

Mediastinoscopy – Mediastinotomy

Overview

Mediastinoscopy and mediastinotomy are surgical procedures that allow your doctor to see inside your mediastinum and take tissue samples (biopsies) from lymph nodes in your chest. Pathologists examine and test the samples to find out if there is cancer in the lymph nodes.

The *mediastinum* is the area in your chest between your lungs that contains the heart and its large vessels, parts of the trachea (windpipe) and esophagus (food pipe), the thymus gland, and lymph nodes.

- **Mediastinoscopy:** The surgeon makes a small cut (incision) at the base of the neck, just above the breastbone (sternum). A thin tube containing a camera lens (*mediastinoscope*) is inserted, which lets your surgeon see the structures inside the mediastinum and to biopsy the lymph nodes. You will probably be able to go home the same day.
- **Mediastinotomy:** The surgeon makes a 1- 2 inch incision just beside your breastbone. This approach allows access to some lymph nodes that cannot be reached during mediastinoscopy. This is also called a Chamberlain procedure. You may be able to go home the same day, or you may need to stay in the hospital for 24-48 hours.

Both procedures are done in the operating room under general anesthesia. Your doctor may know the results of the procedure on the same day. The final pathology report, however, will take up to 3-5 working days. Your doctor will review the report with you when you return for a postoperative visit.

How do I prepare for the procedure?

Some over-the-counter and prescription medications can interfere with normal blood clotting and increase the risk of bleeding. Follow the guidelines in the chart on the next page about when to stop taking certain medicines, vitamins, and supplements.

If your doctor gives you different instructions, always follow your doctor's instructions.

7 days before the procedure, stop taking:

- aspirin
- herbal supplements
- garlic tablets
- vitamins

5 days before the procedure, stop taking:

- warfarin (Coumadin® or Jantoven®)
- clopidogrel (Plavix®) Note: For certain procedures, your doctor may tell you to stop this medication 7 days before

3 days before the procedure, stop taking non-steroidal anti-inflammatory medications (NSAIDs):

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| • ibuprofen (Advil®/ Motrin®) | • etodolac (Lodine®) |
| • naproxen (Aleve®/Anaprox®) | • diclofenac (Voltaren®) |
| • piroxicam (Feldene®) | • meloxicam (Mobic®) |
| • sulindac (Clinoril®) | • ketoprofen |
| • oxaprozin (Daypro®) | • diflunisal |

1 day (24 hours) before your procedure, stop taking:

- enoxaparin (Lovenox®)

If you take any medications to treat or prevent blood clots, talk to your doctor about when, or if, you should stop taking your medication before surgery. These medications include:

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| • apixaban (Eliquis®) | • prasugrel (Effient®) |
| • cilostazol (Pletal®) | • rivaroxaban (Xaralto®) |
| • dabigatran (Pradaxa®) | • ticagrelor (Brilinta®) |
| • dalteparin (Fragmin®) | • ticlopidine (Ticlid®) |
| • eptifibatide (Integrilin®) | • tinzaparin (Innohep®) |
| • fondaparinux (Arixtra®) | • tirofiban (Aggrastat®) |
| • lepirudin (Refludan®) | |

- **Important! Do not eat or drink anything after midnight on the night before the procedure.** This includes water, gum, candy, coffee, and juice.
- If you have diabetes and take insulin, talk to your primary doctor about how to take your insulin on the day of the surgery.

What can I expect on the day of my procedure?

- On the day of your surgery, **take only the medications approved by your anesthesiologist. You can take them with a sip of water.** If you are unsure of these medications, please contact the Thoracic Center for an explanation.
- When you arrive at the hospital, check in at Patient Access (Registration), which is located on the ground floor in the lobby. After checking in, the staff will direct you to 3 West.
- Up on 3 West, an intravenous catheter (IV) will be placed in a vein in your arm so that we can give you medication for the surgery.
- Before your procedure, we will take you to a “holding area” located just outside the operating room. The anesthesiologist will meet you here before you are taken into the operating room. Your family will not be able to join you here.

What can I expect after my procedure?

- Following the procedure, you will be observed closely in the Post-Anesthesia Care Unit (PACU) for about 1 hour. From the PACU, you will go back to the floor you started on until your doctor discharges you or you are admitted to a general surgery floor. If you are admitted, you will likely be discharged the next morning.
- You can eat and drink once you are fully awake and the anesthesia has worn off (after your gag reflex has returned to normal).
- You may have some pain and some swelling at the incision site for 1- 2 weeks. We will give you a prescription for pain medication that you can take as needed.
- Pain medicine can be constipating. You may need to take a stool softener while on pain medications. Let your doctor know if constipation is a problem.
- When you go home, there will be a small dressing over the incision. The stitches (sutures) are on the inside and they will dissolve on their own. The tape closures, called steri-strips, will fall off within 2 weeks as the incision heals. You may remove the tape yourself after 7 days if it is causing itching or discomfort.
- Keep the incision site clean and dry for **48 hours** and then you may shower.
- You may have blood-tinged mucous for 3-4 days after the procedure. If you cough up a large amount (1 tablespoon) of blood, call you doctor.
- You may experience hoarseness or voice changes. If this continues, please let your doctor know at your post-op visit, which will be 1-2 weeks after the procedure.

What if I Have Questions or Concerns?

Call the Thoracic Center at **716-845-3167**. The Center is open Monday to Friday, 8:00 a.m. to 5:00 p.m. Nights, weekends, and holidays, call **716- 845-2300** and ask the Call Center staff will assist you.

