Transcervical Thymectomy

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 as you recover
• 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 a transcervical thymectomy. This means your surgeon will remove your thymus gland. As a small child, this gland works with your immune system to keep you healthy by fighting off diseases and infections. As you reach adulthood, the thymus gland starts to slowly shrink and become replaced by fat.

You may have a disease called myasthenia gravis. It causes you to feel very tired and weak. These feelings get worse with activity. Removing your thymus gland may help control these symptoms.

What happens during the surgery?
Your surgeon makes a small incision (cut) at the base of your neck and uses a special video scope to remove your thymus gland. This is called video assisted thoracic surgery (VATS).
How long will I need to stay in the hospital?
You may be discharged the same day as your surgery or you may need to stay in the hospital overnight.

Before coming to the hospital, plan to have someone pick you up when you are ready to leave the hospital 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 1 or more of the following:
- blood tests
- CT scan

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 attend your pre-admission appointment (either in person or virtually) 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. 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 do I go after surgery?
You will stay in the Post Anesthetic Care Unit (PACU) for 1 to 2 hours. Once you are awake and stable, we will transfer you to the same day surgery unit and discharge you from there or we will take you up to the inpatient unit.

If you go to the inpatient unit, you will stay there until you are discharged from (leave) the hospital.

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

<table>
<thead>
<tr>
<th>Incisions, tubes or drains</th>
<th>What to expect</th>
</tr>
</thead>
<tbody>
<tr>
<td>incisions</td>
<td>You will have an incision at the base of your neck. It’s usually about 6 to 8 centimetres (about 2 to 3 inches) long.</td>
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<tr>
<td>JP drain (Jackson Pratt drain)</td>
<td>You may have a small tube called a JP drain that helps drain any extra fluid from your neck incision. It is usually removed when you no longer need it the day after your surgery.</td>
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### Incisions, tubes or drains

<table>
<thead>
<tr>
<th>What to expect</th>
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<tbody>
<tr>
<td><strong>intravenous (IV)</strong>&lt;br&gt; You will have an IV so we can give you fluids and medicine. It stays in until you are drinking well.</td>
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<tr>
<td><strong>oxygen</strong>&lt;br&gt;You may need oxygen after your surgery. You can get oxygen either by facemask or through your nostrils (nasal prongs). Once your oxygen levels are good enough, the oxygen is removed.</td>
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</table>

### 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>Pain method</th>
<th>How it works</th>
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<tbody>
<tr>
<td><strong>intravenous (IV)</strong>&lt;br&gt;medicine</td>
<td>You may 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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</table>
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 or to your next place of residence.**

### Leaving the hospital

**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 your feelings about the surgery. Your family doctor can help you to manage any symptoms you may have. If you have a history of myasthenia gravis, you will have an appointment a few weeks after the surgery with your neurologist to review your myasthenic symptoms.

**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.

Your bowel movements should return to normal once you stop taking the pain medicine. If you still have problems, see your family doctor.
What instructions do I follow once I leave the hospital?

**Incisions**

- You can remove this gauze dressing 24 hours after surgery.
- 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.

The area around your incisions may feel numb. This is normal. The numbness may last for a few weeks to several months. It usually gets better with time.

**How do I care for my JP drain?**

If you are discharged from hospital the same day as surgery, you will have a small tube called a Jackson Pratt (JP) drain (see picture below). The JP helps drain any extra fluid from your neck incision. The drain pulls the fluid into the bulb by suction. The bulb needs to be emptied and the fluid measured. A homecare nurse usually removes the drain the day after your surgery.
Follow the instructions below until your JP drain is removed.

1. **Secure the drain to your clothing.** This will help prevent the drain from pulling on your skin. You can use a safety pin or the clip provided.

2. **Empty the drain every 8 hours while you are awake.** Empty sooner if the bulb is half-full.

### How to empty the drain

1. Wash your hands well with soap and water.
2. If the drainage bulb is pinned to your clothing, unhook it first.
3. Kink the tubing just above the bulb to avoid splash back.
4. Pull the stopper out of the bulb, away from your face.
5. Pour the fluid from the bulb into the measuring container provided or a measuring cup.
6. Clean the stopper with an alcohol wipe.
7. Squeeze the sides of the bulb together until the bulb is flat.
8. Keeping the bulb flat put the stopper back into the bulb (see picture below). The bulb should stay flat after it is plugged to restart the suction.
9. Release the kink and check that the fluid is flowing freely.
10. If there is a clot, milk the tubing. Occasionally press on the tubing to break up the clot to allow the fluid to drain into the bulb. Repeat as many times as you need to move the clot into the bulb.
11. Pin the drain back to your clothing using the tag.
12. Flush the fluid down the toilet. Rinse the measuring container with water.
13. Wash your hands well with soap and water.
14. Write the amount of fluid and the date and time you collected it on the JP Drain Record Chart at the end of this document on page 14.

Squeeze the bulb and close the stopper
What if I have problems with my drain?

Use the tips below to help you fix common problems with your drain.

### Problem

- The bulb won’t stay compressed.

### Why this may be happening

- The bulb is not squeezed tight enough.
- The stopper isn’t closed completely.

### What to do

- Compress the bulb using the “How to empty your drain” section of this resource.
- If the bulb stays expanded after following the steps above, call your surgeon’s office or nurse. See the end of this handout for contact information.

### Problem

- No fluid.
- A sudden decrease in the amount of fluid.
- Fluid around the skin where the tubing leaves the skin or on the dressing covering the tubing.

### Why this may be happening

- Sometimes string-like clots get stuck in the tubing and block the flow of fluid from draining.

### What to do

- Pat the area dry. Cover the place where the drain leaves your skin with gauze padding.
• Milk the tubing using step 10 of “How to empty your drain” section of this resource.

• If there is still little or no fluid draining, call your surgeon’s office or nurse.

**Problem**

• The drain falls out

**Why this may be happening**

• This can happen if the tubing is pulled.

**What to do**

• Do not panic if your drain falls out. This does not happen often. If it does happen, it is not an urgent problem. Cover the incision where the drain left the skin with gauze. Use gauze or a bandage to soak up any drainage.

• Call your surgeon’s office or nurse to let them know what happened.

**Other important information about your drain:**

• The amount of fluid you drain is different each time. You will notice that less fluid drains over time.

• The fluid changes colour. This is normal. It changes from red to pink and then yellow. Usually, the fluid has very little odour.

• Your JP drain can be removed when the fluid you collect is less than 150 millilitres over 12 hours. Your homecare nurse will remove your drain(s).

• You can remove the dressing 24 hours after the JP drain is removed.
**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 a few days. 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 2 to 3 weeks after your surgery.

**Lifting**
You can gradually increase your activity when you get home. 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 being sexually active whenever you feel more comfortable (have less pain and more energy). Choose positions that won’t put stress on your incisions.

**Sports**
You can swim once your incision heals. This usually takes about 2 weeks. You can start all of your regular sports activities 2 weeks after your surgery as well.
Travel
Please check with your surgeon about traveling. If necessary, you can travel 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 incision
- have pus (yellowish or white liquid) coming from your incision
- feel increasing pain at your incision, despite taking pain medicine
- have a temperature higher than 38.5 °C or 101 °F
- have shortness of breath
- cough out mucus 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. M. De Perrot 416 340 5549  
Dr L Donahoe 416 340 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 6529
Jackson Pratt (JP) Drain Record Chart

Your doctor would like you to record the drainage (fluid) from your JP drain. This will help the homecare nurse know when to pull out your drain.

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<tr>
<th>Date: Nov 17 (example)</th>
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<tbody>
<tr>
<td><strong>Time</strong></td>
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<td>8:00 am</td>
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<td>4:00 pm</td>
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<td>8:00 pm</td>
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<td><strong>Total for day</strong></td>
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<tr>
<th>Date:</th>
<th><strong>Time</strong></th>
<th><strong>Drain #1</strong></th>
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