

Thoracotomy

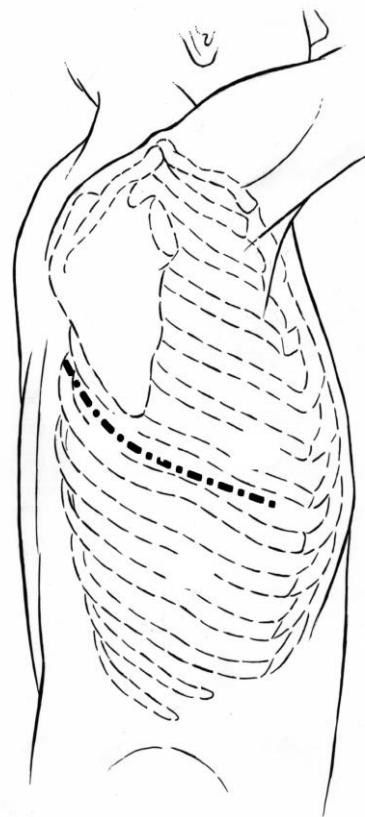
What is a Thoracotomy?

A thoracotomy is a surgical procedure to remove all or part of a lung. Your doctor makes a 6 - 7 inch incision that runs from your upper back, under your arm, and around the side of your rib cage.

The muscles and ribs are separated in order to reach the lung.

This procedure requires general anesthesia and a hospital stay of at least 5 - 7 days.

Your doctor may know the preliminary results of the procedure the same day. The final pathology report will take up to 3 - 5 working days. We will review the final report with you while you are in the hospital or when you return for your postop follow-up visit.



General Instructions

Nothing to eat or drink after midnight before the procedure. This includes gum, candy, lollipops, water, coffee, and juice. If you are having an ERAS (Enhanced Recovery After Surgery) procedure, you may be given different instructions.

How Do I Prepare for the Procedure?

Some over-the-counter or 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 (1 week) 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 surgery

3 days before the procedure, stop taking:

- non-steroidal anti-inflammatory medications (NSAIDs)
 - ibuprofen (Advil®/ Motrin®)
 - naproxen (Aleve®/Anaprox®)
 - meloxicam (Mobic®)
 - oxaprozin (Daypro®)
 - sulindac (Clinorial®)
 - etodolac (Lodine®)
 - diclofenac (Voltaren®)
 - piroxicam (Feldene®)
 - diflunisal
 - ketoprofen

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:

- apixaban (Eliquis®)
- cilostazol (Pletal®)
- dabigatran (Pradaxa®)
- dalteparin (Fragmin®)
- eptifibatide (Integrilin®)
- fondaparinux (Arixtra®)
- lepirudin (Refludan®)
- prasugrel (Effient®)
- rivaroxaban (Xarelto®)
- ticagrelor (Brilinta®)
- ticlopidine (Ticlid®)
- tinzaparin (Innohep®)
- tirofiban (Aggrastat®)
- If you have diabetes and take insulin, talk to your primary doctor about how to take your insulin on the day of the surgery.
- On the morning of your surgery, take only the medications approved by your anesthesiologist, with a very small sip of water. If you are unsure of these medications please contact a nurse in the Thoracic Center for an explanation.

What Can I Expect After the Procedure?

- You may be in the intensive care unit (ICU) for the first 24-48 hours. You will then be transferred to a general surgical floor.
- You will have a chest tube in your side for at least 48-72 hours, longer if necessary. Sometimes, there is an “air leak” in the lung tissue that may delay removal of the chest tube. Your chest tube will be removed as soon as your lung has fully expanded and there are no air leaks.
- To help prevent pneumonia and other lung problems after surgery, you must do coughing and deep breathing exercises. The nurses and respiratory therapists will show you how to perform these exercises using an incentive spirometer.
- **It is very important that you cough up secretions and take deep breaths.**
- After surgery, you will have special stockings around your legs that automatically inflate and deflate periodically. This keeps the blood moving so blood clots do not form in your legs while you must stay in bed. You will also be on a mild medication to prevent clots.
- Walking is good for you, and we will get you up and walking as early as possible. Walking helps you move your bowels, exercises your lungs, and helps prevent blood clots. Your ability to get around also helps us to determine when it is safe for you to go home.

What Can I Expect When I am Discharged?

- We will give you discharge instructions when you leave the hospital.
- You may still be using oxygen when you leave the hospital. This may be temporary or permanent and cannot be determined until after your surgery.
- You may shower, unless instructed otherwise. You may need someone to help you. Talk to your nurse before you shower.
- Do not scrub the incision. Allow soap and water to run over the incisions, then gently pat them dry.
- The chest tube site may drain straw/yellow-colored or bloody drainage. This is normal. You can protect your clothing by covering the incision with gauze until it dries up.
- You may not drive until your doctor gives you the OK. You should have someone with you the first time you drive. Pain may prevent you from being able to turn your head to drive safely.
- You may not exercise until your doctor gives you the OK.
- Do not lift anything weighing 15 pounds or more for 2-3 months after the procedure.
- No flying for 1 month.
- Staples and/or sutures will be removed at your follow-up visit.
- You will be discharged with pain medication. Pain medication can be constipating and you may need to take stool softeners until you are off the pain medications. Let your doctor know if this is a problem.

When Should I Call My Doctor?

Call your doctor immediately if you have any of the following symptoms.

- Increased shortness of breath or increased difficulty breathing
- Chest pain
- Fever of 100.4°F (38°C) or higher
- Heart palpitations
- Swelling of an extremity or leg pain
- Increased redness or swelling of incisions
- Pus-like or foul-smelling drainage from incisions
- A bubbling or sucking sound from an incision
- Constipation that does not get better with stool softeners

What if I Have Questions or Concerns?

If you have any questions about your procedure, please call the Thoracic Center at **716-845-3167**. The Center is open Mon - Fri from 8 a.m. to 5 p.m.

Evenings, weekends, and holidays, please call the main hospital at **716-845-2300** and our Call Center staff will assist you. If it is determined you need to be seen, you may be asked to come to our Assessment & Treatment Center (ATC), which is open 24/7. You must be referred to the ATC by your doctor or the doctor on call. The ATC is not a walk-in clinic.