

Preparing for your Thoracoscopic Procedure

Pre and Post-operative instructions

Department of Thoracic Surgery



MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

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What is Thoracoscopic Surgery?

This is a process where the surgeon will make 3-4 small incisions into your chest cavity. One of the incisions will be used for an instrument that has a camera on it and the other 2-3 for instruments to do the procedure. This type of surgery can be used for a variety of procedures. Mainly it is done for removal of lung tissue, either a biopsy, wedge, or lobe. Sometimes it is done to evaluate the pleural lining, or evaluate the mediastinum (middle of the chest where lymph nodes can be). Regardless of why you are having your thoracoscopic surgery, the following planning, tubes, and home care instructions will be important to follow.

To view a video on Video-Assisted Thoracoscopic Surgery (VATS) visit:

<http://careguides.med.umich.edu/thoracic-surgery>

In the Search Box type VATS and select the video from the list.

Planning for your Thoracoscopic Surgery:

- **Do not** take any nonsteroidal anti-inflammatory medication (i.e. Motrin, Ibuprofen, and Aleve) or Aspirin products for 1 week prior to your surgery date.
- **If you have a history of heart disease and cardiac stents, you may need to remain on your aspirin therapy; this will be addressed at your history and physical appointment, which will be done prior to your surgery.**
- **Do not** smoke at least 4 weeks prior to your surgery; you may be tested the day of your surgery to make sure you have not been smoking; if you are smoking your surgery will be canceled.
- **Do** walk up to 2-3 miles a day prior to surgery to get yourself in the best shape possible

- **Do** use your incentive spirometer, at least 30 times a day (slow breaths,) and **DO** bring your incentive spirometer with you the day of your surgery. You can leave it with your family member or friend until after surgery, or you can leave it in the car until after surgery, when your friend/family member can get it and bring it to you.
- **Do** bring your blue blood sheet with you the day of surgery.
- If your surgery is done as an outpatient, you need to have a driver available to take you home the day of surgery and you will need someone to stay with you at home overnight.
- If you are on home oxygen, please make sure you bring a tank with you to the hospital for your ride home after surgery.

Preparing for your Thoracoscopic Surgery:

You will not be able to eat or drink after midnight prior to this surgery

- **Medications**

Which medications to take or hold will be discussed at your pre-operative history and physical appointment.

- you will need to hold any blood thinners (examples Coumadin®, Plavix®). If you need to transition over to a different type of blood thinner, like Lovenox we will let you know when your last dose of this medication will be.

Where the Thoracoscopic Procedure will be performed:

- Your surgery will be performed at the cardiovascular center. You will need to park in parking lot P5, and then go to the 4 th floor and check in to the surgery family waiting room. The waiting room is the location that your family will also remain while you are in surgery. Generally, the surgeon will come out and speak with your family, once the surgery is done.

What can I expect during the Procedure?

- From the family waiting room, you will report to the pre-operative area. You will remain here about an hour and a half to two hours; this is where you will meet with the anesthesiologist. The start of your post-operative pain control will be discussed at this time.
- You will be under general anesthesia for this surgery.
- The length of the operation will generally be about 3-4 hours.

In the hospital/immediately after surgery:

After surgery, when you awake from the general anesthesia **you will have a few tubes and catheters** which are described below. All of these are important and will allow us to monitor you while you are in the hospital.

- **Chest tube**- - this is a tube that is used to drain the liquids that are produced in your lung normally, that may/will increase after we have removed or manipulated part of your lung. It is also used to remove air that may be collecting in your chest after surgery. "Air leaks" as we call them can happen for various reasons. We will show you while in the hospital the different parts of the chest tube "box" so you are aware what we are monitoring, with regards to an air leak, or increased drainage. Most of the time both of these need to stop before we can safely remove the tube. There are times when we will need to place a special one way valve, in place of the

chest tube drainage system, if you have an air leak that may take longer to resolve. You may go home with this one way valve; you will get special instructions if this is the case.

- **Epidural**-Is a small catheter that is put in the space around your spine. It is used for pain control. The anesthesiologist will discuss pain control with you on the day/morning of your surgery. The epidural catheter is placed just prior to your surgery due to the special positioning needed to put it in. It is then used after surgery to help control your pain. The catheter is small enough that you can still lie on your back after surgery. The catheter delivers pain medication in response to a button you control when you need pain relief.
- **Paraspinous Catheter**- is a catheter placed during surgery in the location of your incision. This catheter will be used to administer a direct local “numbing” medicine. This medicine is administered by an infusing device, and this catheter is removed prior to you going home.
- **Patient Controlled Analgesia(PCA)**-This is pain medicine that is infused into your IV and you control with a push button.

Generally the decision for which type of pain medicine we give you the first 3 days after surgery is determined by the surgeon, who will include any prior surgery, and/or medical history.

- **Foley catheter**- This is a tube placed into your bladder during surgery and used to monitor your urine output.
- **Sequential Compression Devices(SCDs)**- These are wraps that are placed around your legs and used to keep the blood from pooling in your calves. If the blood remains there for a period of time without movement, it can cause a blood clot.
- Other ways to prevent blood clots after surgery include leg exercises such as ankle circles and pointing your toes to the ceiling then to the wall, you

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should do each of these 10 times every hour you are awake after surgery. Most importantly you must walk in the hallways after surgery (you may need some help getting up and out of bed the first few times).

- **Intravenous Catheter(IV)**- This is catheter placed into your IV to help give fluids into your veins during surgery and after as needed.
- **Heart Monitor**-is a small box that is connected to leads that are place(by tape) on your chest. All thoracic surgery patients are placed on a heart monitor. This is done to watch irregular heartbeats, About 25% of patients after major chest surgery can develop a specific irregular heart rate called-atrial fibrillation. Should post-operative atrial fibrillation occur, it can usually be corrected with medication and resolves within several hours. Regardless of any irregular heartbeats you may or may not have, most thoracic surgery patients will go home on some type of heart medication. This is used to continue to protect your heart following surgery. Most patients are able to come off of it, or go back to their regular medications, after a period of time. We do ask for help in regulating this medication by your primary care physician. It is a good idea to have some follow up with your primary care physician, 3-4 weeks after your surgery date.
- **Incentive spirometer (IS)** - This is a breathing exercise device. Along with coughing and walking, it helps to prevent collapse of the lungs and pneumonia.

We realize that there is pain involved with surgery, and the pain may interfere with deep breathing and walking. Please let us know if your pain is not well controlled with your epidural, PCA or other pain medicine. There are other medications we can try to make sure you are as comfortable as possible.

After Surgery

- It is also important to note that it is **very common to cough up a little blood**. This may last for a few days after your procedure. If you are

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concerned with the amount, color, quantity, or duration, please do not hesitate to contact the office. However, if you cough up a moderate amount of bright red blood and are more short of breath, you need to call 911 or report to the nearest emergency room.

- Some patients that have this type of surgery for a biopsy only, may notice some increased shortness of breath after the procedure, which can then last for a few weeks. We do recommend that if you experience shortness of breath, that you contact our office, just so we can see if this is something that can be normal based on your medical history and surgery, or if it should be further evaluated.

Managing my pain:

- You will be given a prescription for pain medication- **Do not take it on an empty stomach.** If you choose to fill your prescription elsewhere ask to make sure it is a medication that can be filled at your local pharmacy.
- Pain medication can make you constipated. Please eat a high fiber diet, and take in plenty of fluids. If you have problems with your bowels while at home, you can try an over the counter laxative (Milk of Magnesia®, Ducolax®, Fleets enema) to help move your bowels. Please feel free to contact the office if you are having any concerns.
- It is very normal to have pain, and/or a burning sensation below your breast on the same side as the surgery. This discomfort is caused by irritation of the nerve endings near your incisions. The best way to help relieve this pain is to take a nonsteroidal anti-inflammatory medication (also known as NSAIDS) such as Motrin® or Advil®. **If you are on Prednisone** you should **not** take any NSAIDS. Also if you have ever been told to avoid these medications please **do not** take them. If you take an NSAID you must take this medication with food. We would recommend Ibuprofen 400mgs (an over the counter NSAID is 200 mg, so take 2

tablets) 2-3 times a day. You can take this in addition to your narcotic pain medication (Vicodin®, Tylenol #3®). You may also have been given a prescription for Ibuprofen; if so, you should not take additional over the counter Motrin®/ibuprofen products.

- You can also use a heating pad (not directly on your skin) and warm showers to help with some of the discomfort. Many patients also find it may be difficult to sleep in their own bed after surgery, and make their way to a couch or Lazy Boy chair. This is not uncommon, and will get better with time.

Taking care of my Incisions:

- Please gently wash your incisions with soap and water daily in the shower; no tub baths/swimming pools, hot tubs.
- You will generally have 3 incisions, on the side of your chest. They can vary in size, based on the exact approach your surgeon used; they can range from 1-4 inches in length.
- **If you notice signs of infection or inflammation- redness, drainage, swelling or run a fever greater than 101.0 F, you need to contact us.** If your incision is in a place that you can't see, you may want to have someone look at your surgery site for you. The best way to keep it clean is to wash it in the shower with soap and warm water. The incision does not have to be covered unless you notice any drainage.
- In the operating room, your incisions are closed with a dissolvable suture and/or "glue" to close the skin edges. You may notice that there is a yellowish film around your incision; this is from the "glue". To remove the glue, you may use Vaseline or cold cream, and then wash your incision with soap and water. Do not let the Vaseline or cold cream stay on your incision for any period of time.

You may have a suture where the chest tube (drainage tube) was located; this suture **needs to be removed 5-7 days after your chest tube is removed.** Your family member or primary care doctor can remove it otherwise you can come back to us to have this suture removed. To remove it, pick up both ends, slip the scissors underneath, cut, and pull. It is a small purse string suture.

Activity and Restrictions:

- It is important to walk every day, and use your incentive spirometer every day.
- It is recommended that you limit lifting to 10 lbs for the first week after surgery. During the next week, try not to lift anything heavier than 25 lbs. Generally after 2 weeks there are no restrictions.
- If you are driving a long distance, we recommend that you get out and walk every 2-3 hours to help prevent blood clots.

Please note it takes approximately 5 business days for the pathology results. If you feel that 5 business days have passed and no one has contacted you, call the thoracic surgery clinic.

Important Contact Numbers:

Thoracic Surgery Nurses/Clinic Number (734) 936 - 8857

For all medical questions, it is best to call the nurse/clinic first. If there is an urgent issue, call your physician's office number and state the problem.

Our office hours are Monday thru Friday from 8am-5pm

After hours or on weekends and holidays call the paging operator at (734) 936 - 6267 and ask for the General Thoracic Surgery Resident on call.

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