Chest Wall Resection

Information for patients and families

Read this book to learn:

- how to prepare for your surgery
- what to expect while in hospital
- what to expect after you return home
- who to call if you have any questions

Your surgery has been scheduled for:

Date: ____________________________

Time: ____________________________

Come to the hospital at: __________

You can expect to stay in the hospital for about: ____________________________
Preparing for your surgery

What type of surgery am I having?

In your body, you have 2 lungs. The lungs are protected by your rib cage. A **chest wall resection** is done to remove part of a rib. If you more than one rib removed, you may need to have something put in to replace the ribs. This is called a **reconstruction**. The reconstruction may be done with a special mesh. Your surgeon will tell you if you need a reconstruction.

You may have a mass or tumour that is growing into your ribs. This can be benign or malignant. Benign means that it is not a cancer. Malignant means that it is a cancer. Your doctor will tell you what type of mass you have.
How long will I need to stay in the hospital?

Depending on your surgeon, you will stay in the hospital from 3 to 7 days. When you can go home will depend on how you are recovering. Your health care team may tell you during their morning rounds (check-ins) that you can go home that day.

Before coming to the hospital, plan to have someone pick you up when you are ready to go home after surgery.

What tests will I need before surgery?

Before your surgery, we do a complete health check. This may include many tests. These tests help your surgeon plan your surgery and they also help find other health problems. The risks of surgery can be decreased by managing these health problems before your surgery.

These tests may include one or more of the following:

- pulmonary function test (PFT)
- exercise oximetry
- CAT (CT) scan of your chest and abdomen
- MRI brain
- Chest x-ray
- Blood work
- ECG

We will let you know the tests you need and give you more information about them.

What will happen during my Pre-admission visit?

You must come for your Pre-admission appointment before your surgery. If you don’t come for your Pre-admission visit, your surgery will be canceled (unless you were given other instructions).

During your Pre-admission visit, we will do a complete check of your health and talk to you about the surgery. You can find more details about your Pre-admission visit in the My Surgery Guide you received.
Can the time for my surgery change?

Yes. Many of our thoracic surgeons do lung transplants. If this or other kind of emergency surgery comes up, we may need to reschedule your surgery for another date and time.

Your hospital stay

Where will I go after surgery?

You will stay in the Post Anesthetic Care Unit (PACU) for a few hours. Once you are awake and stable, we will take you up to 10 Eaton South (10ES). You will go to the Step Down Unit (SDU).

There are 4 beds in an SDU room. Both male and female patients are cared for in this room. A thoracic nurse will be in the room with you at all times. You will stay in the SDU for 2 days.

As your health improves you will be moved to a regular ward room on 10ES until you are discharged home.

What can I expect?

- Your nurse will check your blood pressure, pulse and temperature. The nurse will also check your heart, breathing and oxygen level.

- A physiotherapist may treat you once or twice a day. The physiotherapist helps you improve your movement. They help you do:
  - Deep breathing and coughing exercises to clear your lungs of mucous. This helps to prevent pneumonia.
  - Shoulder exercises on the side of your surgery (if you have a thoracotomy incision). These exercises help to keep your shoulder joint moving fully.

How often you see the physiotherapist depends on your condition during the day. Your nurse will also help you with these exercises.
What can I expect to have on my body?

After your surgery, you will have:

### Incisions

Your surgeon will tell you where your incision will be, and how big it will be. You will have one of the following incisions:

- A thoracotomy means the incision is on your side.
- A sternotomy means the incision is down the middle of your chest. Your sternum (breast bone) will be opened.
- A hemi-clamshell means the incision is under one of your breasts.
- A clamshell means the incision is under both of your breasts right across your chest.
- Your incision may be from 8 to 25 cm (or 2.5 to 10 inches) long.

### Stitches or sutures

Your surgeon usually uses dissolvable stitches to close your incisions. This means they go away on their own. If they are not dissolvable, your nurse usually removes the stitches or staples 14 days after your surgery.

You may need to go to your family doctor to have your stitches removed. We will let you know.

### Dressings (bandages)

You will have dressings covering your incisions. The first dressing is changed 1 to 2 days after your surgery. Then, they are changed at least once a day.
### Chest tube
You will have 1 to 2 chest tubes coming out of the side of your chest. These tubes remove air and fluid from the inside of your chest area. The tubes are attached to a machine that helps suck the air and fluid out.

The chest tube(s) will go into your side through small incisions or holes. Your chest tube(s) is usually removed 1 to 3 days after your surgery. To keep the chest tubes in place, we will use stitches to secure them. These are not dissolvable. The stitches will be removed 7 days after the tubes are taken out. You may need to go to your family doctor to have your stitches removed.

### JP drain (Jackson Pratt drain)
You will have a small tube called a JP drain that helps drain any extra fluid. It is removed when you no longer need it.

### Heart monitor
You will be on a heart monitor while you are in the Step Down Unit. This doesn’t mean there is a problem with your heart. We do this for all patients who have your type of surgery.

### Urinary catheter
You will have a tube draining your bladder. You have this tube for 1 to 2 days. While you are in the hospital, the nurse measures how much you urinate.
### Intravenous (IV)
You have an IV line so we can give you fluids and medicines. It stays in until you are drinking well, or about 2 to 3 days. You may be able to drink the evening of your surgery. The IV must stay in as long as you are getting pain medication through a pump.

### Arterial Line
This tube looks like an IV line, and we use it to take blood samples without having to poke you with a needle. It also closely monitors your blood pressure.

### Oxygen
You may need oxygen after your surgery. You get the oxygen either by facemask or through your nostrils (nasal prongs). We remove the oxygen once your lungs are working well enough.
How can I manage my pain?

We will work with you to manage your pain. We can give you pain medicine in different ways. These include:

<table>
<thead>
<tr>
<th>Method</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Epidural</strong></td>
<td>With an epidural, a doctor puts a small tube in your back. They usually do this right before your surgery. The tube is left in place to give you pain medicine after your surgery. It’s attached to a pump, which gives you the medicines. They include a pain killer and medicine that numbs the area where you had surgery. They may make your legs feel numb or heavy.</td>
</tr>
<tr>
<td><strong>Extrapleural catheter</strong></td>
<td>You may get pain medicine through a small tube placed under your skin near your incision. It’s usually placed near your chest tube. The tube is attached to a pump which gives you the medicine. The tube stays in place until your chest tube is removed.</td>
</tr>
</tbody>
</table>
| **Intravenous (IV) Patient Controlled Analgesic or PCA** | A PCA pump is connected to your IV. The pump gives you pain medicine through your IV when you push the button. You should press the button:  
  • when you start to feel pain  
  • before you do something that brings on pain  
  • before you do deep breathing and coughing exercises  
  • before you start to move or turn  
You should feel the effects of the medicine within 2 to 3 minutes. If you don’t feel any pain relief, let your nurse know.  
You are only allowed to have a certain amount of pain medicine every 4 hours. To control how much medicine you get, the PCA pump has a safety timer called a lock out. If you press the button during the lockout time, you won’t get more medicine. **Only you should press the button.** |
You get your pain medicine through an IV. It’s important to let your nurse know when you have pain so they can give you the pain medicine. If you don’t feel any pain relief after getting the medicine, let your nurse know.

You may get your pain medicine in tablets that you swallow. This will happen once you are drinking fluids. Let your nurse know when you have pain, so they can give you the pain medicine.

You can expect to need pain medicine every 3 to 4 hours for the first few days after surgery. As you heal, you will feel less pain and will not need the medicine as often.

**During your hospital stay, we will help you prepare for going home.**

### Going home

#### Food and appetite

Your appetite should return to normal within a few weeks. Your appetite will improve as you start to feel better and your activities increase.

It’s common to lose weight after this surgery. You may never gain this weight back, but it’s important that you are eating enough.

- Follow the special diet your dietitian gave you. Have smaller meals more often in the day. A large meal will not settle well in your stomach.
• Remember to separate fluids and solids as your dietitian explained to you.
• Make sure you drink enough fluids (at least 6 cups a day unless your doctor or dietitian gave you different instructions).

If you continue to have problems with your appetite, call your surgeon and/or dietitian.

**Bowel upset**

Your pain medicines may cause you to become constipated. Drink at least 6 cups of fluid each day (unless your doctor or dietitian gave you different instructions).

Add bran, high fibre breads and cereals (without nuts, seeds or dried fruits in it) or prune juice to your diet. Eat plenty of cooked vegetables and skinless and seedless fruits.

Your doctor will prescribe you a stool softener while you are taking pain medicine. You may also use a mild laxative if you need one. Your normal bowel movements should return once you stop taking the pain medicine. See your family doctor if you have any further problems.

**Feeling down**

You may feel tired and discouraged for several days or weeks after surgery. Feeling depressed is also common after this surgery. As you recover and improve your strength, this should improve.

If you continue to feel depressed as you recover, please see your family doctor.
What instructions do I follow once I am home?

Incisions

- Don’t cover your incisions unless your clothes are rubbing on them. The GJ-tube will have a small dry dressing around it.
- Don’t put lotions or creams on your incisions until they are completely healed.

There may be a “bump” along the incisions. It will decrease over 4 to 6 weeks. Most of your pain should be gone by 6 to 8 weeks after your surgery.

The area around your incisions may feel numb. This is normal. It may last for many months or may not go away at all. But, it usually improves with time. The numbness may be worse on cold, damp days.

Showering or bathing

You can shower once you get home. Use a mild soap, and let the water run over your incisions. Pat the incisions dry with a towel. Don’t rub.

Returning to work

You should expect to be off work for at least 4 to 6 weeks. Depending on your job, you may need to be off for 8 to 12 weeks. Ask your surgeon when it’s safe for you to return to work.

Driving

Don’t drive until you are off all pain medicine. The pain medicine you are taking may make you drowsy.

You must be able to fully move your arm and shoulder before you drive. This can take at least 2 to 3 weeks after surgery.
Lifting

No heavy lifting, carrying, pushing or pulling for 4 to 6 weeks. For example, this includes no vacuuming, carrying heavy groceries, or shoveling snow.

You can lift up to 10 pounds (about 5 kilograms). Lifting more than this may stress your incision. Your surgeon will tell you when you can start regular activities.

Sex

You can start having sex whenever you feel more comfortable (have less pain and more energy). Choose positions that won’t put stress on your incisions.

Sports

Wait 2 weeks before you swim. Don’t jog, do aerobics, or play sports like tennis or racquetball for 4 to 6 weeks. Please talk to your surgeon before you do sports like skydiving and scuba diving.

Travel

Please check with your surgeon about traveling. We usually recommend you not travel by air for 2 to 3 weeks.

Medicines

During your hospital stay, your medicines may change. You will get prescriptions before you leave the hospital. You can review them with your nurse, surgeon or pharmacist before you leave. Talk to your family doctor if you have any further questions.
Follow-up care

Your surgeon will send a letter to your family doctor about your surgery. Your family doctor will provide on-going medical care once you leave the hospital.

See your family doctor for any problems or questions about your medicines, prescriptions, managing your pain, sleeping, appetite or constipation.

Follow-up appointment

We will let you know when to see your surgeon. Depending on your surgeon, your follow-up visit will be about 2 to 6 weeks after your surgery. If you don’t have an appointment for a follow-up before leaving the hospital, call your surgeon’s office the first week you are home.

On the day of your follow-up appointment, go to the x-ray department first to have a chest x-ray.

Remember to bring your health card (OHIP) to your follow-up visit.
**When should I call my surgeon?**

<table>
<thead>
<tr>
<th>Call your surgeon if you:</th>
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<tbody>
<tr>
<td>• have new redness or swelling around your incision(s)</td>
</tr>
<tr>
<td>• have pus (yellowish or white liquid) or a bad smell coming from an incision</td>
</tr>
<tr>
<td>• feel increasing pain at your incision(s)</td>
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<tr>
<td>• have a temperature <strong>higher</strong> than 38.5 °C or 101 °F</td>
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<tr>
<td>• have diarrhea</td>
</tr>
<tr>
<td>• have nausea or vomiting</td>
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<tr>
<td>• continue to lose weight or your appetite doesn’t improve</td>
</tr>
<tr>
<td>• have shortness of breath</td>
</tr>
<tr>
<td>• cough out mucous that is yellow or green or has a bad smell</td>
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<tr>
<td>• cough out fresh red blood</td>
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**Who can I call if I have any questions?**

If you need information about the time of your surgery, tests or appointments please call your surgeon’s office:

- Dr. M. Cypel  ☎️ 416 340 5156
- Dr. G. Darling  ☎️ 416 340 3121
- Dr. M. De Perrot  ☎️ 416 340 5549
- Dr. S. Keshavjee  ☎️ 416 340 4010
- Dr. A. Pierre  ☎️ 416 340 5354
- Dr. T. Waddell  ☎️ 416 340 3432
- Dr. K. Yasufuku  ☎️ 416 340 4290
- Dr. L. Donahoe  ☎️ 416 340 4800 extension 6529
- Dr. J. Yeung  ☎️ 416 340 4800 extension 6529