

What happens when I arrive at hospital for my surgery?

When you arrive on the ward a member of the nursing staff will meet you and show you to your bed area. Occasionally, you may have to wait a short time for your bed and you may be asked to sit in the dayroom.

Once you have settled in, the nurse will come and admit you by asking you a range of questions. Your temperature, pulse and blood pressure will be taken. You will have the opportunity to ask questions and discuss your planned care. If you have a Living Will/ Advance Directive, take a copy with you and make sure it's added to your notes.



You may also see other members of the hospital team such as the surgeon, the anaesthetist and the physiotherapist. Your operation will be explained to you and you will be asked to sign a consent form. Please feel free to ask further questions at this point. Remember to mention any previous adverse reactions to anaesthetics or pain relief medications, so that alternatives can be found.

Blood tests and perhaps a tracing of your heart (ECG) may also be obtained but are often carried out in pre-operative assessment clinics. It may be necessary to repeat your CT scan if the previous one is over six weeks old.

The above may vary slightly from hospital to hospital.

What happens to me before my operation?

The anaesthetist is the doctor who will put you to sleep at the start of your operation and may also prescribe medicine (pre-med) to help you to relax and make you feel sleepy before the surgery. Not everyone will be given a pre-med but if this is needed you will receive this roughly one to two hours before going to theatre. Following this it is advised that you stay in bed for your safety. The anaesthetist will also discuss the best method of pain control for you.

You will not be allowed to eat or drink for several hours before your operation. This is to prevent sickness and vomiting whilst under the anaesthetic (this may vary from hospital to hospital and your healthcare team will give you advice). A member of the surgical team will mark the site of the surgery on your skin, sometimes called surgical site or skin marking.



You will be given special stockings to wear. These help to improve your circulation and prevent blood clots developing in your legs (DVT or Deep Vein Thrombosis). A nurse will help you if required,

Sometimes it may be necessary to remove unwanted hair from the area of skin where the cut will be. The nurse will help you if this is required. A member of the surgical team will mark the site of the surgery on your skin, sometimes called surgical site or skin marking.

What will happen to me in theatre?

When it is your turn to go to theatre the nurse will take you, together with a theatre assistant. The theatre staff will check your details and then take you into the anaesthetic room. Here you will have a small needle inserted into the back of your hand. This will be used to give you the medication that will help you to fall asleep. The theatre staff may start a 'drip' to prevent you from becoming dehydrated. A catheter may be passed into your bladder to enable you to pass water easily and to accurately monitor your urine output. A fine tube (epidural or paravertebral) may be passed into your back in order to give you pain relief after the operation.

You will then be taken into theatre where the surgical team will carry out the operation. After the operation, you will be taken into the recovery room. This is where you will wake up from your anaesthetic. You may feel a little confused and unsure where you are. The nurses and doctors will monitor you closely until they feel you are ready to leave the recovery area. They will give you some oxygen and check that you have enough pain relief. As you start to wake up you may notice that you have a few tubes and wires attached to you. These are to help monitor you. Chest drains are usually placed to remove any fluid collections that may build up in your chest as a result of the surgery. You may have some or all of these tubes/lines in place when returning from theatre depending on your type of operation.

What happens to me after I leave theatre?

When you leave theatre you may go back to the ward or you may go to the high dependency unit. You will feel drowsy but will be able to wake up. During the first hour of your return the nurses will be busy making sure you are comfortable and setting up the monitoring equipment, drips and checking your pain relief. You will have an oxygen mask on to help your breathing.



Your chest drains will remove any old blood or air left over from surgery and may make a sound similar to rain falling. This is normal and nothing to worry about. The drains remain in place until the surgeon is happy that the lung is fully inflated or that drainage is minimal and that you have no persistent air leak from the remaining lung. The drains may be put on suction to help the lungs expand. Getting up and about even with the drains is actively encouraged.

When will I be able to eat and drink?

When you are fully awake you will be able to have sips of water. Once you can manage sips of water you will be able to have a cup of tea or squash. This will usually be about one to two hours after returning from theatre. You may not feel like eating much until the following day.

Will I be in pain after my operation?

Surgery can be painful so it is essential that you have enough pain relief. Strong pain relief can be used. These can be given either directly into the spine through a small tube (epidural), into the wound area (paravertebral), through a drip in your arm, as an injection or tablets. If you have an epidural it will normally be in for around three days after your operation. If you are able you can move around the bed area and sit in a chair. The nurse will ask you about your pain relief regularly. If you have an epidural it should not feel painful. Surgery will be uncomfortable and it is not possible to take all the discomfort away with pain relief, however you should not be in pain. Please let the nurse or doctor know if you have any pain.

Patient Controlled Analgesia (PCA) is often used to control pain in the initial period after your operation. PCA provides opioid drugs (painkilling drugs commonly used to treat cancer pain), given through a needle in the back of your hand. You will be given a handset, which should be pressed if you feel sore.

A paravertebral may be used instead of epidural for pain relief. A small tube is placed by the anaesthetists before surgery or by surgeons during the operation to provide pain relief. The paravertebral like epidural provides very good pain relief and usually stays for the same length of time (the choice depends on the practice of individual hospitals).

The PCA is set up so that you cannot overdose no matter how often you press the button. It is a good idea to use the PCA before doing anything physical, like moving around or doing your physiotherapy exercises. If you still have pain despite using the PCA regularly then other methods of pain relief can be used.

TOP TIP

Your pain relief is likely to cause you to feel constipated. You should take laxatives as prescribed. They, like pain tablets, work best when they are taken regularly. Drink plenty of water and eat fresh fruit and vegetables every day.

Am I allowed visitors?

Once the nurses have set up the monitoring equipment and you are comfortable, you will be allowed to see your relatives for a short while. You will need plenty of rest to sleep off the anaesthetic so a short visit only is recommended at this point. Your family can contact the ward or unit at any time for information. If there is a change in your condition a member of the nursing staff will contact your family.



Will I feel sick?

Some of the pain relief and the anaesthetic can make you feel sick. This does not happen to everyone but if it happens to you the nurse will be able to give you an anti-sickness medicine to ease this.

What will happen on the first day after my operation?

Your healthcare team will visit you to discuss your operation with you and see what progress has been made. It may be possible to remove your drips. The monitoring equipment may no longer be needed and may be disconnected. Usually another chest x-ray and some blood tests will be taken. You may also be seen by the physiotherapist who will encourage you to deep breathe, cough, move around and exercise your arms and shoulders. This is particularly important on the operation side to prevent stiffening/frozen shoulder.

Your healthcare team will continue to listen to your chest. If your chest becomes a little wheezy it is likely you will be started on a nebulized drug to open up the breathing tubes. These will encourage you to cough and clear your chest.



Hopefully you will be able to eat a light breakfast. After this the nurse will help you to have a wash. You will be helped to get up and out of bed on the first morning after your surgery. It will be two or three days after surgery that you will be able to walk around the ward without any help.

What will happen on the second day after my operation?

Your healthcare team will decide whether they are able to remove further equipment such as the epidural/PCA. They may also remove one of the chest drains and the catheter. Another chest x-ray will be taken. The order of these events may vary from hospital to hospital and from one person to another depending on progress.

How will the nurses remove my chest drain?

Two nurses will remove the tube and seal the hole with a stitch that was inserted in theatre. It can take two or three weeks for your wound(s) to heal. Whilst in hospital the nurses will check them regularly to make sure they are healing well. Try to avoid using soap, cream, and talcum powder directly on the scar, as this can cause irritation. Numbness around the scar and the front of your chest is not uncommon. Most stitches are dissolvable, except for the one(s) used when your chest drain(s) are removed. Sometimes clips or staples are used along your wound. Your nurse will advise you if any stitches or clips need removing by your GP or district nurse.

How soon will I be active?

As soon as you are out of bed, (usually the day after your operation), it is essential that you start to exercise. When you are sitting in your chair or lying in bed, your lungs are not able to fully expand. They need to be exercised to get them working properly again.

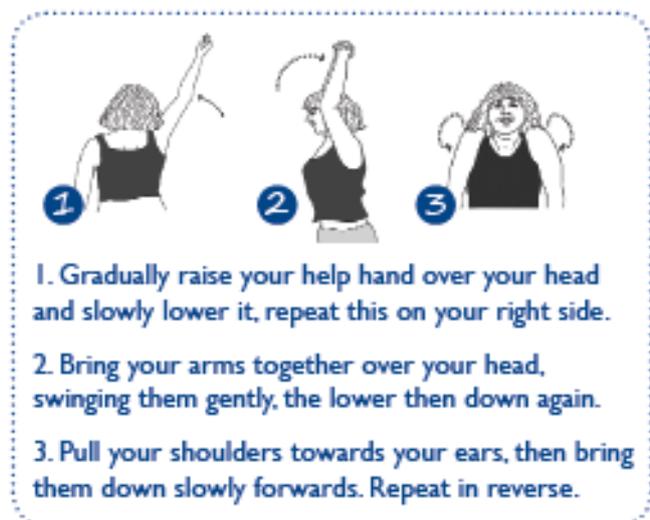
A physiotherapist may visit you and will start by checking that your chest is clear. Mucous and sometimes blood can collect in the airways after a lung operation. Ask the physiotherapist for deep breathing exercises and supported coughing techniques, which will help to get rid of this. The physiotherapist may take you for a short assisted walk around the ward. This can be difficult at first if your chest drain is still attached to suction and the distance you can move away from your chair is restricted. However, in some hospitals your drain may be attached to portable suction, which makes it easier to walk around.

In some cases the physiotherapist may ask you to walk on the spot or even try a short session on an exercise bike. You may feel short of breath following exercise. This is normal and shows that you are exercising at the correct level. However, you should not be gasping for breath. Once you are steady on your feet and your chest drain is free from suction, then you will be encouraged to walk around on your own, for as long as you feel comfortable. Exercising in this way will encourage your lungs to expand and also may prevent any delays to you getting home.

Once home, you should continue to walk regularly, gradually increasing distance and pace. If you do any specific activities, for example, swimming, golf or bowls, ask your physiotherapist for advice on returning to these hobbies. Maintain a good posture to avoid unnecessary strain on your spine, which can cause back pain and restricts the movement of your lungs and rib cage.

Shoulder exercises

After your surgery, you may find your shoulder(s) is stiff due to the position it was placed in during surgery. The following exercises will help maintain your shoulder range of movement. Try and do these exercises regularly. Spend a few minutes on these exercises everyday.



Will I be able to rest?

It will be difficult to sleep in hospital and you may have a few unsettled nights. You will feel more tired than usual, drowsy and sleepy. Once you are home and you become more active your sleep pattern should return to normal.

When will I be able to go home?

The average length of stay will depend on the type of operation you had, how the operation was performed and how fit you were before the operation. If you had surgery performed as a keyhole operation (VATS), the length of stay in the hospital may only be two to three days following surgery. Most people who have an open operation, a thoracotomy, stay in hospital for five to seven days.



You will be able to go home when your doctors are satisfied that you are eating and drinking, and any problems identified are addressed. Hopefully the chest drain will be removed before you go home but it is possible to go home with the chest drain in if longer term drainage is required. This sometimes happens if you have a persistent air leak from the remaining part of the lung. This will eventually stop, but can take several weeks. Being active at home can often help the air leaks to stop.

What will I be given before I go home?

To go home you may be given:

- Medication. In most cases the hospital will supply you with 7-14 days of your necessary tablets. Your nurse or pharmacist will discuss with you how and when to take your tablets. You will need to see your GP for further supplies of medication.
- Thoracic/lung cancer nurse specialist contact details.
- Chest drain information and equipment, if required.
- Spare pair of stockings, if required.
- A copy of your discharge summary for you (the same summary will be sent to the GP).
- A practice/district nurse letter and date for removal of any clips or stitches.

When will I know that my operation has been successful?

The surgeon will be able to tell you straight away how much of your lung tissue was removed but will not be able to be specific in relation to the cancer. Pathologists will test the cancer which has been removed, tissue from the surrounding area and lymph nodes. This usually takes between 7-14 days after your operation. The results from your operation will be discussed again at the MDT, to decide if further treatment is necessary. You will be advised of the results at your first clinic appointment after you have left hospital.

Will I need any other type of treatment along with the surgery?

Research shows that some patients who have had their tumour completely removed would benefit from receiving chemotherapy after surgery. This is called adjuvant chemotherapy. This will depend on the exact stage of the tumour found during the operation.



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Please see our **Patient Decision Aids (PDA)** for chemotherapy after surgery. These PDAs will help those who have stage 2 or 3 non-small cell lung cancer, to decide whether or not to have chemotherapy after surgery. Call the our free helpline on **0333 323 7200 (option 2)** or visit www.roycastle.org/factsheets for more information.

If the surgery has not completely removed the cancer you may be offered postoperative radiotherapy or chemotherapy treatment. Your doctor will fully discuss this with you.

GIVING HELP AND HOPE

The charity has two aims:

Supporting people living with lung cancer - Working closely with lung cancer nurses, we provide information, run lung cancer support groups and offer telephone and online support. Our patient grants offer some financial help to people affected by lung cancer.

Saving lives - We fund lung cancer research, campaign for better treatment and care for people who have lung cancer, and raise awareness of the importance of early diagnosis. Our lung cancer prevention work helps people to quit smoking and encourages young people not to start smoking.

Call us on 0333 323 7200 (option 2)

This information has been taken from the following sources:
Lung cancer—answering your questions: Surgery for lung cancer 2014