tests

These are done to make sure you are well enough to have the operation.

A doctor or medical support nurse will ask you some routine medical questions and examine you. The doctor will also explain the operation and ask you to sign a consent form to show that you understand and agree to your operation.

You will see the surgeon or registrar who will explain the operation. Please feel free to ask any questions you may have.

The anaesthetist (doctor who puts you to sleep) will come and see you to explain what they are going to do. They will also discuss what type of pain relief you will have after your operation.

The nurses will ask you some routine questions and explain about your operation and recovery.

Your family

When you come in to hospital we can show your family (if they wish) the High Dependency Unit (Ward 217) where you will be after your operation. They will also have the chance to ask any questions.

There is a direct phone number for the High Dependency Unit and the ward. You can get a leaflet with these numbers from staff.

It would be very helpful if only one member of your family makes enquiries about you by phone, and then passes this information on to the rest of the family. This helps reduce the time spent answering the telephone and increases the time the nurses can spend with the patients.

We advise you have only short visits from close family for the first two days because you will tire very easily after your operation. It is important that you rest to help your recovery.

You will be in hospital for approximately 7 days. Before you come into hospital please think about how you will get home. If you can, try to arrange for a friend or relative to take you home. You may also need help with shopping and daily tasks.

The night before your operation

The nurses will check that your bowels have moved that day. If not, we will give you a suppository to make sure that your bowel is clear before your operation, so you do not need to move your bowels immediately after your surgery.

If you have any valuables, money or jewellery, we will lock them away for safe-keeping while you are in the operating theatre.

You will have a shower the night before or on the morning of the operation depending on the time of your surgery. We will ask you to use a pink antiseptic soap and a nurse will help you if required.

The anaesthetist will tell the nurses when you should stop eating and drinking (fasting) before your operation. The nurse will advise you when you need to start fasting.

We will give you stockings to wear that improve the blood circulation in your legs. You will put these on before you go to theatre.

You may be given a sleeping tablet to ensure a good night's sleep before the operation. If you would like a sleeping tablet please ask the nurses.

The day of the operation

You will be given a pre-medication (“pre-med”) usually about one hour before the operation. This will either be a tablet or an injection which will help to relax you before the operation, but does not put you to sleep.

A nurse and porter will take you down to the theatre in your bed.

A nurse from theatre will then ask you some routine questions and take you through for your operation. The anaesthetist will put a needle into a vein in your hand. Through this needle you are given the drugs which will put you to sleep. The operation will take about one to three hours. When you wake up after your operation, you will be in the theatre recovery room.

You will stay in the theatre recovery room until you are more awake. Then you can go to the High Dependency Unit (Ward 217).

After your operation

You will be nursed in the High Dependency Unit for about one to three days depending on your progress.

In the High Dependency Unit you will be attached to monitors that check your heart, blood pressure and breathing. The monitors regularly make noises to show that they are working properly.

Oxygen

You will need oxygen through a face mask or nasal oxygen for about 48 hours. The nurses will gradually reduce this until you no longer need it. Remember to do your breathing and leg exercises as shown by the physiotherapist. They will visit you the day after your operation.

Pain relief

You may have PCA (patient controlled analgesia) which allows you to give your own pain relief when you need it. The PCA machine is set so that you can't get too much painkiller, so please use it regularly when you are sore, or before moving and coughing. Once you are eating and drinking the PCA will be removed and you will be given strong painkillers to ensure your pain is minimal.

For pain relief, you may have an epidural or paravertebral block. These types of pain relief involve you having a thin tube in your back through which you receive pain-relieving medication.

You may be given a suppository for the pain. These are inserted in your back passage and do not make you go to the toilet.

You will also be given pain-relieving tablets regularly. Please let the nursing staff know if you are in pain so they can give you something to help.

The physiotherapist will show you how to support your wound when coughing, how to do deep breathing exercises and help get you back on your feet.

Chest drains

You will have either one or two tubes called chest drains coming from the area of your wound. These tubes drain into a bottle on the floor. They drain any fluid or air from your chest. The nurses will check these tubes regularly and you will have a chest X-ray every one to two days to check when they can come out.

If your whole lung (pneumonectomy) has been removed then the drain will come out one to two days after the operation. If part of the lung has been removed (lobectomy) they will be in place for two to seven days or sometimes longer, depending on the result of your chest X-ray.

These drains may be attached to suction (a mild vacuum) so this may prevent you from moving around and walking freely. We will encourage you to walk on the spot and around your bed to exercise and help prevent any complications after your operation. The nurses and physiotherapist will advise you about this.

If your drain is attached to suction you might have a portable suction machine that will allow you to walk around the ward. If the drains are not on suction you may be allowed to walk around but you must keep the drain bottle below your chest and keep it upright. If the bottle gets knocked over, please let the nurses know so they can check it.

When the drains are ready to be removed we will give you pain relief beforehand to reduce any discomfort. Pain relief will be gas you breathe in (known as Entonox®). There will be stitches where the drains were. These will be removed five days after the drains are removed.

Wound

Your wound will run from the front of your chest, under your arm and round to your shoulder blade on the affected side. It will be covered with a dressing for the first two days. The nurse will then remove the dressing and possibly leave the dressing off. However, if there is any leakage from the wound a new dressing will need to be applied. The nurses will check your wound daily and will remove or change any dressings as required.

You may have dissolving stitches or metal staples in your wound. If you have staples, they will be removed ten days after your operation. If you are at home, if you can, please go to your practice nurse at your GP's surgery to have these removed. If this is not possible, the ward will arrange for the district nurse to come to your home. The ward nurses will discuss this with you before you leave hospital.

Other equipment

You may have a drip in your arm and neck for 48 hours after your operation. This will give you fluids and medications if required.

You will have a tube in your bladder to drain your urine. This will be in place for about 48 hours.

Eating and drinking

You can eat and drink as you feel able about four hours after your operation. If you feel sick let the nurses know and they will give you something to help this. You will probably find your appetite will be poor, but try to take fluids and a little food as this all helps with your recovery.

Personal hygiene

The nurses will help you get washed for the first few days after your operation, and then you will gradually be able to do this for yourself.

The stockings you were given should be changed daily – you may need some help with this at first.

Getting up and about again

The nurses and physiotherapist will help you out of bed, usually the day after your operation. You will sit in the chair and have a short walk. The distance you walk will be increased each day as you are able.

You will be given an injection called dalteparin daily until you are up and about as normal. This is to help the blood flow freely around your body. You should be able to walk around without help within four to seven days.

When in bed it is important that you exercise your legs to help your blood circulation.

Preparing to leave hospital

You will be in hospital for 7 to 14 days after your operation. This varies depending on your progress.

The doctors will see you every day to check how you are getting on. You will also see the surgeon regularly. If you have any questions, please feel free to ask the doctors or nurses.

The part of lung that has been removed is sent to the laboratory to be analysed and the results take about one week to come back. If your results are not available before you leave the ward then you can discuss them when you see the surgeon in the outpatient clinic. Your outpatient appointment will be about four to six weeks after you go home.

We understand this can be a worrying time for you and your family so please ask the nurses if there is anything you are unsure of.

Before you leave the ward

If you live within the Grampian area a letter will be sent electronically to your own doctor which explains your operation and lists the tablets you have been given. If you are from outwith Grampian you will be given a letter for your doctor. Please hand in this letter to your GP surgery as soon as possible when you go home.

We will send you an **outpatient** appointment to come back and see the surgeon. It is important you attend this appointment.

You will be given a letter with information about your tablets. You will get a 14 day supply. The nurse or pharmacist will explain these to you. If you need more tablets, please get a prescription from your GP. Remember that your GP may need 48 hours' notice to arrange this for you.

At home

You will feel quite tired when you first go home but this will gradually improve over the next few weeks. You should have somebody at home with you if possible.

Pain relief

You must take your pain relief regularly, especially at bedtime.

After a couple of weeks you may feel ready to cut down your pain-relieving tablets. Don't cut them down if you are still sore.

You may find the pain relief will make you constipated. Try to take a well-balanced diet with extra fruit, vegetables and plenty of fluids to drink as this will help your bowels. You may need to take a laxative.

You may have muscular pain in your neck, shoulders, arms and back for up to six weeks after your operation and mild aches and pains for about three months. If part of a rib has been removed during your operation you may have occasional stabbing pains. Numbness or tingling along the your scar line is also common.

If you feel that your pain relief is not working then contact your GP.

Bathing

You can have a bath or shower as soon as you feel able. It is all right to get the wound wet. Gently pat it dry and do not use perfumed sprays or talcum powder on the wound area.

Wound

You may still have staples in the wound when you get home. Your wound may appear a bit swollen. This is normal and will gradually improve. If there is any discharge from the wound or any redness, or if you feel the wound very hot, then please contact your GP.

It will take six to eight weeks for the wound to heal properly. Try to avoid tight clothing around the wound area during this time.

Exercise

Walking

- Walk regularly and gradually increase the distance you go.
- Start on the flat and work up to hills.
- As a general rule you should always be comfortably out of breath when you are out walking, but always able to speak.

Other suitable exercise may include:

- | | |
|----------------------------|---|
| Until 6 weeks: | <ul style="list-style-type: none">• Light housework• Light gardening• Exercise bike |
| From approximately 6 weeks | <ul style="list-style-type: none">• Swimming (if your wound is well healed)• Carrying shopping• Cycling |
| After 8 to 10 weeks | <ul style="list-style-type: none">• Golf• Mowing the lawn• Badminton• Digging |

Avoid heavy lifting until six weeks after your operation. Keep supporting your wound with a towel or pillow when you cough or sneeze, if necessary.

Arm exercises

Try these at home every day for the first few weeks.

- stretch both arms up over your head
- stretch both arms out in front of you
- stretch both arms out sideways.

Posture

It is important to maintain good shoulder posture.

Rest

You will feel quite tired when you go home at first. Plan to gradually increase your activities each week. You should take a rest in bed during the day. Try to make sure that you have a good night's sleep - eight hours if possible. You may find it easier to sleep sitting upright to help your breathing.

Your mood

You may find that you feel a bit low in mood some days. You may feel that you are not making progress, or you may have difficulty concentrating or feel very tired. This is normal after an operation. You will have good days and bad days. This will gradually improve as you get your strength back.

Work

Returning to work depends on the type of job that you do. If it is light work then you may be able to go back after four to six weeks. If it is heavy manual work then it may be longer, eight to ten weeks. You can discuss this with your GP or with your surgeon at your outpatient appointment.

Driving

Do not start driving until you feel able, which will be at least four to six weeks after your operation. Remember that you must be able to do an emergency stop or reverse the car if required. You must also wear a seat belt. Remember your insurance may be affected if you drive while unfit. Check with your insurance company if in any doubt.

At first you would be better to have another driver with you in the car as you may still feel quite tired.

Smoking

It is very important that you do not smoke after a lung operation. It can complicate your recovery. If you need help to stop smoking, there are contact numbers at the back of this booklet.

Alcohol

You can take alcohol in moderation but be careful while you are still on medication.

Sexual relationships

These may resume when you feel able. Remember that everyone recovers at different rates.

Travelling

Check with your doctor before flying.

Further treatment

You may need further treatment. If you do, the doctors will discuss this with you in the ward or at the outpatient clinic.

A Macmillan nurse is available in the hospital or at home to discuss any worries. Please ask the ward nurses or your GP if you or your family would like to speak to them.



Useful contacts and telephone numbers

If you have any questions or would like further advice please contact:



**Macmillan Lung Nurse Specialist
Aberdeen Royal Infirmary**

 01224 550907 or 550909 

**Macmillan Nurses
Elgin**

 (01343) 567480 

**Macmillan Nurses
Banff**

** (01261) 819182 
Ext: 71182**

For other services which also offer helpful advice and information, please contact:

**Smoking Advice
Service**

☎ 08085 20 20 30 ☎

**CLAN (Cancer
Link Aberdeen and
North) – support
for patients and
their families**

**☎ 01224 647000 ☎
(24hr answer machine)**

**Cash in your
Pocket (benefits
advice; covers
Aberdeen city and
Aberdeenshire)**

☎ 0800 953 4330 ☎

info@ciypp.co.uk

www.ciypp.co.uk

**Moray Money
Advice and
Welfare Benefits**

☎ 0300 1234561 ☎

money.advice@moray.gov.uk

www.moray.gov.uk

**Social workers can also offer advice and information.
You can get their numbers from your GP surgery.**

We hope this booklet was helpful.

Please remember that this is only a guide and everybody is different and progresses at different rates. We wish you a speedy recovery.

**This leaflet is also available in large print.
Other formats and languages can be
supplied on request. Please call Quality
Development on 01224 554149 for a copy.
Ask for leaflet 0595.**

Feedback from the public helped us to develop this leaflet.
If you have any comments on how we can improve it,
please call 01224 554149 to let us know.

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