After Your Lung Surgery
Patient Education – Discharge Information

You have just had lung surgery. The following are definitions of terms you may hear in connection with your surgery:

THORACOTOMY -
Making an opening into the chest between the ribs. The skin incision may start under your arm and extend around to the back for 7 or 8 inches. For smaller operations, such as a biopsy, the incision may be only 3 inches in length.

BIOPSY -
Removal of a small piece of tissue to determine the nature of your disease. This may be done with a wedge resection of the lung, or sampling a lymph node or abnormal tissue from inside the chest.

MASS -
A lump or grouping of similar cells which are different from the surrounding tissue.

NODULE -
A small mass of rounded or irregular shape.

TUMOR -
An abnormal mass of tissue.

WEDGE RESECTION -
Removal of a "pie-shaped" portion of one lobe.

LOBECTOMY -
Removal of a section or sections of the lung. Each lung is divided into lobes. The left lung has two lobes (upper and lower). The right lung has three lobes (upper, middle, and lower). After a lobectomy, the remaining lobe(s) will fill the space.

PNEUMONECTOMY -
Removal of one entire lung (right or left). After a pneumonectomy, the remaining space (pleural cavity) fills with fluid.
YOUR RECOVERY

COMFORT -
You will be given a prescription for pain medicine at the time of your discharge from the hospital. Initially, you may need to take the medication four or five times a day. Gradually, you will be able to decrease the amount of medication you require. **If you find that you are almost out of pain medication and think you may need a refill, call the office. Be sure to call before you are completely out of pills.** Some medications require a written prescription to be refilled. These cannot be telephoned to your local pharmacy.

If you are experiencing a lot of discomfort, try taking a warm shower. The warmth will relax the muscles.

After this type of surgery, most people experience some discomfort for three to six months. However, during this time the discomfort decreases in severity and intensity. After a few weeks you should be able to limit your prescription pain medication to only once or twice a day. Patients have reported that taking the medication early in the day and/or a bedtime seems to work best.

ACTIVITY -
You will fatigue easily at first, but you will build up strength and energy by being persistent. Walking is an excellent activity for increasing stamina. Walk every day. During inclement weather, walk indoors, i.e., shopping mall, gymnasium, or at home.

It takes about three months for complete healing of your incision, muscles and ribs. Do not lift more than twenty pounds during this time. When doing all activities, especially lifting, remember to breathe. Don't hold your breath. Breathe out when the work is hardest.

APPETITE -
You will very likely experience a loss of appetite and lack of taste for food during the first few weeks. This is not abnormal, but to heal, you must eat. Try small, frequent meals. Weigh yourself once a week. Drink plenty of fluids.

BREATHING EXERCISES -
We recommend that you continue to use your spirometer at least **four** times a day until you are back to your normal activity pattern. The deep breathing improves lung function and helps prevent postoperative complications with lung congestion.
YOUR RECOVERY (continued)

CONSTIPATION -
Changing your normal food and fluid intake, decreased activity and use of pain medications often result in constipation. If you are constipated, you may take a laxative or stool softener. This problem should resolve after you return to your normal routine and discontinue use of narcotic pain medicine.

SLEEP -
When you are first at home you may find it difficult to sleep a full eight hours. You may have difficulty finding a comfortable position. Gradually this will improve. If you nap or are inactive during the day, you might hinder a good night's sleep. Try to get back to your normal schedule as soon as possible.

WOUND CARE -
Keep your wound clean by showering daily. Wash the incision and chest tube site(s) with soap and water. A dressing is not necessary unless there is drainage. Do not apply ointments or cream directly on the Incision until you have seen your doctor for your postoperative appointment.
FREQUENTLY ASKED QUESTIONS

How long will I have discomfort?
The severity of post-operative pain gradually diminishes. By ten to twelve weeks after surgery, most patients experience only minimal discomfort.

Why do I hurt in front when my Incision is in the back?
In order to enter the chest, the surgeon must spread your ribs apart. The nerve that runs under this rib is stretched, and this nerve gives feeling in the front of the chest. The pain you feel in front of your chest is from your incision and is called incisional (or referred) pain.

What about healing of the incisions?
As stated before, complete healing takes time. When you are discharged, the area around the incision may be quite swollen. The swelling will gradually decrease. Sensation (feeling) directly along the incision is often decreased, but will return.

Is fever common?
A temperature of about 99 degrees is not uncommon after surgery. Patients notice that their temperature tends to be slightly higher in the late afternoon or evening. Doing deep breathing and coughing exercises will help control your temperature. If you have a fever of 101 degrees or above, call the doctors office immediately.

Is it normal to be short of breath?
You may experience some shortness of breath with activity or when you are fatigued. The brain may interpret chest discomfort as a feeling of "shortened breath", even though the oxygen level and ability to breathe are normal. Over the next few weeks, as you gain strength, this should slowly, but steadily improve. If, however, you also have a fever, call the doctor's office.

What about infection?
If you are worried about the way your Incision is healing, please call the doctor's office. You should report: fever greater than 101 degrees; redness or increasing tenderness along the incision; or excessive drainage from the wound accompanied by fever.
FREQUENTLY ASKED QUESTIONS (continued)

What can be done to speed recovery?
Continue your deep breathing and coughing exercises at home, and steadily increase your activity.

What medications should be taken?
At the time of discharge, discuss with the doctor any medications you may have been on prior to surgery which have not been resumed. You will also be given a prescription for pain medication. In addition, patients who are over 50 years old are often discharged on Lanoxin. Lanoxin is a medication which helps regulate your heart rate. It is prescribed to prevent any heart irregularities which occasionally occur after surgery. If this medication has been prescribed, you will take it for one month, and it will then be discontinued.

When Is It safe to drive a car?
You may drive when you are no longer taking narcotic pain medication.

When will I see the doctor?
Your first post operative check up will be scheduled about two to four weeks after your discharge. After that you will be followed on a regular basis dependent on your diagnosis.

When can I go back to work?
If your job requires heavy lifting, you will need to be off work for at least three months from the date of surgery. However, if your job is less strenuous, you may be able to go back to work in about six to eight weeks. This can be discussed with the doctor at your office visit.

What about weakness and fatigue?
You have had a major operation and fatigue is to be expected. Young or old, it takes time to recover from surgery of this kind. Although you may think that your weakness is a result of your surgery, it’s also largely due to muscles being out of condition. It is estimated that a college student loses 15 percent of his muscle strength after one week of bedrest. Therefore, it is not surprising that a patient who has been hospitalized and had undergone chest surgery feels weak or tires easily in the first few weeks at home. To regain strength you must exercise daily. Do not allow yourself to be inactive.