

Thoracic Surgery

Discharge Instructions

Instructions to assist in your transition home.



Purpose

Most patients have lots of questions after a thoracic surgery. This pamphlet is designed to answer many of the most commonly asked questions. It should serve as a guide during your recovery period. If you have any questions please feel free to ask the nurses, the nurse practitioner, or the doctors at any time. Our phone number is (508) 334-8996.

Thoracic Surgery Team

- Dr. Karl F. Uy, Chief of Thoracic Surgery
- Dr. Feiran Lou, Thoracic Surgeon
- Dr. Mark Maxfield, Thoracic Surgeon
- Maggie Powers, N.P.
- Poliana Vasconcelos, N.P.

Contact Information

Main Clinic

67 Belmont Street, Suite 201
Worcester, MA 01605
508-334-8996

Cancer Center at UMass Memorial Medical Center

Ambulatory Care Center
55 Lake Ave North
Worcester, MA 01655
866-597-HOPE (4673)

Health Alliance Hospital

100 Hospital Road
Leominster, MA 01453
978-466-4212

Chest Tubes

- Most patients who have thoracic surgery will wake up after surgery with chest tubes. The tubes are inserted during the surgery to drain the chest cavity around your lung of fluid and air. The nurses and medical staff will follow the chest tubes by monitoring the output and location with chest x-rays. The tubes will most likely be removed before you go home.
- If you go home with a chest tube, it will be connected to a Pneumostat or a Heimlich Valve.

Home with A Chest Tube

- Pneumostats are small plastic containers that will collect fluid that drains from your chest tube. It can be drained from a small valve at the bottom. You will be taught how to care for a Pneumostat if you require one.
- Heimlich Valves will either have an open end or be connected to a tube that allows fluid to connect in a soft plastic bag. Your nurse will teach you about Heimlich valves if you require one.
- If you are discharged home with a chest tube, you will have a visiting nurse come to assess your tube and help you with dressing changes.
- You should call the office if you develop dizziness, chest pain, symptoms of infection, or a temperature above 100.5 degrees Fahrenheit.
- If your tube comes out, cover the hole with gauze and tape, and come to the emergency room.

Pain

- After surgery your pain will be managed with medications. Some patients have more pain than others. So, it is important that you tell the nurses and doctors how much pain you are having.
- The pain should be controlled well enough to allow you to sit in a chair, cough and deep breathe, and walk around. However you should not feel so sleepy that you want to stay in bed all day.
- There can be more pain at first while you have the chest tubes in place. They are close against your ribs and can create pain even when breathing. Sometimes patients with chest tubes are more comfortable out of bed because this provides more space between the ribs. Always ask for help from a nurse if you want to get out of bed.
- **Numbness and tingling at your surgical sites and under your breast is normal. This is a sign that nerves are recovering. This type of discomfort can take months to resolve.**
- Narcotic pain medications can cause constipation. Once you are home, take a stool softener and drink plenty of liquids. Walking and activity can also help. If you do not move your bowels for over three days, develop abdominal pain, or are vomiting you should call the office.

Breathing Exercises

- Breathing exercises are essential to your recovery. Your incentive spirometer is a plastic device with a tube which you breathe through.
- How to use: Place the mouthpiece at the end of the tube in your mouth and inhale. As you inhale, a plastic disc will rise to show how much your lungs inflate.
- Take 10 large breaths every hour that you are awake – especially if you are in bed.
- You should begin immediately after you wake up from surgery. You should continue using the incentive spirometer at home until you have regained your full level of activity.

Wounds and Dressings

- You may have staples, sutures, or steri-strips on your incisions. These incisions may be kept open to air once you are home. You may cover them loosely with a dressing or bandage if there is oozing or discharge.
- Chest tube dressing may be removed 2 days after the tube comes out. Then you may leave it open to air. If there is any discharge you may keep the wound covered to protect your clothing.
- Keep your wounds clean and dry as much as possible.
- SteriStrips (thin and very sticky surgical tape) will naturally peel off of your skin within 14 days.
- Numbness and tingling at your surgical sites and under your breast is normal. This is a sign that nerves are recovering. This type of discomfort can take months to resolve.

Showering

- You may shower once you return home. If you have chest tubes, please keep them dry with plastic wrap.
- Once your dressings are removed from your wounds, you may shower normally and pat your wounds dry. Do not scrub or use harsh soap.
- Do not sit in water (no hot tubs, Jacuzzi, swimming, etc). You may resume these activities when your wounds have healed and the scabs have fallen off.

Activity

- Walking as soon and as frequently as possible; however, pace yourself. Divide your walks throughout the day to stay active. Only perform activity in short amounts of time until you feel better. Do not exercise until exhaustion.
- Use your incentive spirometer frequently. This will help prevent pneumonia and support the healing process.
- No lifting over 10 pounds (1 gallon of milk) until you have been cleared by your doctor or NP.
- No driving while on narcotic pain medications.
- Avoid stretching, twisting, or straining your chest muscles until you have been cleared by your doctor or NP.

Signs of Infection

- Monitor your incisions every day for signs of infections which include; heat, redness, swelling, increased pain, or discharge.
- Call your doctor with a fever over 100.5
- Call the office if you have burning when you urinate, difficulty urinating, or frequent urination.

Esophageal Surgery

- You will be leaving the hospital with a tube in your stomach for feeding. This is in case you have trouble swallowing and will remain 1-2 months until you are taking all of your nutrition and medications by mouth.
- Your doctor or dietitian will teach you how to prepare the liquid diet for the feeding tube and how much to use.
- Flush the tube with water before and after feedings. You can use plain seltzer water to clean any dried material stuck to the tube.
- Clean your equipment with warm and soapy water after each feeding.
- Diarrhea is a common side effect until you start eating regular foods again. Call the office if you need help controlling your diarrhea.
- You will start taking liquids by mouth and then progress to soft foods once you are told that is okay.
- Do not progress your diet without permission from the doctor.
- Sit in a chair when you eat and drink AND for one hour afterwards.
- Sleep with your head and upper body elevated to avoid reflux. You can use a recliner, special bed, or multiple pillows.

Contact Thoracic Surgery if you have:

- Redness, heat, swelling, or drainage with a bad smell develops around your wounds.
- Fever over 100.5 degrees Fahrenheit
- You have blood soaking your dressings or clothing.
- You have no bowel movements for three days or longer
- You develop nausea, vomiting, or stomach pain
- You have severe pain that is not treated by your medications.

Go to the Emergency Room if

- **You cough up more than one teaspoon of blood**
- **Severe shortness of breath**
- **New onset of chest pain or chest pressure**

Appointments after Surgery

- You should have an appointment scheduled 10-14 days after your surgery with a doctor or nurse practitioner.
- **If you are not given an appointment at your discharge home, please call (508) 334-8996**
- You may need to have a chest x-ray before your next appointment. If so, please arrive 45 minutes early and have your x-ray before going to your appointment.
- If you are not sure if you need an x-ray, please call our office (508) 334-8996