

Lung Surgery

What you need to know

A Patient and Family Guide



Bring this booklet with you to all appointments and when you come to the hospital for surgery.

If there is a difference between this book and instructions from your surgeon, family doctor or health care team, **follow the instructions of your Surgeon/Doctor/Team.**

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Contacts

Please note all clinic appointments with the thoracic surgery team will be at:

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Introduction

Learning that you or your loved one needs lung surgery can be a stressful time filled with many questions. This booklet is a guide to prepare you for lung surgery and your recovery at home following your discharge from the hospital.

Learning about lung disease, reducing risk factors, and understanding what to expect after surgery will help reduce anxiety.

Health Link BC is a general website that provides information for lung patients and their families (<https://www.healthlinkbc.ca>)

The BC Lung Association: **An information guide for lung patients and their families** (<http://www.bc.lung.ca>)

Take your time reading each section of these booklets. **If you have any questions please call the Thoracic Surgeons Office at (250) 763-7660.** If you are not feeling well, you should call your family doctor or call 911 if it is an emergency.

Lung surgery is major surgery which will require a lot of hard work and healing. The healing process depends on your physical, mental, and emotional abilities. You will need support from family and friends as you get ready for surgery and during your recovery. People who are prepared have a smoother recovery; this means getting you and your home ready. You are the most important member of the health care team.

Who Is The Healthcare Team?

The Kelowna General Hospital Thoracic Surgery program consists of 2 Medical office assistants, a Nurse Practitioner and 5 Thoracic Surgeons. You will likely meet the Nurse Practitioner and all five of the Thoracic Surgeons as they work together to care for you.

You may meet 1 of the Surgeons at the first appointment and any 1 of the other Surgeons may do your operation and/or see you after surgery for your follow up appointment. The same Surgeon that you saw at the initial visit may not be the same Surgeon who completes your surgery and sees you for your follow up visit.

We have 2 Thoracic Surgery medical office assistants, who will work with you to make your follow-up appointments.

Thoracic Surgery Team members

Thoracic Surgeon: performs your lung surgery and will see you in the outpatient clinic after.

Nurse Practitioner (NP): follows you before and after your lung surgery and works with the team to guide your care.

Nurse practitioners are health professionals that have been educated and trained to evaluate, diagnose and treat medical illnesses.

Anesthesiologist: puts you to sleep during the surgery, places pain management catheters and helps manage pain.

Nurse: helps manage your recovery, gives you medication, and helps care for your wounds.

Registered Respiratory Therapist (RRT): they will follow and help monitor your breathing tube/machines in ICU and will monitor your breathing once the breathing tube comes out.

Physiotherapist (PT): supports you with breathing exercises and physical activity to build up your strength after surgery.

Registered Dietitian (RD): May Check your nutritional needs after surgery to support healing and recovery.

Social Worker: helps with discharge planning, gives information on community resources and/or counselling as needed.

Aboriginal Patient Navigator: helps and supports in giving culturally safe health care

Health Care Aid: works with the nurses to provide basic care.

Chaplain: offers spiritual and mental help for you and your family if you need it

Volunteers: are at KGH in many roles

Section I: Preparing For Your surgery

Your Lungs and How They Work

The lungs are part of the respiratory system. They make up most of the space in the chest and are separated from each other by the mediastinum, an area that contains the heart, trachea (windpipe), esophagus, and many lymph nodes. The right lung has 3 sections, called lobes and is a little larger than the left lung, which has 2 lobes. The lining of the lungs is called the pleura.



Lung Cancer

Lung cancers are divided into two types:

- non-small cell lung cancer (more common)
- small cell lung cancer

The cancer cells of each type grow and spread differently. Treatment for lung cancer depends on:

- lung cancer cell type
- location in the lungs
- general health
- feelings about the treatment
- size
- extent
- individual age

Surgery, radiation, and chemotherapy can be used to treat lung cancer. Surgery may cure lung cancer in its early stages if it has not spread to other parts of the body. Your treatment may include surgical removal of part or all of a lung. This is also called pulmonary resection.

Types of Lung Surgery and Incisions

There are 3 main types of surgery and 2 types of cuts (incisions) that are used in lung surgery. The decision on which type to use depends on:

- reason for the surgery
- location of the tumor
- extent of the cancer
- the general health of the patient.

The surgeon will remove only the diseased part of the lung.

Types of Incisions

Pleuroscopy/Thoracoscopy: Small cuts (incisions) are made in the skin so a small camera (endoscope) and tools can be used in the chest to:

- examine the chest cavity
- get a biopsy
- remove fluid from around the lung
- lung resection
- remove cancer

This is a less invasive type of procedure than an open (thoracotomy) chest surgery and allows for a faster recovery (see diagram below for pleuroscopy/thoracoscopy)

Thoracotomy (open incision). The larger incision is made in the skin, ribs are spread apart and the chest space is entered to remove the diseased portion.



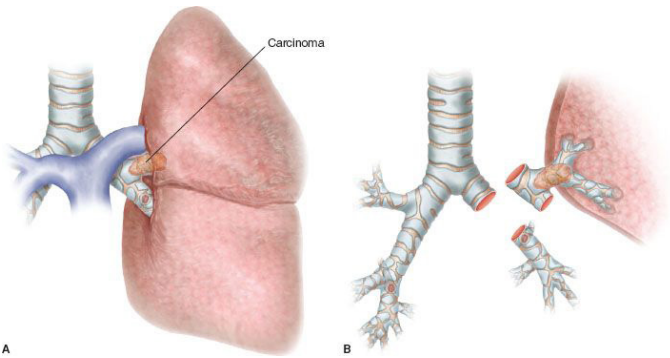
Types of Lung Surgeries



Segmental/Wedge Resection:
Surgery to remove a small part of the lung.



Lobectomy:
Surgery to remove a lobe of the lung.



Sleeve Lobectomy:
Surgery to remove a lobe of the lung along with part of the bronchus (air passage). The lobe(pleura) that is left is reconnected to the segment of the bronchus that is left. This surgery keeps part of the lung, instead of taking out the whole lung (called a pneumonectomy).



Pneumonectomy:
Surgery where the entire lung is removed.

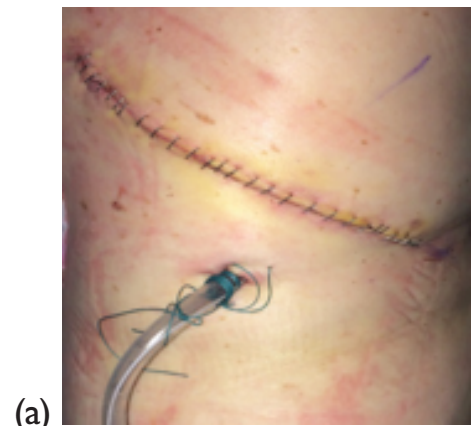
Lung Surgery Complications

- Bleeding = may need blood transfusion
- Air leak from the lung wall = may need a longer hospital stay, need to keep the chest tube inserted and a chance of being discharged home with it
- Stroke
- General anesthesia risks
- Irregular heart rate known as atrial fibrillation
- Ongoing pain/ numbness at the incision site
- Pneumonia
- Blood Clots = Blockage of a blood vessel in the leg (Deep Vein Thrombosis) with potential of blood clots in the lung (Pulmonary Embolus)
- Wound Infection
- Worsening of any existing heart problems or heart attack

What is a Chest Tube?

Tube(s) that are put in the chest wall during surgery. They are attached to a drainage system that is used to take out extra air and fluid that collect in the chest cavity. You will have 1 to 3 chest tube(s) after surgery. Expect to see blood in the tube, this will clear after a couple of days. An x-ray of your chest will be taken to decide when the tube(s) should come out. The tube(s) are removed after a few days, but can be removed the day after surgery. Avoid lying on the chest tube(s) while in bed. Do not pull on the tube(s). You will be helped to walk in the hall while the chest tube(s) are in place. Tell your nurse if you find it hard to breath.

Below is a picture of a chest tube (a) and a chest tube container/atrium that attaches to the chest tube (b)



(a)



(b)

What is a Pneumostat?

If the chest tube has an air leak, you may be discharged home with a Pneumostat. A Pneumostat is a smaller, type of a chest tube which has a collection chamber that holds 30 mL and needs to be emptied. The nurse will teach you what you need to know before you go home.

It is very important that you follow the nursing instructions at home. A Home Care Nurse will see you in the community either in your home or at their office. They will help you take care of this drain until it is taken out.

If you are sent home with a Pneumostat you may be asked to stay locally. You will need have the chest tube looked at often until it is taken out.



What Happens After I See the Lung Surgeon?

SURGERY DATE

You will be called by the operating booking office with a surgery date. Initially, you may be placed on a wait list. You may need some diagnostic tests to be done before you can be booked for surgery.

PRE-OPERATIVE

Test may be ordered to see how your lungs are working and diagnose your condition. This information is used to decide the best type of surgery for you.

1. **Pulmonary Function Tests** - Is done to see how well your lungs are working. This may include:
2. **Imaging Tests** - pictures of your lungs are taken to see things like a mass, infection, or air in the pleural space. These pictures can not tell if the lung mass is cancerous. Examples include, chest x-ray, CT (computed tomography) also known as a CAT scan, MRI (Magnetic resonance imaging) or a PET scan.

Visualization and Biopsy Tests - During this type of testing the doctor will look inside your lungs and the area around your lungs. A sample of tissue (biopsy) will be looked at under a microscope to see the type of cells.

- **Bronchoscopy**

A thin, lighted tube (bronchoscope) is put into the airway through the mouth to see the breathing passages as they go into your lungs.

- **Mediastinoscopy**

A small cut in the chest wall is made to view the lymph nodes in the chest. A sample of tissue (biopsy) may be taken to see if the cancer cells have spread to the lymph nodes.

- **Endobronchial Ultrasound (EBUS)**

A bronchoscope is inserted into the lungs, ultrasound guides a needle to different parts of the lungs to get tissue samples. These samples are used to see there is spread of cancer cells within the lymph nodes.

- **Trans-Thoracic Needle Biopsy**

A needle is placed through the chest wall guided by ultrasound or a CT scan (CAT SCAN) to obtain tissue samples. These samples help to see if there is cancer cells present within the lung lesion.

PRE-SURGICAL SCREENING (PSS) PROGRAM

Pre-Surgical Screening (PSS) helps to make sure you are fully prepared for your lung surgery. The PSS clinic will call you to give you a date, time, and information for your PSS appointment. During this appointment you will see an anesthetist and a nurse. If you have any questions, concerns, changes in medical status or change in medications call the Pre-Surgical Screening at (250) 862-4285.

If you are traveling from out of town for your PSS appointment, your surgery or are having a daycare procedure, you **MUST** have a friend or family member who can stay with you for the first 24 hours.

Please bring all of your medications in the original containers for this appointment. You may need blood work at this visit. Plan to be at the hospital for about 3 to 4 hours. **Please make sure you eat before coming to PSS clinic.**

PREOPERATIVE TEACHING

The surgeon will explain the surgical procedure during your office visit. Please read this book before the PSS visit. **Plan to stay in the hospital 1 to 4 days, you may have to stay longer if you have complications.**

HOTEL RESOURCES

Patients and family are encouraged to call hotel accommodations and ask about medical rates. If you are not from the area please plan ahead. Below is a list of close options.

Cancer Society Rotary Lodge 0.4 KM
2251 Abbott St (250) 712-2203

\$55 includes parking and 3 meals
Shared accommodations, 2 per room
with a curtain between. Price is per
person (only for cancer patients and
their families)

Siesta Motor Inn 1.5 km
3152 Lakeshore Rd. (250) 763-5013

Kelowna Inn & Suites 2.9 km
1652 Gordon Drive (250) 762-2533

Accent Inns 3.3 km
1140 Harvey Ave (250) 862-8888

Mission Park Inn 1.9 km
3330 Lakesore Rd. (250) 762 2042

Chesterfield Inn (*less than 5 min*) 300 m
2046 Pandosy St. (778) 215-3259
or (250) 868-3250

SURGERY RE-SCHEDULING

This can be upsetting for you and your family. **Surgeries can be delayed or cancelled if there is an emergency or unexpected issue.** If this should happen, every effort will be made to reschedule your lung surgery as soon as possible.

WHAT IF MY MEDICAL CONDITION CHANGES?

At any time, call 9-1-1. Do not drive yourself! If you have:

- new or worsening shortness of breath
- a fast or irregular heart beat that concerns you

AFTER YOUR PRE-SURGICAL SCREENING APPOINTMENT

Contact the Thoracic Surgeons Office at (250) 763-7660 to inform them if you have:

- cold, flu-like symptoms, productive cough, chest congestion, fever, nausea or vomiting)
- changes in medication
- further questions

WHAT DO I DO TO GET READY AT HOME?

Day Before/Morning of Your Lung Surgery

Most patients will come to the hospital the morning of your surgery. You need to register at the **Surgical Services Reception Desk**. You will be prepared for surgery in this area.

SHOULD I STOP SMOKING?

YES, QUIT NOW! It is important to stop smoking! Smoking raises your risk of serious breathing complications after surgery. Tobacco smoke destroys cilia (lining of the airway). Cilia help expel secretions. As a result you will be less able to clear secretions after surgery.

For help to quit, talk to your family doctor or contact QuitNow at 877-455-2233 or visit www.quitnow.ca.



HOW CAN I STAY HEALTHY?

It is important to be as healthy as you can before your lung surgery. You can help your health by:

- Watching your sugars and diet closely if you have diabetes
- Staying active
- Avoiding alcohol, smoking and street drugs for at least 3 weeks before your surgery. If you have not stopped, tell your surgeon or nurse.
- Referring to Health Canada's Guidelines for healthy eating. Include whole grains, colorful vegetables and fruit; low fat dairy and lean meat, fish and poultry at meals and snacks
- <http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php>



WHAT PERSONAL ITEMS DO I NEED FOR MY HOSPITAL STAY?

- Rubber soles, easy on, flat shoes or slippers without a heel. No flip flops
- Toothbrush and toothpaste
- Glasses and dentures with your name on them
- Hearing aids and mobility aids (e.g. cane)
- Electrical shaver
- Other personal items such as deodorant
- Loose, comfortable clothes including a robe
- Women Only: A comfortable bra that is easy for you to put on after surgery. You may want a front closure bra.

Please do not bring personal belongings to the hospital the day of your surgery. If you are in the hospital already have your family or friends take your belongings home when you go for surgery. Your family can bring your belongings back after surgery the day you go home. You are responsible for the care and safety of your personal belongings while you are in the hospital.

WHAT DO I DO THE NIGHT BEFORE LUNG SURGERY?

1. Remove ALL jewelry and body piercing items (leave all jewelry at home)
2. Remove all nail polish, artificial nails and make-up
3. Shower / bathe and wash your hair – allow skin to dry completely
4. Take your pills as told by PSS
5. Follow instructions for eating and drinking
6. DO NOT shave or use hair removal cream on your chest, arms or legs for 7 days before surgery.
7. Follow instructions from PSS



WHAT DO I DO THE DAY OF LUNG SURGERY?

Bring this booklet to the hospital!

- Take any medications as directed by PSS
- Do not wear any make-up, perfume or jewelry of any kind
- Remove any religious or cultural items
- Bring your BC Care Card
- Bring someone who can interpret, if you have trouble understanding English
- Bring a telephone number of your contact person for the Thoracic Surgeon to call after surgery.
- Please follow directions from the PSS clinic for when to come to the hospital the morning of surgery. Volunteers are at each door of the hospital to help you find your way. Please allow lots of time to find parking. Family and friends can stay with you until you are ready to go to the Operating Room.

WHAT HAPPENS NEXT?

You will then be taken into the Operating Room (OR). Your lung surgery will take 1 to 3 hours, this can be a long wait for your family and friends. Waiting away from the hospital, in the comfort of your own setting is best. (e.g. home or hotel, shopping area).

When your surgery is over you will be moved from the OR to the Post Anesthetic Recovery Room (PAR). The lung surgeon will call your family at the number you have given.

When your family comes to hospital to visit, they will need to check with admitting or a volunteer to get your room number.

Recovering Post Thoracic

RECOVERY AFTER THORACIC SURGERY

Depending on the type of your surgery and your recovery, you can expect to stay in the hospital for 1 to 5 days.

- You will be asleep for the first 4 to 6 hours after surgery.
- Pain medication will be given to you before you wake-up and when you needed it. Be sure to let your nurse know if you have pain.
- As you wake-up, you may have a tube in your throat that is attached to a machine that helps you breathe. When you are able to breathe on your own, this tube will be take out and an oxygen mask will be placed over your nose and mouth. You may have a sore throat for a few days after surgery.
- If you are in ICU after surgery, you will be hooked up to lots of monitors.
- Chest tubes will be in place, they may be take out in 1 to 2 days. If there is a on-going air leak, the chest tube maybe hooked up to a pneumostat chamber. You may go home with this if the air leak continues. We will see you in our clinic every week to take the chest tube out once the air leak is gone.
- A tube (catheter) may be placed in your bladder during surgery

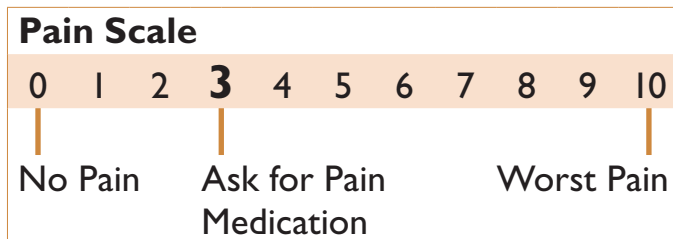
WILL I HAVE PAIN?

Pain after surgery is normal and the health care team will work with you to make you as comfortable as possible during your recovery.

PAIN CONTROL

- Pain is different for everyone.
- It is important that you are comfortable so that you can move, sleep, take deep breaths, and cough.
- Don't wait until the pain gets bad to tell your nurse.
- Pain medication is given regularly but you will need to let your nurse know when the medication is not making your pain better. Different way pain medications can be given are:
 - into an intravenous (IV) line
 - rectal suppositories
 - a patch on the skin
 - by mouth
 - or a combination of the above.
 - "A PCA" (Patient controlled analgesia pump)-a pump delivers medication through the tubing into a vein when you press the button.
 - "An Epidural"- pain medication is given through a small tube (or catheter) placed into the lower part of your back before surgery.

- You will be asked to rate your pain using a scale of 0 to 10. 0 means you feel no pain and 10 means you are having the worst pain
- Your pain level should be **less than 3**.
Tell your nurse, if your level is greater than 3.



HOW WILL I FEEL?

It is common to feel tired and not quite yourself. The surgery, changes in your normal routine, being out of your home and on going activity in the hospital will affect your rest and sleep. This may cause you to lose track of time or be forgetful. This will get better with rest and time.

What other things can happen after surgery?

DELIRIUM

Delirium or confusion can occur after surgery in people who:

- are over 75 years old
- smoke or drink alcohol
- take sleeping pills or anti-anxiety pills
- use illegal drugs regularly or
- have early signs of memory loss (dementia)

This is temporary and can be a very upsetting for you and your family. Before surgery, tell your nurse and doctor if you have any of the above or if you have delirium in the past.

WHAT ABOUT ACTIVITY?

During surgery the doctor makes a cut through the muscles between your ribs. These muscles are stretched during breathing, used when coughing and when pushing or pulling with your arm on operated side. You will need to take deep breaths often after surgery to exercises these muscles.

To lower pain during exercise take pain pills 20 to 30 minutes before or press the button on your PCA machine.

When you are able, exercise in front of a mirror. When you pass a mirror check your posture. Are your shoulders level? Is your chin poking?

If you have an increase in pain with exercise, try lowering the number of times you do each exercise, but do each exercise more often during the day. If the pain continues, check with your therapist or doctor.

Full shoulder movement will return slowly during your hospital stay. Full strength will return over the next 6 to 8 weeks as the chest wall muscles heal.

The nurses and physiotherapists will help you sit at the bedside (dangle) and/or walk with you 3 times daily if you require help. To start you may need a portable oxygen unit while you walk.

Day One – AFTER SURGERY

BREATHING EXERCISES- DEEP BREATHING AND COUGHING

The lungs swap oxygen and carbon dioxide, oxygen goes into the bloodstream from the tiny air sacs called alveoli and is carried to the cells. The cells need oxygen to live and do their jobs. The lungs also get rid of carbon dioxide made by the body's cells as they do their work. When we take large breaths the alveoli stay open, after surgery we tend to take smaller breaths which can cause the alveoli to close. These smaller breaths can be due to surgical procedures, anaesthesia, pain or immobility,. Deep Breathing and coughing exercises after surgery will help keep your lungs healthy.

Deep Breathing exercises work best when you are sitting up. in a chair or on the side of the bed. Inhale deeply through the nose expanding the lower chest and stomach. Hold breath up to 3 seconds and exhale fully. Do 2 or 3 deep breaths. Rest and repeat up to 10 deep breaths per hour. Use a pillow to support chest wall as you cough, this will help to get rid of secretions.



Supporting your chest

HAND AND ELBOW EXERCISES

Open and squeeze the hand on the operated side. Bend and straighten the elbow. Ten times, 3 times per day.

Day Two – EXERCISES FROM DAY ONE ON

Each day add more reps of each exercises up to 10 times each

SHOULDER SHRUGS

Shrug shoulders up to ears while breathing in. Relax shoulders down, breath out. Repeat 5 times 3 times daily.

WALKING

Walk with help increasing distances 4 times daily

ELBOW CIRCLES

Put your hands on your shoulders. Circle elbows forward up, out to the side and down. Breathe in as your arms go up, breathe out as they go down. Repeat 5 to 10 times 3 times daily.

CHEST STRETCH

place hands together behind neck. Bring elbows forward to touch in the middle, and then stretch elbows back. Breathe out as arms come forward, breathe in as arms go back. Repeat 5 to 10 times, 3 times daily.

SHOULDER STRETCH

Lying down, with a pillow under head, put hands together, keeping elbows straight raise arms up and over head. Stop when there is a gentle pull in incision area. Return to the abdomen. When done easily, remove pillow. Breathe in as your arms go up, breathe out as they come down. Repeat 5 to 10 times daily. You will have close to full movement by the time you go home.

When Chest Tube Comes out

WALL CLIMB

Stand facing the wall. Place both hands on wall at shoulder level. “walk” up the wall with both hands as far as you can. Slide down slowly. The closer you are to the wall, the harder the exercise. Repeat 5 times, 3 times daily.

WHEN YOU GO HOME

Continue exercises until you feel you are breathing comfortable and you have good arm function. Increase walking distance on level ground. Avoid hills, inclines and too much stair climbing to start.

You should have full range of shoulder and trunk movement by the time you go home.

When Will I Be Ready To Go Home?

You are ready when:

- heart rate, blood pressure, and temperature are stable
- pain is well controlled
- able to get in and out of bed on your own
- able to wash/shower, walk and dress on your own
- discharge teaching is complete

Section 3: Recovery at Home

You are doing great! It may take 3 to 6 months to fully recover from your surgery. This will depend on your age, health condition before surgery and whether or not you had any complications.

Important Points About Recovering At Home:

- follow the medication instructions you were given
- take pain medication regularly for the first few weeks
- continue your exercise program
- balance rest and activity
- energy level and mood may vary
- be patient with your recovery
- go to your follow-up appointments

What about my incisions?

You may go home with steristrips (small tapes) on your incision. These can get wet, patted dry after your shower or if they get wet. Leave the Steristrips on until the fall off. Trim the edges of the steristrips if they lift. You may have a small amount of drainage from your incision or chest tube sites ranging in color from clear yellow to reddish brown. This should stop within the 1 to 2 weeks after you get home.

It is normal for your incision to feel itchy as it heals. Do not:

- rub or scrub your incision.
- use lotions or powders on your incision until the skin has completely healed - about 1 month.
“No Lotions, Potions, or Vitamin E”
- expose your incision(s) to the sun as the scar may discolour. Protect your skin and incision by wearing clothing.

When Should I see my Family Doctor?

1 week after you go home for chest tube suture removal. See below chart for concerns to follow up with your Family Doctor or call 911.

Follow up with Thoracic Surgery?

The Thoracic Surgery office will contact you to make an appointment for about 3 weeks from your surgery. You will have a chest x-ray done before you come to see the surgeon. The surgical pathology results will be reviewed and discussed with you. It can take 2 to 3 weeks for the pathology results to be completed.

Diet

Resume your normal diet and stay well hydrated. See the Healthy Eating section

What activities can I do at home?

Start with light activities: setting the table, making light meals, dusting, tidying up or indoor gardening. Increase to heavier activities over the next 6 weeks as you feel able.

Avoid: Lifting more than 5 pounds.

When can I drive?

You are not permitted to drive a personal or commercial while you are taking strong pain medications (narcotics).

After surgery your reaction time may be slower due to fatigue, weakness or new pills.



When can I return to work?

Ask your doctor about your return to work as it may be different based on what you do.

What about visitors?

Try to limit visitors during your first few days at home. When you feel rested ask friends and family to visit for short periods. It is OK to limit the number of visitors and the length of visit if you are tired or feeling unwell.

What can families / caregivers experience?

It is common for caregivers to get tired and run-down during your recovery. Caregivers need to take care of their own needs.

Your caregiver should:

- continue to eat a proper diet
- get a good night's sleep
- balance time alone with their own activities
- talk about their own feelings
- be able leave you home alone for a few hours

How will I feel emotionally?

Feelings of fear, sadness, anxiety, frustration, mood swings, depression or “just feeling blue” can happen before or after surgery. This is normal and can last for a few days to weeks. Talking about your feelings can help you and your family cope during your recovery. If these feelings concern you, or last longer than 2 weeks, speak with your family doctor.

When can I have sex?

Many people worry about having sex after surgery. Sex takes about the same energy as climbing two flights of stairs. If you are feeling well and can climb stairs without any discomfort or shortness of breath, then you can return to sexual activity.

Tips on Travelling

PLANE

Plane travel is ok as long as there is no air around your lung. This can be confirmed with a chest x-ray. Please notify the Nurse Practitioner or Surgeon if you are planning to fly home.

Once on the plane, stand up in the aisle and stretch your legs for a few minutes every hour to get your circulation going. If possible walk up and down the aisle.



CAR

When riding in a car stop hourly and walk 5 to 10 minutes to keep good circulation.

Exercise Program After Lung Surgery

For the first weeks after your surgery, your body is healing, exercise is very helpful in preventing the complications of lack of movement. Walking will improve your general strength and endurance. You must increase the work of your lungs slowly.

Your exercise program consists of warm up before and cool down after the exercises, followed by a walk. This is to be done four times daily.

Stairs and Hills

Climbing stairs or hills needs more energy than walking on the level. You should be able to talk comfortably while you walk. The “Talk Test” will help you see how hard you are working. If you are... finding... that you... have to... breathe... between... words, you should slow down.

- Plan your day so that you do not have to climb stairs too often.
- Choose walking routes that are not hilly.
- Avoid uneven ground and beach walking until your balance and your strength gets better.
- Start to do hills slowly, add “hilly challenges” to your program as your strength and endurance gets better.

What To Do If You Have Concerns

If you notice the following...	What you should do...
New or worsening shortness of breath.	Call your family doctor or if sudden or causing you distress, call 911
Fast and/or irregular pounding of your heart and feeling dizzy or faint.	Go to Emergency Department (do not drive yourself). If there is no one to drive you, call 911.
Redness, tenderness, or drainage from your incision. New or worsening cough with thick greenish fluid. Fever above 38°C or 101°F	Call your family doctor.
No bowel movement for a few days.	Increase your fluids and fibre Exercise Talk to your doctor or Pharmacist
If you have warning signs of a stroke: <ul style="list-style-type: none">• sudden weakness or numbness in arm, leg or face• sudden severe headache• visual problems• sudden confusion, difficulty speaking or understanding• sudden dizziness or loss of balance especially with any of the above.	Call 911. Do not drive yourself or have any one else drive you.

What happens when I go home from the hospital?

It is important to have all of your questions and concerns answered while you are in hospital. Feel free to talk to any member of your healthcare team. **Talk to us!**

Resources

LUNG EDUCATION

- The Healthy Heart Society of BC provides knowledge and support for improved prevention and management of chronic conditions.
www.healthyheart.bc.ca
- The BC Lung Association: An information guide for lung patients and their families (<http://www.bc.lung.ca/>)
- Health Link BC is a general website that provides information for lung patients and their families (www.healthlinkbc.ca)

STOP SMOKING

Quit Now by Phone/Online Support
www.quitnow.ca
Tel: 1-877-455-2233

STRESS MANAGEMENT

- Mental health resources in BC, you can call the 24-hour, semi-automated Mental Health Information Line at 604-669-7600, or toll-free from anywhere in the province at 1-800-661-2121.
- Canadian Mental Health Association
Kelowna Branch: Tel: (250) 861-3644
B.C. Division: Tel: 1-800-555-8222
Website www.cmha.ca
- H.O.P.E. – Helping Others Prosper Emotionally
- A Kelowna support group for those learning to live with heart disease. For further information, contact COACH at (250) 763-3433.
- In some communities there are also peer support groups available. Ask your doctor, nurse practitioner, nurse or other care provider if they know of one in your area.

DIABETES EDUCATION

- Canadian Diabetes Association
- www.diabetes.ca
- Refer yourself: Contact Central Okanagan Diabetes Program (250) 980-1406
- To find a diabetes program in your area, go to: www.healthlinkbc.ca – click on “Services and Resources” and search “Diabetes” for your community
- www.interiorhealth.ca –
> click on “Your Care”
> Chronic Disease Management
> Diabetes

HEALTHLINK BC

Dial 8-1-1 to talk to a:

Nurse	24 hours / day, daily
Pharmacist	5 pm to 9 am, daily
Dietitian	9 am to 5 pm, Monday to Friday

www.healthlinkbc.ca



Discharge Instructions

Surgical Date _____

Discharge Date _____

Operation Performed _____

Make follow-up appointments with _____

- Family Doctor / Nurse Practitioner in 1 week _____
- Surgeon / Nurse Practitioner in 3 weeks The office will contact you. (250) 763-7660
Appointment _____
- Other _____

SPECIFIC INSTRUCTIONS FOR HOME:

Diet _____

Wound care _____

Other _____

If it is an emergency, call 911.

