Open Lung Biopsy

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: ________________________________
Please arrive at the hospital at: _____________
You can expect to be at the hospital for: ________
Preparing for your surgery

What type of surgery am I having?
You are having an open lung biopsy. In your body, you have 2 lungs.

Your right lung has 3 parts. Your left lung has 2 parts. These parts are called lobes.

A lung biopsy is a surgical procedure where the doctor removes a small piece of lung tissue to determine if there is lung disease or cancer in the lung.

There are many reasons to do a lung biopsy, such as:

• To evaluate an abnormality seen on chest x-ray or CT scan
• To diagnose lung infection or other lung disease
• To check if a lung mass is malignant (cancerous) or benign
What happens during the surgery?

Your surgeon may do this surgery using a special video camera. This type of surgery is called video-assisted thoracic surgery (VATS). During VATS, the surgeon makes small incisions (cuts) on the side of your chest near your armpits. The doctor uses a small camera during the procedure to help see inside your body while doing the surgery. The camera sends pictures to a screen. This helps the surgeon to see inside of your body.

How long will I need to stay in the hospital?

You may need to stay in the hospital for 1 to 3 days. A member of your health care team will check on you in the morning and let you know during morning rounds if it is safe for you to go home.

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. This may include many tests. These tests help your surgeon plan your surgery. 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:

- CT scan
- bronchoscopy

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

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, you will meet members of the health care team who will do a complete check of your health and talk to you about the surgery. This visit will be about 4 hours long. You can find more details about your pre-admission visit in the My Surgery Guide you received.

Your hospital stay

Where will I go after surgery?
You will stay in the Post Anesthetic Care Unit (PACU) for a 1 to 2 hours. Once you are awake and stable, we will take you up to 10 Eaton South (10ES) or the Consolidated Short Stay Unit (CSSU).

You will stay on the ward until you are discharged. If you are going home the same day, you will be taken to the Same Day Discharge (SDD) unit. The nurses will help you get ready to go home in the SDD Unit.
What can I expect?

Your nurse will check your:

• blood pressure
• pulse
• temperature
• heart
• breathing
• oxygen level

A physiotherapist may treat you once or twice a day. How often you see the physiotherapist will depend on your condition. The physiotherapist will help you with your:

• Deep breathing and coughing exercises. These exercises help to clear your lungs of mucus.
• Shoulder exercises on the side of your operation. These exercises help you to keep your shoulder joint moving fully.

Your nurse will help you with these exercises at night.

You will be able to eat and drink the evening of your surgery.
What can I expect to have on my body?

After your surgery, you will have:

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<tr>
<th>Incisions, tubes or drains</th>
<th>What to expect</th>
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<tr>
<td><strong>incisions</strong></td>
<td>You will usually have 3 incisions for a VATS surgery. Each incision is about 2 cm long. You will have 2 incisions on your side. Your surgeon will use dissolvable stitches to close the incisions. This means the stitches will go away on their own. You will have a chest tube placed through the other incision. This incision will be closed at the time of the removal of the chest tube. Your surgeon closes this incision using non dissolvable stitches. This means the stitches will have to be removed 14 days after the tube is taken out.</td>
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<tr>
<td><strong>chest tubes</strong></td>
<td>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. We use stitches to keep the chest tubes in place. These are not dissolvable. We remove your chest tubes once it is safe to do so. The stitches should be removed by your family doctor 14 days after we take the tubes out.</td>
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**Incisions, tubes or drains**

<table>
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<tr>
<td><strong>intravenous (IV)</strong></td>
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<td><strong>oxygen</strong></td>
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**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:

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<th>Pain method</th>
<th>How it works</th>
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| **Intravenous (IV)**<br>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. |
## Pain method

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<tr>
<td><strong>PCA continued</strong></td>
<td>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 <strong>lock out</strong>. If you press the button during the lockout time, you won't get more medicine. <strong>Only you should press the button.</strong></td>
</tr>
<tr>
<td><strong>intravenous (IV) medicine</strong></td>
<td>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.</td>
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<tr>
<td><strong>medicine by mouth</strong></td>
<td>You may get your pain medicine in pill form 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.</td>
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## Going home

During your hospital stay, we will help you get ready to go home.

### Food and appetite

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

If you continue to have problems with your appetite, see your family doctor.


**Bowel upset**

Constipation (having trouble using the bathroom) can happen when you take pain medicine. To prevent constipation:

- 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. Walk at least once a day if you can.

**Incisions**

- You don’t have to cover your incisions. If your clothes are rubbing on your incisions, you can cover them with clean gauze.

- Do not put lotions or creams on your incisions until they are completely healed.

- Most of your pain should be gone by 4 to 6 weeks after your surgery.

- There may be a bump along the incisions. It will get smaller in 4 to 6 weeks.

- The area around your incisions may feel numb. This is normal. Usually this goes away after surgery. For some people it may last for several months or may not go away at all. The numbness may be worse on cold or wet days. It usually gets better with time.
Showering or bathing
You can shower once you get home. You should shower every day.
• Use a mild soap.
• Let the water run over your incisions.
• Pat the incisions dry with a towel.

Returning to work
You will 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
Do not drive until you stop taking your pain medicine. The pain medicine you are taking may make you drowsy. You must be able to fully move your arms and legs before you can safely steer a car. This usually takes 3 to 5 days after your surgery.

Lifting
No heavy lifting, carrying, pushing or pulling for 2 weeks. This includes no vacuuming, carrying heavy groceries, or shoveling snow, for example.

You may lift up to 5 kilograms (10 pounds). Lifting more than this may open your incisions while it is healing. Your surgeon will let you know when you can start doing your everyday activities.

Sex
You can start having sex whenever you feel more comfortable. Choose positions that are comfortable and won’t put stress on your incisions.

Sports
You can swim or play golf after 2 or 3 weeks.

Wait 4 to 6 weeks before you start jogging, playing tennis or racquetball, or doing aerobics.
Travel
You can still travel after having this surgery. Please check with your surgeon if it is safe to travel right after your surgery.

Medicines
During your hospital stay, your medicines may change. You can review these with your nurse, surgeon or pharmacist. Prescriptions will be given to you before you leave the hospital. See your family doctor if you have further questions.

Follow-up care
Your surgeon will send a letter to your family doctor about your surgery. Once you leave the hospital you may go to your family doctor with any problems or questions about:
  • medicines
  • prescriptions
  • coping with pain
  • sleeping
  • appetite
  • constipation

My follow-up visit
We will let you know when to see your surgeon. Depending on your surgeon, your follow-up visit may be about 4 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 leaking fluid (drainage) or pus from an incision
- feel more pain than usual around an incision
- have a fever (temperature higher than 37.5 °C or 98.6 °F)
- have shortness of breath
- 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. L. Donahoe  416 340 4800 ext. 6529
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. J. Yeung  416 340 4800 ext. 6529

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