

# *Surgery for Lung Cancer*

ANSWERING YOUR QUESTIONS



# Introduction

If you or someone you care for has just been diagnosed with lung cancer then it's almost certain that you will have lots of questions needing answered.

This booklet was produced in partnership with lung cancer experts and people affected by lung cancer. All of the treatment information in this booklet is evidence based. This means the recommended treatment options for lung cancer are taken from national clinical guidelines (see our Lung Cancer - Answering your Questions booklet for more information).

Understanding your surgery for lung cancer will help you make informed decisions and gain the most from your treatment. It is also important for you to know what is considered normal and to know when and where to go for advice and support. Understanding what is involved with your treatment will also hopefully help to reduce the anxiety and stress that you may be feeling before and after your operation.

Please remember that most healthcare professionals are only too happy to answer your questions and discuss any of your concerns. This booklet should be used along with information provided by your healthcare team and not instead of professional advice.

We hope that this booklet will be of use to you. However, if any of your questions remain unanswered, please do not hesitate to contact one of the many support organisations available (see page 25 and 26).

This booklet is one of a series of publications produced by the Roy Castle Lung Cancer Foundation. We have other booklets, factsheets and a DVD covering a variety of different lung cancer issues. For details of our other free publications please call the Roy Castle Lung Cancer Helpline on [0333 323 7200](tel:03333237200).

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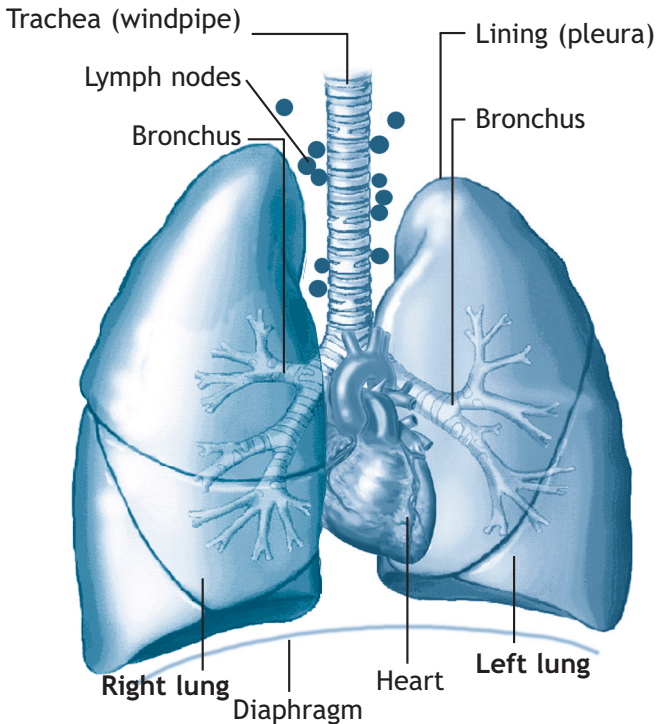
## What is lung cancer?

Lung cancer is a term used to describe a growth of abnormal cells inside the lung - these cells reproduce at a much quicker rate than normal cells. The abnormal cells grow to form a growth, a lump that is described by doctors as a tumour. If the abnormal cells first started growing in the lung, it is called a primary lung tumour.

Successful surgery for lung cancer, with the chance of a cure, may only be possible after the surgeon has considered the following points:

- You and your lungs must be fit enough to cope with the surgery.
- Your tumour must not have spread to other parts of the body.
- It must be technically possible to remove the tumour without damaging crucial structures in your chest, for example, the heart.

It is more common for non-small cell lung cancers to be surgically removed as they are generally slower growing. However, small cell lung cancer can occasionally be removed if the disease is at a very early stage of development.



## How will it be decided if I am suitable for surgery?

Your case will have been discussed in your local lung cancer multi-disciplinary team meeting (MDT). At the MDT all relevant healthcare professionals, including your surgeon discuss the management and treatment of individual lung cancer patients.

The MDT will have looked at the results of your CT scans, PET scans and lung function tests. They will also have discussed the need for further tests to find out the stage of your lung cancer before making a decision to refer you to the surgeon (see our Lung Cancer - Answering your Questions booklet for more information on lung cancer tests).

A sample (biopsy) of your lung cancer may be taken by bronchoscopy or CT guided biopsy as part of the tests to diagnose your lung cancer. However, if it has not been possible to take a biopsy due to the position of the cancer, it will be taken at the time of your operation. The surgeon will take a sample of the tumour and send to the pathology lab to confirm the diagnosis of cancer (frozen section) while you are under anaesthetic and will then perform the appropriate surgery.

There are various surgical tests which the surgeon may perform to make sure you are suitable for surgery to remove the cancer. Each of these procedures requires a general anaesthetic and are commonly done as an outpatient.

### Cervical Mediastinoscopy:

A small cut is made in the bottom of your neck and a camera is inserted along the windpipe to examine and sample the lymph glands on the sides of the wind pipe and centre of the chest (mediastinum).

### Anterior Mediastinotomy:

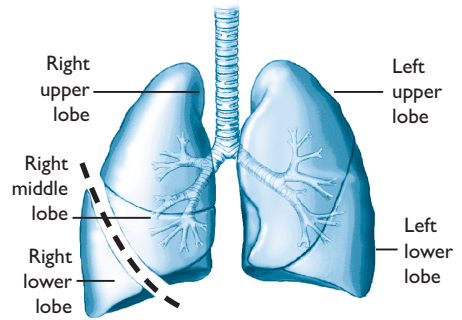
A small cut is made in front of the upper chest between the ribs along the breast bone (commonly on the left side) to examine and sample the lymph glands in the centre of the chest (mediastinum).

### VATS – Video Assisted Thoracoscopic Surgery (Keyhole Surgery):

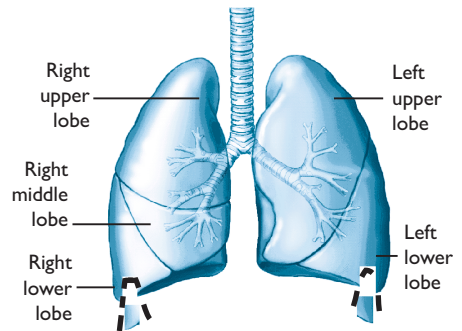
A camera is inserted through two or three small cuts (3-5cm) into your chest to examine and sample the lymph glands in the centre of the chest (mediastinum).

There are three main types of surgery for lung cancer:

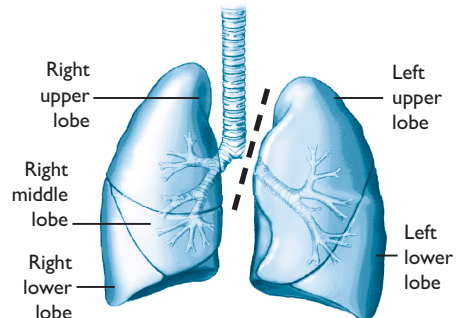
- Lobectomy** - This is performed when your cancer is only in a single lobe of the lung. This procedure involves the removal of a lobe of the lung. The remaining lung will expand and fill the space left by the lung tissue that has been removed. A bi-lobectomy is the removal of two lobes of the lung on the right side. Sometimes the surgeon may remove part of the main airway with the lobe and join the two ends to make sure all the cancer is removed. This procedure is called a sleeve lobectomy.



- Segmentectomy/Wedge resection** - Each lobe of the lung is made up of several segments. If your physical condition will not allow more extensive surgery, or the cancer is small, the surgeon may be able to remove just a segment, or small piece of lung tissue, rather than the whole lobe.



- Pneumonectomy** - Involves removing a whole lung. The remaining lung will then need to work a bit harder but will soon become used to the workload. You will be able to do most things you did before, although some people find that they are unable to do demanding physical activity.





## How does the surgeon get to my lungs?

There are two main ways for the surgeon to get into the chest. These are described below:

- **Thoracotomy** - The name given to the incision (cut) that the surgeon makes around the side of your body, below your shoulder blade and between your ribs.
- **VATS - Video Assisted Thoracoscopic Surgery (Keyhole Surgery)** - This is where your surgeon uses a camera through two or three small cuts (3-5cm) into your chest to look at the lung. Incisions (cuts) are generally made under the arm and/or just below the shoulder blade.

Your surgeon will discuss with you the best way to get into the chest for your operation. During your operation, samples of cells should be taken from the lymph glands near the lungs and centre of the chest (mediastinum), so that they can be checked for signs of cancer.

*“ Before my surgery, the surgeon explained that I'd wake up in ICU, what would be in me (drains, pain relief, etc) and what sort of machines I'd be wired up to. This was really helpful and helped reduce fear as I'd not had surgery since tonsillectomy aged 4. It helped reassure me that things were normal.”*

Janette, West Midlands

## How long will I have to wait for my operation?

This varies from one hospital to another and sometimes depends on whether pre-operative tests are required. A letter will usually be sent to you giving you the details and the date that you need to come into hospital or you may be contacted via the telephone.

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## I'm concerned about the risk of infection – how can I help reduce my risk?

Before coming into hospital you will be told how to prepare your skin, to make sure that it is thoroughly clean. This will reduce the risk of you developing an infection. Every hospital has its own policies and procedures for reducing the risk of infection. If you have further concerns or questions please ask your healthcare team.

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## I am a smoker – is it worthwhile giving up?

After your operation your lungs will need to be at their best to help a speedy recovery. If you are a smoker you should try to give up as soon as possible; ideally at least six weeks before your operation. Giving up smoking reduces the risk of complications after surgery.

Even though your lungs may be damaged it is still very worthwhile to give up. Cigarette smoke is poisonous and contains many chemicals. These chemicals enter the blood supply and affect how well your body works.

If you need help either speak to your GP or ask your local pharmacist for advice. Clinics to help you stop smoking are held all around the UK.



## Should I change my diet before my operation?

Before your operation, it is important to eat a balanced diet as this will help your body recover from surgery. If you are underweight and/or losing weight, it can be more difficult and can take longer to feel better. Try to make sure that you are eating regularly, including snacks and nutritious drinks, such as milkshakes or fruit smoothies, to keep your weight stable. If you are struggling with breathlessness try to eat little and often and take smaller mouthfuls of food. Soft or moist foods are often easier to eat, if your mouth gets dry. If you are having problems eating, ask your doctor or nurse for referral to a dietitian.

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## What will I need to take to hospital?

You will need to check with your own hospital but as a general rule pack a bag containing the following:

- At least two sets of nightwear with loose fitting tops.
- Dressing gown and well fitting slippers.
- Toiletries – soap, flannel, toothbrush and paste, tissues, comb, shaving items.
- A pen for completing your menu card.
- A small amount of loose change.
- Any medication that you are presently taking.

It is not advisable to take expensive items or large amounts of money. Your property is your responsibility unless you decide to hand it to the hospital for safe keeping.

## 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. 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 into your bed 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.

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.

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.

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## What happens to me before my operation?

The anaesthetist is the doctor who will put you to sleep during 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 advise).

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 (See page 21 for more information).

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.

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## 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 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 there to help with your monitoring. 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.

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## **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. Usually the drains are put on suction to help the lungs expand. Getting up and about even with the drains is actively encouraged.

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## **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.

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## **Will I have any pain?**

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), 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.

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## 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.

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## What will happen on the first day after my operation?

The doctor 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 will 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.

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## What will happen on the second day after my operation?

The doctor or nurse 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.

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## 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 will 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. Deep breathing and supported coughing techniques 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. In such 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 as much as you can take. Exercising in this way will encourage your lungs to expand and also may prevent any delays to you getting home.



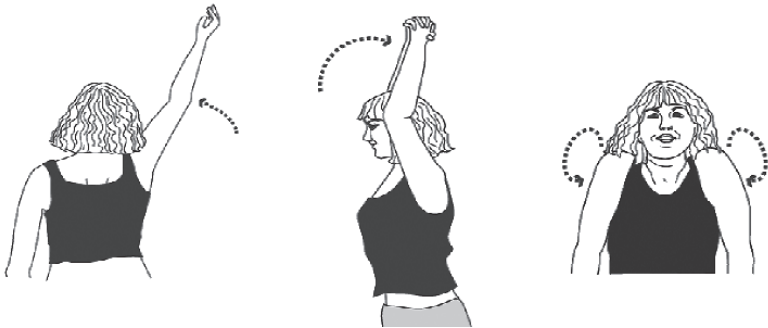
Once home, you should continue to walk regularly, gradually increasing distance and pace.

If you do any specific activities, for example, swimming, golf or bowls, tell 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.

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## 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.



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## 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 discharged and you become more active your sleep pattern should return to normal.

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## 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 are usually given to you in your first post-discharge clinic appointment.

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

Some patients who have had their tumour completely removed should receive chemotherapy after their surgery. This will depend on the exact stage of the tumour found during the operation. If the surgery has not completely removed the cancer you may be offered radiotherapy or chemotherapy treatment. Your doctor will fully discuss this with you.

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## When will I be able to go home?

The average length of stay is between 5-10 days depending on your operation and your personal recovery. You will be able to go home when your doctors are satisfied that you are eating and drinking, and any problems identified before discharge are addressed. It is hoped that the chest drains will be removed before discharge but it is possible to go home with the chest drain in if longer term drainage is required.

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## 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.

## How will I manage my pain?

You should expect to feel sore. Most patients describe a heavy or tight feeling in the chest area. Numbness is also common, particularly around the front of the chest, the scar and the drain sites. You may also feel occasional shooting or stabbing pains as the nerves and tissues damaged at the time of surgery begin to repair themselves. It is very important to take your pain relief as prescribed. Paracetamol works well if taken regularly (two tablets four times a day), so should be the last pain killer stopped. If you feel that the pain tablets you are taking are not controlling your pain ask your GP or your nurse specialist for advice. Do not wait, in pain, until your follow up appointment which may be several weeks away.

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. It is important to pace yourself. Pacing is a way of planning your activity to avoid making the pain worse.

Prioritising, asking yourself what really needs to be done today and forward planning are also important. Ask yourself, how can I break the job down into various stages, do I need help and what resources do I need? A little and often is a good rule, the aim being to succeed with the goals you have set yourself not to struggle.

If you push yourself too hard in the first few days you may find that your pain becomes difficult to manage. This may also increase your anxiety. Remember pain is an emotional and a physical experience we cannot separate the two. It is important for you to feel that you are in control of the pain in order to feel positive.

*“When I was recovering from my operation I made sure that I took regular pain relief – whether I felt I needed it or not. This kept my pain under control, which meant that I could start moving around easily and helped me to get better.”*

Lyn, Stafford

## How will I feel?

Following your operation it is normal to have feelings of stress, anxiety or depression. Being affected emotionally is normal. It may help to talk about how you feel with a member of your family, a friend or your nurse specialist. Sometimes your friends and family need to talk things over as well.



It helps if you are able to set yourself realistic achievable goals so that you can see that you are moving forward. It helps you to think positively. Most of us have at one time experienced the power of the mind over the body. Relaxation may be helpful as you can train the mind to relax the body. This may reduce the stress and anxiety you feel. One relaxation technique is to learn to breathe more deeply and slowly. You may have already been taught this.

Here are some general relaxation guidelines:

- Choose a place and time where you will not be disturbed for at least 15-20 minutes.
- Practice your chosen technique at least twice daily (minimum four times a week).
- It may take a few weeks before you notice any benefit - stick with it and do not expect instant success.
- Relaxation should be helpful. If you find it makes you more anxious or increases your pain, speak to your nurse specialist who may be able to suggest other methods of reducing your symptoms.

Our factsheet on Relaxation techniques is available at [www.roycastle.org/factsheets](http://www.roycastle.org/factsheets), or call the Roy Castle Lung Cancer Helpline on **0333 323 7200**.

## How should I look after my wound?

Try not to touch your wounds: if you do there is more chance of infection. Use a mirror or get a member of your family to check your wound(s) every day. If your wound is clean and dry it should be left without a dressing. This will help it to heal more quickly. Don't worry about the scabs they will fall off in their own time. You will usually have at least one stitch where your drains were placed that should be removed by the practice nurse at your GP surgery. The stitches should be removed around five days after drain removal. Some swelling around the wound is perfectly normal and should go down after a few weeks.

You should consult your GP for advice if your wound becomes red and inflamed, if you have pain from around the wound, or if fluid is coming from the wound.

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## I need to go home with a chest drain - how do I look after it?

If you need to go home with a chest drain it will be because a small amount of fluid is still draining into the bag or you have a small air leak caused by the internal wounds taking a while to heal. You will not be sent home with a drain unless the doctors and nurses are sure that you are able and confident to care for a drain. If you live alone and do not have anyone to support you, tell the nurses on the ward.

A district nurse will be asked to visit you every few days. They will check the drain and change the dressing if necessary. The doctors and nurse specialist may want to see you approximately one week after you have gone home to see whether the drain needs to be removed. They will want to know how much fluid has drained each day. It is a good idea to record the drainage every night and then empty the bag to prevent spillage.

Here are some simple rules for you to remember:

## DO

- Empty your bag before you go to bed each night.
- Record the amount and colour.
- Continue to exercise.
- Follow and read the instructions you will have been given.
- Get advice if your breathing becomes difficult.
- Contact the ward you were on or your nurse specialist if you are worried.

## DON'T

- Disconnect your drain.
- Pull at the drain or the stitches.
- Allow the bag to lay flat as it may spill.
- Block the port for emptying the bag.
- Forget that the bag is connected to you!

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## Will I be breathless?

This will depend on the type of surgery you have had and your general fitness level before your surgery. Some shortness of breath is to be expected and is normal. When you are up and about and exercising you may feel more breathless. This is normal and shows that you are working hard enough. You will have to rebuild your strength and energy and this could take weeks or even months.

Roy Castle Lung Cancer Foundation provides a booklet on managing breathlessness. For a free copy, please call the Roy Castle Lung Cancer Helpline on **0333 323 7200**.

## Will I be able to look after myself?

You will be able generally to care for yourself, for example, washing and dressing. You will probably be most comfortable in loose fitting clothing (ladies - bras may be uncomfortable for a little while). You may have a bath or a shower but do not scrub the wound or use perfumed products.

Although you will be able to cook, don't lift heavy pots and pans. Ready meals are often ideal for the first few days after going home. You may have a reduced appetite and may even lose some weight. Try to eat small meals often that are high in calories.

Light dusting is fine but avoid vacuuming or moving heavy objects.

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## Will I be able to get out and about?

You may feel that you lack confidence for a few days after you go home – this is normal. Your confidence will soon return. Try to get a balance between activity and rest. It is important that you try to remain active. Do not go to bed. Take a nap in the afternoon if necessary but no more than one hour as the lungs are unable at this stage to expand properly so there is an increased risk of a chest infection. Aim to take a walk once or twice a day. Gradually increase the distance you can walk. Cold weather will not cause you any harm. You can also go shopping with your family and friends - lean on the trolley if it helps!





## How long do I need to wear stockings for after surgery?

You will have been given special stockings to wear following surgery. These help to improve your circulation and help prevent blood clots developing in your legs (DVT or Deep Vein Thrombosis). You should wear the stockings until you have returned to your normal level of activity. Your healthcare team will confirm how long you should wear them for. You should remove the stockings when you go to bed at night and wash them. They will then be ready for use in the morning.

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## How do I improve my posture and shoulder movement?

Try and maintain an upright position. Check your posture in the mirror and keep your shoulders moving. Gentle side stretches away from the operated side may help your posture. If problems with your shoulder or posture persist it may be that you will need a referral to your physiotherapist. Your GP should be able to help you with this. See page 14 for exercises to help with shoulder movement.

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## When can my partner and I resume sexual relations?

Sexual relations can be resumed when your wounds are healed, when you feel comfortable and when you and your partner are ready. This may take several weeks. Remember your partner may be worried about hurting you. Try taking a passive role until you feel more confident.

## What about driving, working and flying?

Following discharge you will usually be sent an appointment by the hospital. This will vary from one hospital to another but is usually two to six weeks after discharge. At this appointment you can discuss with the doctor when you can work, drive or fly. You are able to return to work when you feel well enough. This may take anything from one to three months.

It is important not to drive until you have been reviewed by the doctor and thought to be fit. It is essential that you can perform an emergency stop without pain when you start driving again. The time schedule for this will vary from one person to another.

If you are considering flying you may need a letter from the hospital saying that you are fit to fly. It is usually not recommended until you have fully recovered from your surgery. You should discuss this at your hospital visit.

Please remember to let your insurance company know that you have had a chest operation. This is important for driving and travel purposes.

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## What are the most important things for me to remember?

Please remember the following:

- You are an individual and will recover in your own time so try not to compare your recovery with anyone else's.
- Listen to your body.
- Exercise is important but must be balanced with rest—pace yourself.
- Ask for advice and support if you are at all concerned.

## I would like to get some support but don't know where to go. Are there any support services that could help me?

Everyone has different needs when it comes to lung cancer support. There are different types of support available to you. The following are types of support for people affected by lung cancer, which are available around the UK:

- Support Groups.
- Cancer Information Centres.
- Carers' Centres.
- Online Support.

### Support Groups

The Roy Castle Lung Cancer Foundation has a network of lung cancer support groups around the UK. These groups meet regularly and are organised by a local lung cancer nurse specialist. The groups aim to provide you with the opportunity to meet other people affected by lung cancer; get support through sharing experiences and learn more about lung cancer and looking after yourself. Other support groups are available around the UK, including support groups for both carers and cancer survivors.



### Cancer Information Centres

Most Cancer Treatment Hospitals have an NHS or charity funded Cancer Information Centre. Most of these centres have a team of experts and trained volunteers on hand to answer your questions. You can also access booklets, leaflets and other sources of information free of charge. Some centres also offer other services, including self-help and support groups and complementary therapies.

## Carers' Centres

All around the UK Carers' Centres offer a wide range of local support services to meet the needs of carers in their own communities. This includes information and advice about all issues affecting carers, including benefits, breaks, respite and support services, carer assessment procedures, and home aids and adaptations. They can also provide emotional support by offering opportunities for carers to talk through their concerns, both individually and in group sessions, with staff, trained volunteers and other carers who understand their situation, helping to reduce feelings of isolation and stress.

## Online Support

There are many cancer related website based discussion forums. They provide an online community for people to ask questions, share knowledge and experiences, exchange ideas and support each other. To visit our forums, go to

[www.roycastle.org](http://www.roycastle.org) and click on HealthUnlocked. This forum allows you to share your experience through blog posts and questions.



Lung cancer nurse specialists also offer a variety of support to people affected by lung cancer.

For details of your nearest support group, Cancer Information Centre, Carers Centre or lung cancer nurse specialist please call the Roy Castle Lung Cancer Helpline on **0333 323 7200**.

## What other types of lung cancer information are available?

We are able to provide information about lung cancer online, in print and on DVD.

Our free booklets and factsheets provide information about lung cancer, lung cancer treatments and living with the disease.

We also have a DVD on living with lung cancer which is free of charge. You can also view the chapters of this DVD on our website. Each chapter is around ten minutes long and covers topics such as: diagnosis, managing symptoms and side-effects, what to expect with different treatments, emotions and relationships; and practical issues such as financial support and managing your diet.

You can order and find out more about the full range of our information on our website: [www.roycastle.org](http://www.roycastle.org) or by phoning the Roy Castle Lung Cancer Helpline on **0333 323 7200**.



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## Useful organisations

There are many different organisations working with the NHS to provide valuable information and support to people affected by lung cancer. Here are the contact details of some organisations which may be of help to you.

### Benefit Enquiry Line

Provides information and advice about social security benefit entitlement.

Freephone: **0800 882 200**

Website: [www.direct.gov.uk/disability-money](http://www.direct.gov.uk/disability-money)

### Macmillan Cancer Support

Provides practical, medical and financial support for people affected by cancer.

Freephone: **0808 808 0000**

Website: [www.macmillan.org.uk](http://www.macmillan.org.uk)

### **Marie Curie Cancer Care**

Runs hospice centres throughout the UK, and a community nursing service to support cancer patients and their carers in their homes.

Freephone: 0800 716 146

Website: [www.mariecurie.org.uk](http://www.mariecurie.org.uk)

### **National Lung Cancer Forum for Nurses**

Provides information to patients, carers and for health professionals who support people affected by lung cancer.

Website: [www.nlcfn.org.uk](http://www.nlcfn.org.uk)

### **NHS Smoking Helplines**

Offers down to earth help and advice to people who want to stop smoking.

Smokeline: 0800 848 484 (Scotland)

Website: [www.canstopsmoking.com](http://www.canstopsmoking.com)

NHS Smoking Helpline: 0800 022 4332 (England/Wales)

Website: [www.smokefree.nhs.uk](http://www.smokefree.nhs.uk)

Smokers Helpline: 0808 812 8008 (Northern Ireland)

Website: [www.want2stop.info](http://www.want2stop.info)

### **Carers Trust**

Provides Carers' Centres all around the UK offering a wide range of local support services to meet the needs of carers in their own communities.

London Office: 0844 800 4361

Glasgow Office: 0141 221 5066 (In Scotland, known as The Princess Royal Trust for Carers)

Cardiff Office: 0292 009 0087

Website: [www.carers.org](http://www.carers.org)

## About us

The Roy Castle Lung Cancer Foundation is the charity that gives help and hope to people affected by lung cancer. The charity has two aims – supporting people living with lung cancer and saving lives.

### *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.

For more information please call the Roy Castle Lung Cancer Helpline on **0333 323 7200** or visit our website at [www.roycastle.org](http://www.roycastle.org)

## How we fund our work

We rely entirely on donations and gifts in wills to fund our research and support people affected by lung cancer.

If you would like more information on raising funds for the charity or leaving a gift in your will, please visit our website at [www.roycastle.org/fundraising-and-events](http://www.roycastle.org/fundraising-and-events)





# About our lung cancer information

All our information booklets and factsheets are written and edited by our Information Team in partnership with lung cancer experts. They are then approved by our Medical Director. This information is evidence based and follows national clinical guidelines for the management of lung cancer.



## Thanks to:

Our expert advisory panel for reviewing our lung cancer information and providing valuable professional advice:

Terry Cantlin, Senior Sister - Thoracic Surgery  
Dr S Michael Crawford, Consultant Medical Oncologist  
Sandra Dixon, Thoracic Nurse Specialist  
Mr Umamaheswar Naidu, Consultant Thoracic Surgeon  
Kim Parker, Thoracic Research Physiotherapist  
Mr Sridhar Rathinam, Consultant Thoracic Surgeon  
Denise Silvey, Lung Cancer Nurse Specialist  
Jayne Sharman, Thoracic Nurse Specialist  
John White, Lead Lung Cancer Nurse Specialist

Our reader panel for ensuring our lung cancer information meets the needs of lung cancer patients and carers:

Ray Whincup, Eric Byrne

ICU, Victoria Infirmary, Glasgow

This booklet was produced in partnership with



We value  
your  
feedback

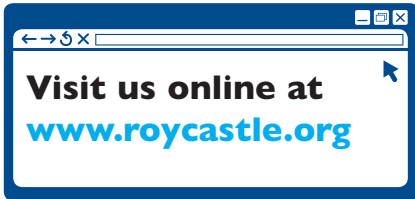
If you would like to tell us what you think about this information booklet please email us at [info@roycastle.org](mailto:info@roycastle.org)

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## Contact us



### Head Office

Roy Castle Lung Cancer Foundation  
Enterprise Way, Liverpool, L13 1FB  
Email: [foundation@roycastle.org](mailto:foundation@roycastle.org)

### Lung Cancer Information and Support Services

Roy Castle Lung Cancer Foundation  
Rothesay House, 134 Douglas Street  
Glasgow G2 4HF  
Email: [info@roycastle.org](mailto:info@roycastle.org)

### Free Lung Cancer Helpline

If you would like more information on lung cancer  
please don't hesitate to call the Roy Castle Lung Cancer Helpline on

**0333 323 7200**



**GIVING HELP AND HOPE**