Apical Bullectomy Surgery

Information for patients and families

Read this booklet 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?
Blisters called bullae can form on the surface of your lung. If they burst, they can cause your lung to collapse (leak air). A collapsed lung is called a pneumothorax. If your lung has collapsed 2 or more times, you may need a surgery called **apical bullectomy** to fix this.

What happens during the surgery?
Your surgeon cuts out the area of your lung where the blister burst, using special tools and the help of a video camera. This is called video assisted surgery (VATS).

The risks for this surgery are low. Less than 1 out of 100 people who have this surgery may have bleeding.
The most common problem after this type of surgery is air leaking from your chest tube. Between 2 to 10 people out of 100 may have this problem. It is more likely to happen if you have some kind of lung disease, such as chronic obstructive pulmonary disease (COPD). If it happens, we leave your chest tube in for a longer time, and the air leak heals on its own.

**How long will I need to stay in the hospital?**

You will stay in the hospital 2 to 3 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 check of your health. You may also need a CT Scan of your chest. This helps your surgeon plan for your surgery.

**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 Binder** you received.

**Can the time for my surgery change?**

Yes. We will do our best to do your surgery at the scheduled time. But, we may need to reschedule your surgery if other emergencies come up.
Your hospital stay

Where will I go after surgery?
You may stay in the Post Anaesthetic Care Unit (PACU) for about 2 hours. Once you are awake and stable, we take you up to 10 Eaton South (10ES). You stay there until you are discharged home.

What can I expect to have on my body?
After your surgery, you will have:

| Incisions      | You will have 3 small incisions (cuts) on your side or sides. You will also have a small incision on your side for the chest tube. Each incision is about 2 centimeters (about ¾ of an inch) long. Your surgeon uses dissolvable stitches to close them. This means they go away on their own.  
|                | Bandages cover your incisions. We remove them 2 days after your surgery. |
| Chest tubes    | You will have 1 to 2 chest tubes coming out of your side. 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.  
|                | We use stitches to keep the chest tubes in place. These are not dissolvable. We remove your chest tubes once it is safe. We remove the stitches 7 to 10 days after we take the tubes out. You may need to see your family doctor to have these stitches removed. |
Intravenous (IV) You have an IV so we can give you fluids and medicines. It stays in until you are drinking well.

Oxygen You may need oxygen after your surgery. You get the oxygen either by face mask 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:

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.
Intravenous (IV) medicine

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.

Medicine by mouth

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, your medicines may change. Review these changes with your nurse, surgeon or pharmacist. You will get a prescription before you leave the hospital.

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

How can I expect to feel as I recover?

It takes time to heal and recover. Each person recovers at their own pace. How long it takes for you to recover depends on your age, health and attitude. Your family doctor can help you to manage any symptoms you may have.

Food and appetite

Your appetite should return to normal within a few days. It should improve as you start to feel better and your activities increase. If you continue to have problems with your appetite, call your family doctor.

Bowel upset

Constipation is a common problem when taking pain medicine.

- Drink plenty of fluids (at least 6 cups a day unless your doctor or dietitian gave you different instructions).
- Add bran, high fibre breads and cereals, berries, dried fruit or prune juice to your diet (unless your doctor or dietitian gave you different instructions).
- Your doctor will prescribe you a stool softener while you are taking the pain medicine. You may also use a mild laxative if you need one.

If you still have problems, see your family doctor.

What instructions do I follow once I am home?

Activity

You can gradually increase your activity when you get home. Go for a walk at least once a day if you can.
Incisions

- Don’t cover your incisions unless your clothes are rubbing on them.
- 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 4 to 6 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 1 week. Depending on your job, you may need to be off longer. 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 body before you can safely steer a car. This can take at least 3 to 5 days after surgery.
Lifting

No heavy lifting, carrying, pushing or pulling for 2 to 3 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 incisions.

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 to 3 weeks before you swim or golf. You can start other activities and sports when you feel ready.

Talk to your surgeon before you do any sky diving or scuba diving. **We don’t recommend scuba diving after some lung surgeries.**

Travel

Please check with your surgeon about traveling. We usually recommend you do not travel by air for 3 months after your surgery.

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. Your follow-up visit is usually about 4 to 6 weeks after your surgery.

If you don’t have an appointment for a follow-up before you leave 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?

Call your surgeon if you:

- have new redness or swelling around your incisions
- have pus (yellowish or white liquid) coming from your incisions
- feel increasing pain at your incisions
- have a temperature higher than 38.5 °C or 101 °F
- have shortness of breath
- cough out mucous that is yellow or green or has a bad smell
- cough out fresh red blood
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