

THORACIC SURGERY CHECKLIST

Please review this checklist prior to surgery

Clearance:

- Prior to surgery you will need surgical clearance from your Primary Care Physician and/ or Cardiologist, if recommended.
- Blood work will need to be completed within 21 days of your surgery.
- Chest X-Ray is required if you are > 40 years old.
- EKG is required within six months of surgery if you are > 50 years old.

Preoperative Instructions:

- Prior to surgery, if you develop a fever > 100.6, cold and/or flu-like symptoms you will need to contact your physician's office.
- Shower with soap and water the night before and the day of surgery.
- Nothing to eat or drink after midnight the day before surgery.
- Any anticipated discharge needs should be discussed with your nurse or lung cancer coordinator prior to surgery. (i.e.: transportation, live alone, etc.)

Medications:

- You should discontinue taking any aspirin and aspirin containing products 7 days prior to surgery. (i.e.: Any Ibuprofen products such as Motrin, Advil, etc.) You may take Tylenol prior to surgery.
- Vitamin E supplements should be discontinued 7 days prior to surgery. However, you may take a multivitamin with Vitamin E.
- Any anticoagulants (blood thinners) should be discontinued 5 days prior to surgery. (ie:Coumadin, Plavix, Lovenox, etc) Upon discharge, you will be instructed when to resume anticoagulants.
- Review all medications with your physician prior to surgery. You will be instructed on what medications to take the morning of surgery with a sip of water.

After Surgery- Your Recovery at Home:

Most patients go home from the hospital about three to seven days after their operation. This section will give you some guidelines to follow once you are home. Your nurse and/or doctor will review this information with you. They can answer any questions you might have. If you have questions, let your nurse know and he/she will get more information for you.

Follow up appointment:

- ❑ After discharge you will need to make a follow-up appointment with Dr. Hall in one week. Please call 276-7383 to schedule your appointment.

Activity:

Here are some general guidelines:

- ❑ Get up and get dressed each morning.
- ❑ Regular activity is an important part of your recovery. Use both arms as you normally would. Walking also helps in your recovery, begin with short walks and gradually increase your distance every day. Space activities throughout the day, avoid rushing and rest if you feel tired.
- ❑ To help your incision heal do not lift objects weighing more than ten pounds (i.e. young children, heavy grocery bags) for 4 to 6 weeks after surgery.

Here are some specific guidelines:

Breathing Exercises

Why? Deep breathing exercise should be continued at home so that your lungs will stay clear. You should continue with your deep breathing exercises until your cough does not produce sputum (mucus).

How? You may continue to use your “incentive spirometer” that you received in the hospital. Sit in chair with your back supported. Take 10 deep breaths in a row, with each deep breath try to expand your rib cage as much as possible. When you have completed this exercise, take one deep breath in, support your incision with a pillow and cough. Do this at least 4x day if you continue to cough up mucus.

Goal: Prior to your surgery you will have received an incentive spirometer, mark your “best effort” with a permanent marker. We would like you to be able to reach 1/3-1/2 of your best effort the day after surgery. This should improve daily with a return to your pre-surgical best effort at 1 week post surgery.

If you have significant underlying pulmonary disease (COPD, asthma, emphysema) prior to surgery or have shortness of breath that persists after the recovery phase, consult your physician about possible pulmonary rehab referral.

Shoulder Range of Motion Exercises:

Why? Your shoulder on the side of your operation may become stiff. Therefore, range of motion exercises should be done 2 to 3 times a day until your shoulder is not stiff anymore. These are best done in front of a mirror so that you can watch your posture.

How? With both hands clasped together, lift your arms straight up over your head and then lower to the starting position. Repeat 5 times.

With hands clasped together, lift your arms up over your head and touch the back of your neck. Lower to starting position. Repeat 5 times.

Place one hand behind your back and with the tip of your thumb; try to touch your shoulder blade. Lower to starting position. Repeat 5 times.

Surgical Site:

- ❑ Shower daily and wash suture line carefully with soap and water. If you are discharged with a gauze dressing in place you may remove this and leave it off. The Steristrips (paper stitches) will fall off by themselves in a few weeks.
- ❑ You may experience tightness, itching, numbness or tingling around the surgical site. This is normal and should resolve within a few months after your surgery.
- ❑ It is not unusual to have increased pain the first few days you are home due to increased activity. Your pain will slowly decrease as healing occurs. It is individual in how long and how intense it is. You may feel stiff or achy for up to three months after surgery, especially on cold or wet days. Activity is recommended as tolerated.

Pain management:

- ❑ Upon discharge, pain medication will be prescribed. We recommend a daily fiber supplement such as Metamucil and a stool softener such as Colace to avoid the constipation that can be associated with prescription pain medication. (Colace may be taken up to three times a day). These medications can be purchased without a prescription, and they are recommended for the time you are taking prescription pain medication.
- ❑ While at home, if your pain is severe or interfering with your daily activities (greater than 5/10 on a pain scale), and not relieved by your prescribed pain medication, please call Dr. Hall's clinic at 276-7383 and if no answer call the surgical resident on call at 276-1000.
- ❑ As time goes on the amount of prescription pain medication that you need will decrease and frequently a mild pain reliever, such as Tylenol or Ibuprofen will take away the discomfort. You may take Tylenol 500mg 1-2 tablets every 6 hours for no more than 3 days. You may alternate this with Advil per instructions on the packaging. Do not take Tylenol when in addition to Percocet (Percocet has Tylenol in it.) Please call the clinic to discuss how to combine your over the counter pain medication with any oral prescribed pain medication.

- ❑ Do not take prescription pain medication before driving or with alcohol.
- ❑ While in hospital, you may have option for PCA (patient controlled analgesia through an IV) or epidural analgesia (delivered by catheter in your back) often followed by oral prescription medication (percocet, oxycodone). This will be discussed with you by your physician prior to surgery.
- ❑ Various techniques can help with your pain beyond medication such as relaxation techniques, reflexology, meditation and music therapy. If you would like more information on this please call the clinic. Patients with a diagnosis of cancer can call Melissa Ronk, Lung Program Coordinator, at the Bennett Cancer Center at 203-276-2273.

Goal: Your pain should be at 4 or below on a scale of 1-10. If you are having pain above 4 that is not relieved by your prescribed pain medications please contact Dr Hall's office.

Oxygen Therapy:

- ❑ For safety purposes, if you are sent home on oxygen therapy – do not smoke or have anyone who smokes around the oxygen tank.

Diet:

- ❑ You may resume a normal healthy diet. Your appetite should return to near normal after a few weeks. If your appetite is poor, try to eat high calorie and high protein foods. Small meals, 4-6 times a day, may be easier to eat. If you are losing a significant amount of weight, contact your nurse or lung cancer coordinator for a nutrition referral.
Some weight loss is normal after surgery.

Smoking Cessation:

- ❑ It is never too late to stop smoking. If you need assistance to stop smoking, we are here to help you. Contact your nurse or lung cancer coordinator for smoking cessation programs.

Driving/Flying:

- ❑ You may drive 2 weeks after surgery as long as you are not taking any prescribed pain medication.
- ❑ You may not fly for 6 weeks minimum. Please check with your physician prior to making travel plans.

Return to Work

- ❑ At your follow-up visit your physician will determine when you can go back to work.

Call your physician if any of the below occur:

- If you have a fever >100.6, shaking, chills. Please take your temperature daily the first week you are home.
- If you are coughing up green, yellow or bloody mucus
- If you suture site opens
- If any signs of infection occur to surgical site: redness, warm to touch, swelling, oozing puss or bloody drainage
- If your skin is itchy or develops a rash
- If you have pain and swelling in one or both legs
- You are suddenly having trouble breathing or chest pain –Please call 911 or go to Emergency Room.

Contact Information:

Physician(s):

Timothy Hall, MD (203) 276-7383

Nurse(s):

Ann Munding, RN (203) 276-7383

Surgical Resident on call 276-1000

Melissa Ronk, RN (203) 276-2273

Lung Program Coordinator