Thoracic Diagnostic Surgery

Information for patients
This leaflet has aims to help you and your family understand more about your procedure and about your stay in hospital.

If you have any questions or do not understand something, please ask the Thoracic Surgical Nurse Specialist. You can also talk to any of the nurses on the ward when you are admitted. It does not matter how many times you ask.

They will be happy to answer your questions. Please write any questions down that you may have and bring them with you.

You can contact the thoracic nurse specialist on:

0113 206 7524
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Diagnostic Procedures

Bronchoscopy

A bronchoscopy is a procedure during which a narrow tube (a bronchoscope) is passed through your mouth and down into your large airways. This is done under a general anaesthetic so you will be asleep.

A bronchoscopy can be done for the following reasons:

• to allow your doctor to take biopsies of any areas that appear abnormal. This helps to diagnose a lung disease;
• to place a stent (a device used to keep the airway open);
• to remove an object stuck in your airway.

You may have a sore throat after this and you may cough up a little blood but this should only last for about 24 hours. Problems after a bronchoscopy are rare.

If you experience any of the following:

• Chest pain;
• Increasing difficulty in breathing;
• Coughing up large amount of blood (more than a tablespoon);
• High temperature.

Please contact the Thoracic Surgical Nurse Specialist (page 13), Ward 84 (page 13), your GP or go to your local Accident and Emergency Department.
If you are going home the day you have the bronchoscopy it is very important that someone comes to pick you up. Once home, it is important to rest quietly for the rest of the day.

The effects of the anaesthetic can last longer than you think, so for the first 24 hours you should not:

- Drive a car;
- Operate machinery;
- Drink alcohol;
- Sign legal documents.

By the following day the effects of the anaesthetic should have worn off and you should be able to resume normal activities. It is advisable to take the next day off work.
Mediastinoscopy

A mediastinoscopy is a small operation performed under general anaesthetic. It allows the surgeon to see the area behind your breastbone and between your lungs to take biopsies of your lymph nodes. Lymph nodes are small bean shaped glands that filter bacteria, viruses, cancer cells and other unwanted substances out of the body.

The most common reason to perform this procedure is to find out if enlarged lymph nodes are caused by inflammation or cancer.

The mediastinoscopy is done by making a small cut about 2-5 centimetres long between the top of your breastbone and the bottom of your neck. A narrow tube (mediastinoscope) is then inserted through the opening which allows doctors to examine the lymph nodes and take any biopsies necessary. This takes about an hour.

The cut is then closed with stitches and it is covered with a small dressing. This can be taken off after 24 hours. You will need to keep the wound clean and dry for 48 hours and then you may shower. The stitches do not need to be removed as they will dissolve.

You may have some discomfort around your wound and some tightness in the chest. You will be given mild painkillers to take home. One of the nerves which supply the voice box can be bruised during the procedure causing hoarseness of the voice. This usually recovers within six weeks.
Problems after a mediastinoscopy are rare. If you experience any of the following:

- Bleeding;
- Increasing difficulty in breathing;
- Persistent hoarseness;
- High temperature;
- Progressive swelling and redness of the wound.

Please contact the Thoracic Surgical Nurse Specialist (page 13), Ward 84 (page 13), your GP or go to your local Accident and Emergency Department

If you are going home the day you have the mediastinoscopy it is very important that someone comes to pick you up. Once home, it is important to rest quietly for the rest of the day. The effects of the anaesthetic can last longer than you think, so for the first 24 hours you should not:

- Drive a car;
- Operate machinery;
- Drink alcohol;
- Sign legal documents.

By the following day the effects of the anaesthetic should have worn off and you should be able to resume normal activities.

You should be able to return to work within seven days.
**Mediastinotomy**

A mediastinotomy is an operation to take biopsies of lymph nodes that cannot be reached by a mediastinoscopy or to take samples of a tumour. Lymph nodes are small bean shaped glands that filter bacteria, viruses, cancer cells and other unwanted substances out of the body. The most common reason to perform this procedure is to find out if enlarged lymph nodes are caused by inflammation or cancer.

The procedure is done under a general anaesthetic, A small cut, about 5 centimetres long is made near your collar bone either on the right or the left. A narrow tube (mediastinoscope) is then inserted through the opening which allows doctors to examine the small lymph nodes and take any biopsies necessary. The procedure normally takes about an hour.

The cut is then closed with stitches and it is covered with a small dressing. This can be taken off after 24 hours. You will need to keep the wound clean and dry for 48 hours and then you may shower. The stitches do not need to be removed as they will dissolve.

You may have some discomfort around your wound and some tightness in the chest. You will be given mild painkillers to take home.
Problems after a mediastinotomy are rare. If you experience any of the following:

- Bleeding;
- Increasing difficulty in breathing;
- High temperature;
- Progressive swelling and redness of the wound.

Please contact the Thoracic Surgical Nurse Specialist (page 13), Ward 84 (page 13), your GP or go to your local Accident and Emergency Department.

Chest Drains

You may need a chest drain, this is put in at the time of your surgery and is usually removed the day after. This may limit your movements and the physiotherapists and nurses will advise you on how to move around.

While you have the drain in you must NOT:

- lift the drain above your waist;
- take it off suction (unless the nurse has agreed);
- knock your drain over (pick it up and inform the nurse immediately if accidentally knocked over);
- kink or obstruct the chest drain tubing.

When the drain has been removed you will have a stitch that will need to be removed after seven days. You can arrange for this to be removed by your practice nurse at your GP surgery. If you are not able to get to your GP ask the nursing staff to arrange for a district nurse to come to your house to remove it. The usual length of stay in hospital is 2-3 days. You should be able to return to work within seven days.
Video Assisted Thorascopic (VATS) Lung Biopsy

This is also known as ‘Keyhole’ surgery. The procedure is done under a general anaesthetic. Sometimes it can be done under a local anaesthetic. It is a minimally invasive surgical procedure used to access inside the chest area. This allows the surgeons to take samples of the lung, or the lining of the lung, which can then be examined under a microscope. These samples will help diagnose your lung condition so that we can decide what will be the best treatment for you.

After a VATs lung biopsy you will need to stay in hospital about 3-4 days. During a VATS procedure, 2-3 small cuts, about 2cms long will be made. This allows the surgeon to pass a tiny camera (thoracoscope) into the chest area to watch their progress on a screen. The surgeon then uses the other two small cuts to pass the surgical instruments into the chest area to take biopsies. After the samples are taken the incisions are closed, one of them will be used for a chest drain.

Drains

Following a VATS biopsy you will have one or more flexible plastic tubes in your chest to remove air, fluid or blood. These chest drains may be attached to suction which will limit your movements and the nurses will advise you on how best to move.

While you have the drains in you must NOT:

- lift the drain above your waist;
- take it off suction (unless the nurse has agreed);
- knock your drain over (pick it up and inform the nurse immediately if accidentally knocked over);
- kink or obstruct the chest drain tubing.
Once the surgeons are happy that there is no air leak and the fluid has almost stopped the drains will be removed. This usually happens 2 -3 days after surgery. After removal you will have a stitch at the drain site. This needs to be removed 7-10 days later. You can arrange for this to be removed by your practice nurse at your GP surgery. If you are not able to get to your GP ask the nursing staff to arrange for a district nurse to come to your house to remove it.

Sometimes the lungs can take a little longer to heal. If this happens a special bag will be put on the end of the drain to allow you to go home. It is easy to carry and you can walk around with it. The nurses on the ward will organise for a district nurse to come and visit you daily at home to change the dressing and drain the bag. You will also come back to Ward 84 to the Nurse Led Clinic on a weekly basis for a review. Once the surgical team are happy that your drain can come out it will be removed.

**Air travel** - Please check with your surgeon before flying. We would advise that you do not fly for around six weeks after your operation. You should also check with your travel insurer to make sure that you are covered to travel.

**Returning to work** - This will depend on how you are feeling and the type of job that you do. If it is light work then you may be able to go back to work after about 2 weeks. If it is heavy manual work then it may be longer. You can discuss this with your surgeon before you go home.

**Driving** - You should not drive for at least one week following your surgery.
Ward details

How to find us

You will be admitted to Ward 84. We are situated in Bexley Wing at St James’s Hospital. From the main reception on Level 0 in Bexley Wing take the red lift to Level 2. Turn left as you come out of the lift, Ward 84 is then immediately on your right.

We are a 32 bedded ward with eight side rooms and six bays. Each bay has its own toilet and shower room. All side rooms are ensuite. Ward 84 is a mixed sex ward but all bays are single sex.

During your stay in hospital you will meet a team who work together with the aim of providing the highest quality of service for all your needs.

*The team consists of:*

- Thoracic Surgeons;
- Ward Sisters;
- Staff Nurses;
- Clinical Support Workers;
- Thoracic Surgical Nurse Specialist;
- Student Nurses;
- Ward Clerks;
- House Keepers; and
- A number of speciality services including Pharmacists, Physiotherapists, Dieticians, Occupational Therapists, Social Workers, and Pain Nurses.
Contacting us

Ward 84 Telephone Number - 0113 206 9184
Thoracic Surgical Nurse Specialist - 0113 206 7524

Visiting times

Our daily visiting times are:

  2pm - 4pm
  6pm - 8pm

*Visiting times are restricted for the following reasons:

• to allow patients time to rest and recover;
• to allow nurses to carry out nursing cares;
• to prevent infection;
• to ensure patients are not disturbed during mealtimes;
• to allow the ward to be cleaned.

During visiting the number of visitors is restricted to two visitors per bed. Children under five years of age are not allowed.

If there are special circumstances regarding visiting, please ring the ward before visiting and speak with the nurse in charge. All children must be accompanied by a responsible adult at all times.

Telephone Enquiries

We kindly ask that phone enquiries be made after 11am by a nominated family member who can then pass on information to others. Mornings are particularly busy for the nurses and large volumes of telephone enquiries means that nurses spend
less time with patients. Please also be aware that nursing staff cannot give out detailed medical information over the telephone.

**Infection prevention**

Infection prevention is an important issue. To prevent the spread of infection we ask that all patients, visitors and staff use alcohol gel on their hands when entering or leaving the ward.

Alcohol gel can be found in dispensers at the entrances and exits of the ward and also at the entrances to the bays and side rooms.

**Electrical equipment**

Any electrical equipment, including laptops, mobile phone chargers and TVs may need to be checked for electrical safety before being used in the hospital. This is to comply with hospital policy. Please inform a nurse if you have any electrical equipment that needs to be checked.

Mobile phones are not permitted in the HDU bay due to the presence of monitoring equipment. Whilst mobile phones are allowed in other areas of the ward we ask that you are considerate to other patients who may be unwell or recovering from surgery.

**Hospital Chaplains**

Hospital chaplains are available day and night to provide emotional/religious support. Please ask a member of staff if you would like to see someone from the chaplaincy during your stay.
What happens on the day of your admission?

If you feel unwell when you are due to come into hospital, please telephone Ward 84 for advice 0113 206 9184

You will have been asked to telephone Ward 84 on the day your admission, at 1pm, to make sure that there is a bed available. We usually ask that you arrive on the ward between 4pm - 5pm.

**If you are staying overnight you will need to bring with you:**

- all your current medications;
- toiletries;
- dressing gown;
- nightwear;
- well fitting slippers;
- a small amount of loose change for newspaper etc.

Please do not bring valuables or large amounts of money into hospital.

When you arrive you will be greeted by a member of the nursing team who will show you to your bed. The nurse will check through all your paperwork and admit you to the ward. This is an opportunity to ask any questions you may have. You will also be seen by one of the doctors.

Sometimes you may see your surgeon on the day you are admitted but this depends on which day and what time you are admitted. If you are admitted at the weekend then sometimes you may not see your surgeon until the morning of your surgery.
What happens on the day of your surgery

You will be seen by an anaesthetist on the morning of the operation who will ask you questions about your health and about any problems you may have had with previous anaesthetics (eg sickness).

You will have to fast (have nothing to eat) from midnight but you are allowed to have clear fluids up until 6am.

You will be woken up at 6am and asked to have a bath or shower and be provided with a clean towel, theatre gown, paper underwear and some stockings to wear. You must remove contact lenses but you can wear your glasses, hearing aid, dentures or wig to the anaesthetic room. You will need to tie back long hair but should not use metal clips.

When the theatre team are ready for you they will either send a porter with a trolley to take you to theatre or you will walk to theatre with one of the nurses.

What happens after your operation

Oxygen

You will wake up from your operation with an oxygen mask that fits over your mouth and nose. This ensures that you receive sufficient oxygen to help you recover from the anaesthetic. Your nurse will inform you how long you need to use the oxygen for.

Pain Control

It is our aim to make you as comfortable as possible following your surgery. The nurse looking after you will assess your pain regularly. Please remember, the most effective way of
managing your pain is for you to tell the nurse that you have pain! It is important to tell your nurse if the painkillers are not working so that they can give you an alternative.

**Nausea & Vomiting**
Some patients experience nausea and vomiting after surgery because of the anaesthetic. Please inform the nursing staff if you experience nausea or vomiting so they can give you medication to stop this.

**Eating & Drinking**
When you are fully awake you will only be able to have sips of water. Once you have managed with the water without upsetting your stomach you will be able to have a cup of tea, usually about one hour after you return to the ward. If you manage the cup of tea without upsetting your stomach you may then eat as normal.

**Planning for going home**
How long you stay in hospital will depend on what type of surgery you have had. You will be assessed every day on the ward round so decisions can be made on a daily basis when you could be discharged home. Once the doctors and nurses have decided that you are ready to go home we will organise the following:

- medication that you will need to take home;
- a follow up outpatient appointment;
- a nurse led clinic appointment if needed;
- transport home if appropriate.
Medication
Before you go home from hospital you will be given a supply of medication that you will need to continue to take at home. The nurse will explain what the medication is for and when you should take it. Within 24 hours of going home a letter will be sent to your GP with a list of the medication that you have been discharged with. It will also contain information about your surgery and hospital stay. You also be given a copy of your discharge letter with a list of your medication.

Constipation
Constipation can become a problem due to painkillers and your reduced ability to move around. To prevent constipation, go for a walk regularly around the ward, drink plenty of fluids and a high fibre diet are recommended. In addition, if you are prescribed painkillers that cause constipation you will also be prescribed laxatives.

Wound Care
Check your wound every day in the mirror if you can or you could ask someone to look at it for you. If your wound is clean and dry there is no need for a dressing. Some swelling around the wound is perfectly normal and should go down after a few weeks.

If you notice any of the following you must seek urgent medical advice from either the Thoracic Surgical Nurse Specialist, Ward 84 (page 13), your GP, or your District Nurse:

• the amount of pain in your wound increases;
• the wound becomes redder than before;
• the wound becomes warm to the touch;
• the wound becomes swollen;
• the wound has a discharge coming from it;
• any part of the wound appears to be coming apart.

Outpatient Appointment

You will be seen in the Outpatient Department about two weeks after your surgery. This is when you will receive the results of your biopsy. Your surgeon may also refer you back to your referring doctor for follow up.

Quality of Service

We welcome any comments you might have on any aspect of your stay, and any suggestions on how we might improve services to our patients. Please discuss any issues of concern with the Senior Sister on the ward or the Matron in the first instance, to see if they can be resolved locally. If you do not feel that this has resolved the matter, you can speak to the Patient Advice and Liaison Service (PALS) 0113 206 7168 or put your concerns in writing and send them to:

Patient Relations Manager, St James’ s Hospital Trust Headquarters, Beckett Street, Leeds LS9 7TF.

Or you can email your concerns to:

patient.relations@leedsth.nhs.uk

All complaints are not only dealt with on an individual basis but reported and investigated to ensure that lessons are learnt and similar occurrences avoided.
Useful Websites

NHS Free Smoking Helpline - 0800 022 4332

National Lung Cancer Forum for Nurses
www.nlcfn.co.uk

The Roy Castle Foundation
0800 358 7200 www.roycastle.org
They supply free books on lung cancer and treatments

Macmillan Cancer Support
0808 808 2020 www.macmillan.org.uk

Marie Curie Cancer Care
0800 716 146 www.mariecurie.org.uk

Mesothelioma UK
0800 169 2409 www.mesothelioma.uk.com
Provides impartial up-to-date information relating to malignant mesothelioma for all UK mesothelioma patients and their carers. Mon - Fri 9am - 6pm

Cancer Research www.cancerresearchuk.org