

Preparing for your lung surgery.

After your surgery date has been set, you will need to go to the hospital's admitting area for a pre-op appointment. This appointment will take about 1½ to 2 hours to complete the paperwork and laboratory tests. Here is what you can expect during this appointment:

- Remember to bring your insurance card and driver's license.
- If you have a Living Will and/or Durable Power of Attorney for Healthcare (DPAHC), you may want to bring a copy.
- The admitting nurse will ask you some questions regarding your medical history.
- Certain laboratory tests may be ordered before your surgery date. Your doctor's office staff will tell you where to have those tests completed.

Do not eat or drink anything after midnight the night before surgery, or as directed. This includes mints, candies and chewing gum. You may brush your teeth but do not swallow any water. Failure to follow these instructions could result in cancellation of your surgery.

Be sure to tell your doctor about all medications you are taking. This includes prescription medication, non-prescription medication (such as aspirin) and any vitamins, herbs or teas that you take. Your doctor will inform you which medications you should take on the day of surgery. Any medications you take on the day of surgery should be taken with a sip of water only.

Anticoagulants (coumadin/plavix/aspirin) and non-steroidal anti-inflammatory drugs (aspirin, ibuprofen, many others) should be stopped in preparation for your surgery as directed by your surgeon.

What to bring:

- Shoes and socks that are safe to walk in and easy to put on
- Personal care items such as hair brush, comb, toothbrush, toothpaste, etc.
- Robe, bed jacket, or loose-fitting sweater
- Clothes that are comfortable to wear on the trip home
- A favorite pillow or other comfort items

If possible, it is best to have a family member or friend bring your items to you after surgery. Place your name on all bags brought to the hospital.

Helpful hint

Please leave all your jewelry and other valuables at home.

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Additional recommendations for surgery day

- If you smoke, it would be beneficial not to smoke for several days before the operation. Of course, it would be most beneficial to quit smoking entirely.
- You will be asked to remove contact lenses, glasses, removable dental work, wig or hair piece, all metal items and jewelry, including wedding rings.
- Bring your case for glasses, contacts or dentures/partials, if you have one.
- Do not wear make up.
- Do not wear skin lotion, perfume or powder
- For non-English speaking patients, please bring a bilingual family member or friend to help you with translation.
- Any electrical items will need to be UL approved and inspected by the hospital biomedical department before being used.
- TVs and other large electrical appliances are prohibited.
- Cell phones and laptops are permitted, but we cannot be responsible for their safety.
- Your room will have a television and telephone.

Surgery

General anesthesia

All lung surgeries are performed under general anesthesia by experienced anesthesiologists. The anesthesia is given through a tube that is placed in the throat by the anesthesiologist after you are sedated. The anesthesia makes you sleep and keeps you free of pain during surgery. The tube remains in place for the duration of surgery. After the tube is removed, your throat may feel dry and scratchy.

Post-Op in the hospital

After surgery is over you will be moved to the post-anesthesia recovery unit (PACU) for an hour or more before you are transferred to the definitive observation unit (DOU) for the duration of your hospital stay. Some people may stay in the critical care unit (CCU) for a short time for closer observation before being moved to the DOU. You will also have an intravenous (IV) line in place, and your heart will be monitored with leads taped on your chest.

You may also have tubes in your chest to assist in draining fluid from your lungs and to re-inflate your lungs.

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Pain control

You may be given an epidural: a thin, flexible tube in your lower back that delivers pain medication. The epidural medication may interfere with the muscles in your lower body, so you may have a urinary catheter while the epidural is in place. You also will be on bed rest while the epidural catheter is in place as your leg muscles may feel weak. You may also be given pain medication in an IV or by mouth.

To determine how much pain you are having and if the medication is working, the nurse will ask you to rate your pain on a level of 1-10. See the chart below so that you will know how to rate your pain level.

0	1	2	3	4	5	6	7	8	9	10
No Pain		Mild Pain		Moderate Pain		Strong Pain		Severe Pain		Unbearable Pain

Chest tubes

The thoracic surgeon places flexible chest tubes in your side during the surgery, which usually stay in for a few days. These tubes have two basic functions. One is to drain fluid from the chest and the other is to help re-inflate the lung. A chest X-ray will be done every day while you are in the hospital to monitor the healing progress of the lungs.

Strengthening

To help get your lungs back in shape, you will be taught breathing exercises. Coughing and deep breathing exercises help to strengthen muscles and keep the lungs clear of secretions. You will also be taught how to use an incentive spirometer, a plastic hand-held device to keep at the bedside. This device helps to exercise the lungs by doing rapid, deep inspirations.

A nurse or physical therapist will help you with other range-of-motion exercises to help strengthen torso and shoulder muscles. You will also be helped to get out of bed to a chair, and up walking soon after surgery.

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