

INFORMATION ABOUT LUNG SURGERY

What you can expect and what you need to know while you are in the hospital.

INTRODUCTION

Your doctor has determined that your illness requires surgery. You will probably be admitted to the Medical Observation Unit at UCLA Medical Center after your surgery. Your care will be provided by physicians, nurses and care partners, experienced in all aspects of your pre- and post-operative surgical care. You are an especially important participant in your post-operative recovery. We will provide you with education about your surgery and immediate post-operative activities that will assist in a speedy recovery process.

The purpose of this booklet is to provide you with some of the basic instruction of what to expect during your hospital stay. When you have additional questions about your medical condition, please do not hesitate to ask a member of your health care team.

While every patient is different, there are some similarities in post-operative care. We will explain these to you ahead of time so you can ask questions and be prepared to participate to the best of your ability and assist with your post-operative recovery.

We recognize that hospitalization and surgery are very stressful for patients and their families and we will do all we can to help you.

WHAT TO EXPECT AT THE PRE-OPERATIVE VISIT

Prior to your surgery, you will be scheduled for a pre-operative Anesthesia Clinic appointment. **When you come for your pre-operative visit, bring a list of your medications, and know your medical history.** Blood for your pre-operative lab tests may be drawn at UCLA, or may be done at another facility. During your visit, you will have an opportunity to talk to an anesthesiologist about those aspects of your care and to confirm your medical readiness for the upcoming surgery. You will also receive instructions about preparing for surgery, and will be given the telephone number you are to call the day before surgery to obtain your arrival time appointment for the Same Day Admission (SDA) area at UCLA.

THE DAY OF SURGERY

Remember not to eat or drink anything after midnight before surgery, unless otherwise instructed. Anesthesia will consult with you on the morning of your surgery.

Your physician will have instructed you if you should take any of your normal medications on the day of surgery, prior to surgery.

Your relatives/friends should wait in the Surgery Waiting Area in the Main Lobby of the Medical Center, where the doctor will speak to them after the surgery is completed.

POST-OPERATIVE CARE

After your surgery is completed, you will be transferred to the Recovery Room, which provides immediate post-operative care for a few hours while you recover from anesthesia. Generally, visitors are not permitted in the Recovery Room. When you are ready, you will be transferred to a monitored bed, usually in the 4East Medical Observation Unit.

The average length of post-operative hospital stay is approximately 2 to 5 days. This may vary by a few days depending on individual progress. You may receive continuous electrocardiogram (EKG) monitoring for the first 24 hours. You may also have a small Band-Aid-size sensor placed around one of your fingers to continuously measure the oxygen content of your blood. Both the EKG monitor and the oxygen sensor are often removed the second day after surgery.

Your vital signs, including pulse, heart rate, temperature, will be monitored every 2 hours for the first 24 hours, then every four hours until discharge.

PAIN CONTROL

Every effort will be made to make you as comfortable as possible during your recovery. At the time of surgery, you may receive either an epidural catheter tube placed in your back through which pain medication is administered, or a Patient Controlled Analgesia (PCA) placed in your arm, which allows you to administer your own pain medications within controlled limits. Sometimes pain may initially be controlled by oral medications. Both physicians and nurses will be asking you about your level of comfort. Once it is appropriate, you will receive oral pain medicines and the epidural or PCA will be discontinued.

Please let a member of your team know if you are experiencing significant discomfort.

ACTIVITIES

One of the most important aspects of post operative recovery is getting out of bed. This facilitates lung expansion, draining of your chest tubes, and the prevention of post-operative complications. You will be assisted in getting out of bed and walking in the hall. You will walk at least twice on your first post-operative day, and at least 4 times a day thereafter. You will be advised about the distance by your care partner or nurse.

Upon return from the Recovery Room, you will have knee- or thigh-high elastic stockings on your legs, and may be wearing soft plastic (pulsatile) stockings over them to help prevent blood clots from forming in your legs. The pulsatile stockings will be removed once you are mobile the next morning.

Another important part of your post-operative recovery is the action of coughing and deep breathing. This facilitates lung expansion and prevention of post-operative pneumonia. You will be asked to use a device called an Incentive Spirometer, every few hours. It is advisable to use this device even more frequently if you can.

You will also receive "chest clapping" from the patient care staff using percussors. You will be asked to lie in different positions. In each of these positions, you will receive chest clapping to assist with loosening of secretions and deep breathing.

CHEST TUBES

During your initial stage of recovery, you may have one or more tubes in place in your chest to drain fluid and allow your lung to expand. The chest tubes are initially connected to suction, and you will hear a soft bubbling sound. Your chest tube dressing should be changed daily by the nurse providing your care. While you are in bed, care should be taken not to kink or clamp the tube, which can happen if you sit on the tube. The tube should be allowed to drain freely into its drainage compartment. You can anticipate a chest x-ray early each morning for a few days, or as ordered by your doctor. This is done to evaluate the expansion of your lung and your readiness for chest tube removal.

DIET

Immediately after surgery you will receive nothing by mouth. Later that day you can anticipate a liquid diet, if you are not experiencing any nausea. This diet can be rapidly advanced to a regular diet, if you are tolerating fluids well. Generally once you are tolerating fluids well, your continuously running intravenous (IV) fluid line can be capped off for periodic administration of medications or fluids as needed.

BOWEL ACTIVITY

Since you will be receiving pain medicines and have had anesthesia, you can anticipate receiving stool softeners and/or laxatives to get your bowels to move. If you use laxatives at home to assist with this, please let your nurse know what works best for you.

DISCHARGE CRITERIA

You will be ready to continue your recovery at home once the following have occurred:

- Your chest tube has been removed or your doctor feels that it is suitable for care at home
- You are receiving and tolerating oral pain medicines well
- Your pain is under acceptable control
- Your wound site is healing well
- You have no fever
- You are voiding

If you think you may need in-home assistance, our discharge planners can assist you with those arrangements. Please help us to plan early if you anticipate this need.

Prior to leaving the hospital you will receive instruction on when to see your doctor next, signs and symptoms to call your doctor about, and your medications. ***Please make sure that you understand the information, and do not hesitate to ask questions.***

DISCHARGE INSTRUCTIONS

As your discharge approaches, there are some special things you should know about!

ACTIVITY

We encourage you to continue to walk as much as possible. Staying out of bed is to your advantage in your recovery. Ask your doctor about lifting and driving after your surgery. We encourage you to continue the cough and deep breathing exercises as you have done in the hospital. "Chest clapping" can be performed by a family member approximately 4 times a day for a few days, while you do the cough and deep breathing exercises.

SHOWERING

You may take a shower, but not a bath. Staples may be removed before discharge; if not, they will be removed at your first post-operative visit. Steri Strips will be placed over the wound site, and they will peel off as your wound heals. Ask your physician when you can take a bath.

DRESSING SITE

You can remove your chest tube wound dressing in 1 to 2 days. Observe the site for any increases in drainage, redness or swelling. You may apply a new gauze if the site is still draining.

DIET

You may return to your normal diet at home, unless otherwise instructed by your doctor.

MEDICATIONS

You may return to the medications you took at home unless directed otherwise by your physician. Should you have questions about this, please do not hesitate to ask one of your physicians. Since you may still be taking medications for pain, you may still benefit from stool softeners or laxatives. If you are unsure if a medication is safe, ask your physician.

Please be sure you have received the separate sheet listing the medications you will be taking at home.

PLEASE NOTIFY YOUR PHYSICIAN FOR ANY OF THE FOLLOWING:

- Increased drainage from your wound sites
- Increased redness, swelling at the wound sites
- Fever of 101.3° F (38.5° C)
- Pain that is not well controlled
- Increasing or severe shortness of breath