

# **Preparing for your Thoracotomy**

Pre and post-operative information

**Department of Thoracic Surgery**



**University of Michigan  
Health System**

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## **What is a Thoracotomy**

This is an incision used to allow the surgeon to access your chest cavity. The incision is about 6-8 inches long and generally located on the side of your chest. We tend to use this incision to remove portions of your lung, either a wedge, a lobe, or the whole lung itself. What needs to be removed is based on your current medical issue. We also use this incision to remove cysts, repair diaphragms or remove portions of your chest wall. Regardless of why you are having the thoracotomy the following planning, tubes and home care instructions will be important to follow.

## **Planning for your Thoracotomy**

- **Do not** take any nonsteroidal anti-inflammatory medication (e.g., Motrin Ibuprofen, Aleve) or aspirin products for 1 week prior to your surgery date.
- **If you have a history of heart disease and cardiac stents, you may need to remain on your aspirin therapy; this will be addressed at your history and physical appointment, which will be done prior to your surgery.**
- **Do not** smoke cigarettes for at least 4 weeks prior to your operation; you may be tested the day of your operation to make sure you have not been smoking; if you have been smoking, your operation will be cancelled.
- **DO** walk up to 2-3 miles a day prior to surgery to get yourself in the best shape possible.
- **DO** use your incentive spirometer, at least 30 times a day (10 slow breaths, 3 times a day) and **DO** bring your incentive spirometer with you the day of your operation. You can leave it in the car or with your family

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member or friend until after surgery, when your friend/family member can bring it to you.

- **DO** bring your blue blood sheet with you the day of surgery.

### **Preparing for you Thoracotomy**

**You will not be able to eat or drink after midnight prior to this surgery**

- **Medications**

Which medications to take or hold will be discussed at your pre-operative history and physical appointment.

You will need to hold any blood thinners (examples Coumadin, Plavix). If you need to transition over to a different type of blood thinner, like Lovenox we will let you know when your last dose of this medication will be.

### **Where the Thoracotomy will be performed**

- Your surgery will be performed at the cardiovascular center. You will need to park in parking lot C, and then go to the 4 Th floor and check in to the surgery family waiting room. The waiting room is the location that your family will also remain while you are in surgery. Generally the surgeon will come out and speak with your family, once the surgery is done.

### **What Can I expect during the Procedure**

- From the family waiting room, you will report to the pre-operative area. You will remain here about an hour and a half to two hours; this is where

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you will meet with the anesthesiologist. The start of your post-operative pain control will be discussed at this time.

- You will be under general anesthesia for this surgery.
- The length of the operation will generally be about 3-4 hours.

**In the hospital/immediately after surgery:**

**After surgery, when you awake from the general anesthesia you will have a few tubes and catheters which are described below. All of these are important and will allow us to monitor you while you are in the hospital.**

- **.Chest tube-** - this is a tube that is used to drain the liquids that are produced in your lung normally, that may/will increase after we have removed or manipulated part of your lung. It is also used to remove air that may be collecting in your chest after surgery. "Air leaks" as we call them can happen for various reasons. We will show you while in the hospital the different parts of the chest tube "box" so you are aware what we are monitoring, with regards to an air leak, or increased drainage. Most of the time both of these need to stop before we can safely remove the tube. There are times when we will need to place a special one way valve, in place of the chest tube drainage system, if you have an air leak that may take longer to resolve. You may go home with this one way valve; you will get special instructions if this is the case.
- **Epidural-**Is a small catheter that is put in the space around your spine. It is used for pain control. The anesthesiologist will discuss pain control with you on the day/morning of your surgery. The epidural catheter is placed just prior to your surgery due to the special positioning needed to put it in. It is then used after surgery to help control your pain. The catheter is small enough that you can still lie on your back after surgery. The catheter

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delivers pain medication in response to a button you control when you need pain relief.

- **Paraspinous Catheter**- is a catheter placed during surgery in the location of your incision. This catheter will be used to administer a direct local “numbing” medicine. This medicine is administered by an infusing device, and this catheter is removed prior to you going home.
- **Patient Controlled Analgesia(PCA)**-This is pain medicine that is infused into your IV and you control with a push button.

Generally the decision for which type of pain medicine we give you the first 3 days after surgery is determined by the surgeon, who will include any prior surgery, and/or medical history.

- **Foley catheter**- This is a tube placed into your bladder during surgery and used to monitor your urine output.
- **Sequential Compression Devices(SCDs)**- These are wraps that are placed around your legs and used to keep the blood from pooling in your calves. If the blood remains there for a period of time without movement, it can cause a blood clot.
- Other ways to prevent blood clots after surgery include leg exercises such as ankle circles and pointing your toes to the ceiling then to the wall, you should do each of these 10 times every hour you are awake after surgery. Most importantly you must walk in the hallways after surgery (you may need some help getting up and out of bed the first few times).
- **Intravenous Catheter(IV)**- This is catheter placed into your IV to help give fluids into your veins during surgery and after as needed.
- **Heart Monitor**-is a small box that is connected to leads that are place(by tape) on your chest. All thoracic surgery patients are placed on a heart monitor. This is done to watch irregular heartbeats, about 25% of patients after major chest surgery can develop a specific irregular heart rate called-

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atrial fibrillation. Should post-operative atrial fibrillation occur, it can usually be corrected with medication and resolves within several hours. Regardless of any irregular heartbeats you may or may not have, most thoracic surgery patients will go home on some type of heart medication. This is used to continue to protect your heart following surgery. Most patients are able to come off of it, or go back to their regular medications, after a period of time. We do ask for help in regulating this medication by your primary care physician. It is a good idea to have some follow up with your primary care physician, 3-4 weeks after your surgery date.

- **Incentive spirometer (IS)** - This is a breathing exercise device. Along with coughing and walking, it helps to prevent collapse of the lungs and pneumonia.

**We realize that there is pain involved with surgery, and the pain may interfere with deep breathing and walking. Please let us know if your pain is not well controlled with your epidural, PCA or other pain medicine. There are other medications we can try to make sure you are as comfortable as possible.**

### **Caring for yourself after a Thoracotomy**

#### **Pain Management**

- You will be given a prescription for pain medication-**DO NOT TAKE THE MEDICINE ON AN EMPTY STOMACH.**
- After your chest incision (thoracotomy) it is very common to have pain, and/or a burning sensation below your breast and the front of the rib cage on the same side as the surgery. This discomfort is caused from irritation of the nerve endings near your incision. Often the best way to help relieve this pain is to take a nonsteroidal anti-inflammatory

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medication (also known as NSAIDS) such as Motrin or Advil. **Please note if you are on Prednisone, you should not take any NSAIDS. Also if you have ever been told to avoid these medications please do not take them.** If you take an NSAID, please note that you must take this medication with food. We recommend Ibuprofen 400mgs (an over-the-counter NSAID is 200 mg, so take 2 tablets) 2-3 times a day. You can take this in addition to your narcotic pain medication (Norco, Tylenol #3). You may also have been given a prescription for Ibuprofen. If so, you should not take additional over-the-counter Motrin/ibuprofen products.

- Gradually you will be able to decrease the amount of medication you require. If you find that you are almost out of pain medication and think you may need a refill, call the office. Be sure to call before you are completely out of pills. Some medication may require a written prescription to be renewed; these medications cannot be telephoned to your local pharmacy.
- You can also use a heating pad (not directly on your skin) and warm showers to help with some of the discomfort. Many patients also find it difficult to sleep in their own bed after surgery and make their way to a couch or Lazy Boy chair. This is not uncommon, and gets better with time.

### **Constipation**

- Pain medication can make you constipated. Please eat a high fiber diet, and take in plenty of fluids. If you have problems with your bowels while at home, you can try an over-the-counter laxative (Milk of Magnesia, Dulcolax, Fleets enema) to help move your bowels. Please feel free to contact the office if you are having any concerns.

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## **Taking care of the Incisions**

- Please gently wash your incisions with soap and water daily in the shower; no tub baths/swimming pools, hot tubs.
- You will generally have one incision, on the side of your chest. This can vary in size, based on the exact approach your surgeon used; it can vary from 4-10 inches in length.
- **If you notice signs of infection or inflammation- redness, drainage, swelling or run a fever greater than 101.0 F, you need to contact us.** If your incision is in a place that you can't see, you may want to have someone look at your surgery site for you. The best way to keep it clean is to wash it in the shower with soap and warm water. The incision does not have to be covered unless you notice any drainage.

## **Taking out sutures:**

- You may have a suture where the chest tube (drainage tube) was. This suture is not dissolvable and should be removed 5-7 days after your chest tube is removed. Your family member or primary care doctor can remove it. Otherwise you can come back to see us to have this suture removed. The suture is pulled very tight. To remove it, pick up both ends, slip the scissors underneath, cut, and pull. It is a small "purse string" suture.
- You may also have a blue suture loop at each end of your incision. There is a suture in the middle of your wound that is the same color- **THIS MIDDLE SUTURE NEEDS TO BE CUT FIRST**, before anything else is cut. If you are concerned or unsure at all, please wait until you talk with one of the nurses/physician assistants. Should you be thinking about removing a stitch on a weekend or in the evening, it is something that can wait until business hours, so we can be called if needed.

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**Activity and Restrictions:**

- It is important to walk every day, as well as to use your incentive spirometer every day.
- You will have lifting restrictions of nothing heavier than 10 lbs. for 6 weeks (gallon of milk is 9 lbs.) and then 20 lbs. for 6 more weeks after this (3 month total), unless you were told otherwise.
- If you are driving a long distance to your home, we recommend that you get out of the car and walk around every 2-3 hours to help prevent blood clots.

**Important Contact Numbers:**

Dr. Orringer 734-936-4975      Dr. Reddy 734-763-7337

Dr. Chang 734-763-7418      Dr. Lin 734-763-0470

Thoracic Surgery Nurses/Clinic Number-734-936-8857

For all medical questions, it is best to call the nurse/clinic number first. If there is an urgent issue, call your physician's office number and state the problem.

**Our office hours are Monday thru Friday from 8am-5pm**

**Please note that after hours or on the weekend, you should call the paging operator at 734-936-6267 and ask for the General Thoracic Surgery Resident who is on call.**

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Disclaimer: This document is for informational purposes only and is not intended to take the place of the care and attention of your personal physician or other professional medical services. Talk with your doctor if you have Questions about individual health concerns or specific treatment options.

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