

Your Lung Surgery

Your Thoracic Surgeon has scheduled you for lung surgery. This handout offers you information about your lung surgery. It is important you and your family member/partner-in-care read this handout.

If your mass or tumour is cancer

Surgery may be the only treatment needed to manage your cancer. Radiation and/or systemic therapy treatments may be offered to you. Deciding what is the right choice for you can depend on:

- The cell type of your cancer
- The stage of your cancer
- Your age and overall health
- Your feelings about the treatment

Your healthcare team will give you the information and support needed to make the right choice.

Your healthcare team

The healthcare team members you may see in hospital:

Thoracic (Lung) Surgeon

Your surgeon decides what type of surgery you need and how it is done. The surgeon works with your healthcare team to guide your care before, during and after surgery.

Nurse Navigator

A nurse navigator helps plan your care with the surgeon and healthcare team and provides you information and support as needed.

Registered Nurse/ Registered Practical Nurse

Nurses care for you before and after surgery. They give you the support, medications and information you need while in hospital.

Social Worker

Social workers have training in counselling and can help you solve problems, make decisions and improve your feelings of wellbeing. A social worker offers support and information to help you and your family member/partner-in-care with your worries or concerns. Ask a member of your healthcare team about a referral to a social worker.

Registered Dietitian

Registered dietitians specialize in nutrition counselling and education. A registered dietitian is available to talk with you about what to eat and drink to help you recover from your surgery. Ask a member of your healthcare team about a referral to a registered dietitian.

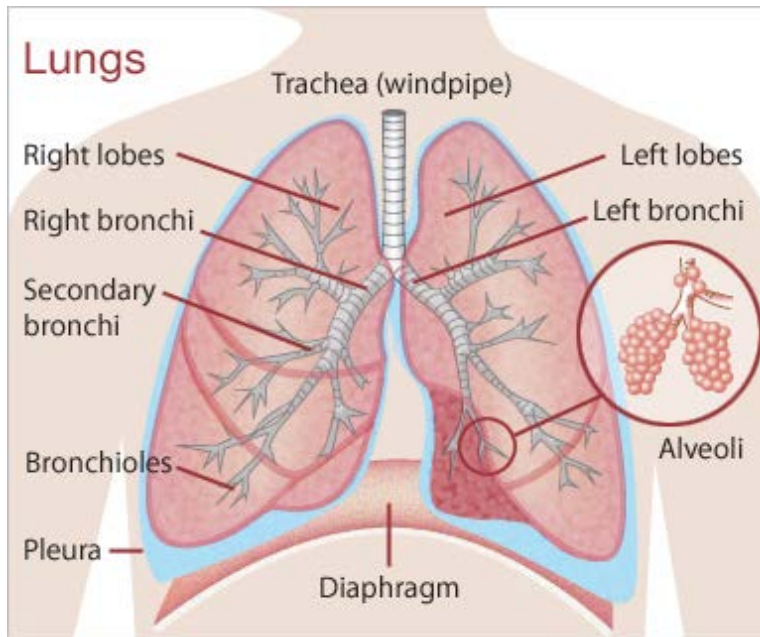
Ontario Health atHome Coordinator

A care coordinator from Ontario Health atHome helps plan your discharge from hospital and the supports you need for care at home.

Why you need lung surgery

You have 2 lungs. Your right lung has 3 lobes or parts. Your left lung has 2 lobes. You may need to have lung surgery because of an infection in your lungs or to remove a tumour. Your surgeon may need to take out an entire lung or sections from one or both of your lungs. A mass or tumour in your lung can be benign or malignant. Benign means that it is not a cancer and malignant means that it is a cancer. Any of your lung tissue removed during your surgery is sent to the lab to be looked at.

A picture of what your lungs look like



What you can expect before lung surgery

1. Your pre-operative appointment

- You will be scheduled for a pre-operative appointment. **Your lung surgery is cancelled or delayed if you miss this appointment.**
- You will receive more information about your lung surgery at this appointment.

- If you take a blood thinning medication

You may need to have bloodwork done before surgery. The results of this bloodwork helps the doctor decide if you need to stop your blood thinning medication before surgery. Talk to your surgeon or nurse navigator if you have any questions about this.

2. What you need to do to be ready for your lung surgery

- Arrange to have someone drive you home after surgery. You cannot drive yourself home after surgery.
- Call the nurse navigator if you have any questions or there is information you do not understand.
- Call the nurse navigator if you become sick with a cold before surgery.
- **Stop smoking 6 weeks before your surgery.** This includes all tobacco products (pipes, cigars, cigarettes and chewing tobacco). Smoking puts you at risk for lung problems after surgery. Tobacco smoke destroys the tiny hairs that line your airway (cilia). Cilia help you cough up any secretions from your lungs. This is something you need to do after surgery to help you recover. Ask the nurse navigator about people and programs to help you quit smoking. You can also call Health Connect Ontario at 811 (a free, confidential telephone service).
- **Do not eat anything after midnight** the night before your scheduled surgery. You can drink clear fluids (clear fluids are fluids you can see through – examples: water, tea, black coffee, apple juice, ginger ale) up to 3 hours before you arrive at the hospital.

What you can expect after lung surgery

You will stay in hospital for 2 to 7 days. This depends on the surgery you have. You may go to the Critical Care Unit (CCU) to be monitored for a few hours or days after surgery. You will go to the surgical unit on the 7th floor (G wing) for the rest of your hospital stay. Each person recovers differently. How you recover from your surgery depends on the type of surgery you had, your age, overall health and your attitude.

Managing pain

- You will have some pain or discomfort around your incisions.
- You may also have feelings of numbness through your chest and shoulders and into your abdomen.
- You will receive medication to manage your pain. It is important to take this medication when you have pain. This helps you recover from surgery. Talk to a member of your healthcare team if you have questions or concerns about this.
- Tell your healthcare team if your pain medication is not working.

- You may be given pain medication through an epidural catheter (a small flexible tube put in your back by a doctor) for 3 to 5 days after your lung surgery. The epidural catheter is attached to a Patient Controlled Analgesia (PCA) Pump. This pump provides your pain medication through the epidural catheter.
- You will receive the information you need about the epidural catheter and about “PCA”.
- When the epidural catheter is removed, you are given a different medication to control your pain (example: a pain medication you will take by mouth – a pill or tablet).

Side effects of pain medications

You may have side effects from the pain medications. These side effects are expected and normal. Tell your nurse if you have any of these side effects.

- Nausea and vomiting
- Constipation
- Headaches
- Sleepiness
- Itching

These side effects will not last and can easily be managed.

Managing constipation

- You will receive a stool softener and a mild laxative to help prevent you from having problems with constipation. Your bowels movements should return to what is normal for you after you stop taking the pain medications.
- Drink 6 cups of fluids (1 cup = 250ml) in 24 hours. Do this unless your surgeon or a dietitian tells you something different.
- Add bran, high fibre breads, cereals, berries, and dried fruit or prune juice to your diet (unless these foods are a problem for you normally).
- Tell a member of your healthcare team if you do not have a bowel movement for 3 days.

Managing nausea and vomiting

You will receive medications to manage any nausea (upset stomach) or vomiting you may have.

Your incision(s)

- Your surgeon will tell you how big your incision(s) will be and where they will be located. The size and location of your incision(s) depends on the type of lung surgery you have.
- The area around your incision(s) may feel numb. This is normal. It may last for 2 to 3 months or it may never go away.

- If you have steri-strips on your incision(s) they need to be taken off 10 days after you go home. It is normal for the steri-strips to fall off before this. If they do not fall off after 10 days, remove them when you have a shower.
- Your incision(s) may have stitches or staples. The surgeon tells you when these need to be removed. Usually stitches and staples are taken out 7 to 10 days after your lung surgery at your follow-up appointment.
- Do not put lotions or creams on your incision(s) until it is completely healed.

Tubes and lines you may have

Intravenous Line (IV)

- You will have an IV put into one of the veins in your arm. The IV is used to give you fluids and medications. Your IV is taken out after you are drinking enough fluids.

Chest Tube

- A chest tube is a tube placed between your ribs and into the pleural space of your lung. You may have 1 or 2 chest tubes in place to drain fluid and blood out of your chest. This helps your lung refill with air and drain out any extra fluid.
- Each chest tube is put into the side of your chest through small incisions. A small stitch and tape holds the tube in place. Each chest tube is attached to a container to collect any fluid that drains out.
- Chest tubes are usually taken out when the drainage of fluid decreases or stops. The chest tubes may still be in when you go home.
- After your chest tubes are removed, you will have another chest x-ray. This allows the surgeon to see if your lungs are expanding enough.

Arterial Line

- If you go to the Critical Care Unit after surgery you will have an arterial line (a small tube) in your wrist. This is another type of IV that can be used to take samples of your blood, measure your blood pressure and give you fluids and medications.

Foley Catheter

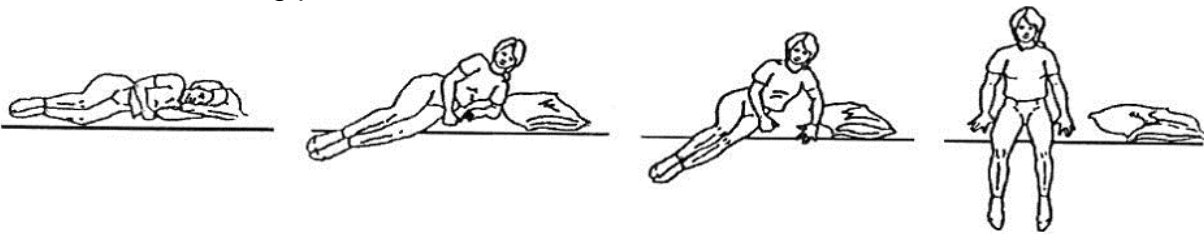
- You will have a Foley catheter for 1 to 2 days after your surgery. A catheter is a hollow tube that is placed into your bladder to drain out your urine. The catheter is connected to a bag to collect the urine you pass. Your nurse measures the amount of urine in the bag. This helps your healthcare team see how well your kidneys are working.

Your breathing

- After surgery your oxygen levels are monitored by your healthcare team.
- You may need to be given oxygen through a face mask or nasal prongs (into your nose) for a few days after surgery.
- The oxygen is removed when your lungs are working well.
- You may have shortness of breath after surgery. As you recover it is important your lungs expand and for you to cough up any mucous. Good pain management, getting out of bed after surgery and deep breathing and coughing exercises will help you with this.
- You need to do deep breathing and coughing exercises every 4 hours while you are awake. You will be shown how to use an incentive spirometer. This is a device that helps you with your breathing and to expand your lungs.

Getting out of bed after surgery

- You will be on bed rest for a few hours after surgery.
- Your healthcare team will help you sit at the side of the bed for the first time. It will not be easy or comfortable for you to sit up without help.
- These steps will help you sit up after surgery (see the pictures below):
 - Roll onto your side where there is no incision.
 - Put your upper hand on the bed below your elbow on your other arm.
 - Lift your upper body off the bed by pushing down on the bed with your upper hand and pushing up with your elbow
 - Swing your feet and legs over the edge of the bed and bring your body to a sitting position



Eating and drinking after surgery

- After your surgery, you can drink fluids.
- Drink 6 cups (1 cup = 250ml) of fluids every 24 hours unless your doctor or dietitian tells you something different.
- You eat your normal diet after you manage to drink fluids well.
- Your appetite should return to normal within a few weeks.
- Your appetite gets better as your physical activity increases.
- Ask to see a registered dietitian if you have problems eating after your surgery.
- Eat smaller meals more often if you do not feel hungry.
- Eat foods that are high in protein and calories.

Your emotions after surgery

- After surgery you may feel tired and discouraged for days or weeks. You will feel better emotionally as you feel stronger physically.
- Talk to a member of your healthcare team or ask to see a social worker if you have concerns about your emotions.

Your medications after surgery

- The surgeon may make some changes to the medications you currently take. Ask a member of your healthcare team about this.

Your follow-up appointment

You will receive a follow up appointment to see your thoracic surgeon 2 to 3 weeks after surgery. Call the receptionist at your thoracic surgeon's office within a week after you go home if you did not receive this appointment.

Dr. Browne at 905-576-8711 or 1-866-338-1778 at 32383

Dr. Dickie at 905-576-8711 or 1-866-338-1778 at extension 36357

Dr. Sisson at 905-576-8711 or 1-866-338-1778 at extension 36342

Dr. Trainor at 905-576-8711 or 1-866-338-1778 extension 34481

You will receive a handout called [Going Home After Your Thoracic Surgery](#). For more information or to find this handout, go to the Cancer Care pages of the Lakeridge Health website at lakeridgehealth.on.ca. Click on Our Services > Diagnosis > Thoracic DAP.

Talk to a member of your healthcare team if you have questions or do not understand any information in this handout. You can call your surgeon's office to talk to the nurse navigator (Monday to Friday from 8 am to 4 pm – except on holidays).

Last reviewed: July 2024