Thoracic Surgery
Patient diary and information about your lung operation

Please bring this booklet with you on each visit to the hospital
This booklet contains information about your thoracic surgery and provides information on what to expect during your stay at the Golden Jubilee National Hospital. It will also give you advice and information on your recovery after your operation.

You have been offered a biopsy; a procedure to remove either a lung cancer or from a suspicious area which has not yet been sampled. Your surgeon will discuss the operation with you and the reason this is necessary; an overview of your care is contained in this booklet. However, if you have any questions, please just ask or get in touch with your surgeon via their secretary or telephone ward 3 West on 0141 951 5300.

**What operation might I need?**

There are various procedures which you may be offered, depending on your particular condition.

- **Lobectomy**

  Your lungs are made up of sections called lobes. The right lung has three lobes and the left lung has two. If the cancer or suspicious area is only in one of these lobes, a lobectomy may be carried out to remove the entire lobe.

  If, however, you are undergoing a bi-lobectomy, this will require the removal of two lobes from the right lung.

- **Wedge resection or Segmentectomy**

  In some cases, if the suspicious area is small and confined to one area of the lung, a wedge resection may be performed. This removes the affected piece of lung tissue and a margin of normal tissue around it.

  If a larger section needs to be removed then a segmentectomy is performed.
• **Sleeve resection**

This is the removal of a lobe and part of the main bronchus (see diagram below). The healthy ends of the bronchus are re-joined and the remaining lobe/s are re-attached to the bronchus. Please note however, that only a small number of cases are suitable for this type of operation.

• **Pnuemonectomy**

This procedure is the removal of an entire lung. A pnuemonectomy is recommended when the cancer or suspicious area is in the centre of the lung, in both lobes of the left lung and/or in all three lobes of the right lung. Following this operation, patients are generally able to manage well with one lung.

During any of these operations, the surgeon is likely to take samples of the lymph nodes (glands) that lie in the center of the chest near the lungs.

The part of the lungs which is removed, along with the lymph nodes, are then sent to the laboratory for testing. Results usually take 10-14 days.
How is the operation carried out?

Your operation will be performed under general anaesthetic, meaning you will not be awake throughout, and will be carried out using one of two techniques: a Thoracotomy or Keyhole/Video Assisted Thoracoscopy (VAT). This will be discussed and agreed upon with your surgeon.

• **Thoracotomy**

A Thoracotomy is performed via a cut in your side, towards your back. The exact size and location depends on the size and position of the suspicious area. Your ribs are spread apart, allowing the surgeon access: in some cases a small piece of rib may have to be removed to make it easier for the surgeon to operate.

![Thoracotomy Diagram](image)

• **VATS**

VATS is a minimally invasive surgical technique or keyhole procedure. During the operation, a tiny camera (thorascope) and surgical instruments are inserted in the chest through small incisions. The camera transmits images of the inside of your chest onto a video monitor, guiding your surgeon while performing the operation.

Once the operation is finished, one or more drain tubes may be placed in the chest cavity for a short time to remove fluid or air. More detailed information is available on request.
Anaesthesia Explained

Decisions regarding your anaesthesia will be tailored to your personal needs and will be discussed with your anaesthetist before the operation. They will also answer any questions you may have; it may be helpful to think of some questions or concerns and write these down before meeting with the anaesthetist.

You will have several types of anaesthesia available to you.

Local anaesthesia

A local anaesthetic numbs a small part of your body. It is used when the nerves can easily be reached by drops, sprays, ointments or injections. You stay conscious but free from pain. The anaesthetist may administer local anaesthetic when inserting a cannula (a tube inserted into a vein) in your arm or neck to numb the area.

Regional anaesthesia

Regional anaesthesia can be used for operations on larger or deeper parts of the body. Local anaesthetic drugs are injected near to the bundles of nerves that carry pain signals from that area of the body to the brain.

The most common regional anesthesia is an epidural anaesthetic; this involves inserting an epidural to manage your pain.

General anaesthesia

General anaesthesia is a state of controlled unconsciousness during which you are asleep and feel nothing. For this you will receive:

- anaesthetic drugs (injection or breathing gas);
- strong pain relief drugs (for example, morphine);
- oxygen to breathe; or sometimes
- a drug to relax your muscles.
All patients undergoing a lung operation will have a general anaesthetic and a combination of the other types of anaesthesia but your anaesthetist will discuss this further with you.

**Premedication**

Premedication (pre-med) is the name for drugs that are given before some anaesthetics. They can:

- reduce anxiety;
- help to prevent sickness after the operation; and
- help with pain relief after your operation.

Your anaesthetist will discuss this with you to make a decision together about appropriate pre-med.

**Will I have any side effects?**

Your anaesthetist will discuss the risks and benefits of anaesthesia as well as any possible side effects and complications. A possible side effect may be nausea and vomiting and medication to treat these symptoms can be given is needed.

The amount of discomfort you experience will depend on several factors, especially the technique used to carry out the operation. You may still experience some pain or discomfort, this is not unusual, however this can be managed with medication administered by our team. The staff will teach you to assess your pain levels using the pain scale (0-10).

Prevention of Deep Vein Thrombosis (DVT)

A DVT is a blood clot that can form in the deep veins of your leg following surgery. While this is not common, it can result in pain and swelling of the leg. In some cases, it is possible that the clot may break away from the leg; if this occurs it can travel through to the lungs, through the heart, causing a Pulmonary Embolus (PE). While this is not common, it can be life threatening.

Prevention of DVT involves blood-thinning injections, wearing support stockings (TED stockings) and physiotherapy. While you are in hospital staff will advise you on the preventative measures and more information is available in other leaflets from the hospital.

Management of pain after your operation

At the Golden Jubilee National Hospital, we have extensive experience in managing pain after your operation. While some discomfort should be expected, we aim to reduce your pain to a level that you as an individual can cope with, allowing you to get back on your feet and achieve your physiotherapy goals.

After an operation on your chest effective pain relief is very important as it allows you to breath deeply and cough without too much discomfort. Being able cough and clear your chest following your operation is essential to avoid chest infections and other complications during your recovery. Having the right balance of medication is important for reducing side effects such as drowsiness, nausea and light headedness.

Your anaesthetist will discuss with you which techniques and methods are available and which would be best suited to you.
There are two main techniques used for pain relief following thoracic surgery:

1. **Epidural Analgesia**
   This involves an injection of local anaesthetic into your back and a fine plastic catheter is left in place to administer an infusion over the first few days after your operation. Part of this infusion may be under your control to enable you to remain comfortable by pressing your own Patient Handset delivering a dose of pain relief directly as you need it. As this technique uses local anaesthetic it often causes areas of numbness in the chest, this is normal.

2. **Paravertebral Block**
   This technique involves the surgeon placing either one or two fine plastic catheters in your back. The catheters are close to the nerves supplying the chest at your operation site. They are connected to a local anaesthetic infusion. This infusion will aim to reduce the pain messages coming from the nerves around your operation site. This will stay for around one to three days. Along with this you will have an Intravenous Patient Controlled Analgesia Pump (IV PCA). This will usually be a morphine pump with a Patient Handset allowing you to deliver a dose of pain relief when you need it. To ensure you receive the appropriate amount of pain relief, the device has a built in safeguard. In some cases, tablets may be administered.

After your operation your pain will be assessed regularly and measured. You will be asked to describe where your pain fits on the pain scale (0-10). An example of this chart is below:
Pain assessment helps us to identify, measure and plan for your pain relief. Don’t wait too long to let us know you are sore.

The pain team will visit you after your operation to ensure your pain relief is working, understand the methods of your pain relief and discuss your ongoing pain management plan. Together the nurses and the pain team can offer you advice and support.

**Thoracic Surgery Enhanced Recovery Patient Diary**

**What is enhanced recovery?**

Enhanced recovery is an evidence-based approach that helps people recover more quickly after having a major operation.

Enhanced recovery aims to ensure that you:

- Are as healthy as possible before your operation.
- Receive the best possible care during your operation.
- Receive the best care while recovering.

Having an operation can often be both physically and emotionally stressful. Enhanced recovery programs (ERP) try to get you back to normal as quickly as possible.

Research has shown that the earlier a person gets out of bed and starts moving around, eating and drinking after an operation, the quicker they recover.

Your involvement is essential to the success of ERP. Active participation in the steps of ERP before and after your operation can help you:

- get home, sooner;
- feel better, sooner; or
- get back to normal life, sooner.
This patient diary is a tool to help you understand and achieve the goals to a successful enhanced recovery.

**What can I do to improve my recovery before my operation?**

- Eat well, your body needs fuel to repair.
- Staying physically active to the best of your ability will help you get better, quicker.
- Involve your friends and family in your preparation, they can help you achieve your goals.
- If you do smoke or drink, use this as an opportunity to stop or cut down. This will help your recovery and reduce the risks of complications.

**Before your operation**

**Pre-operative Assessment**

At your pre-operative assessment or on the ward you may have a number of tests and investigations performed to determine your fitness for surgery, anaesthesia and your involvement in ERP. This will be discussed with you in more detail upon your arrival.

**Planning your return home**

Before you come to hospital, discuss with your family or support network how you will cope after discharge from hospital. During your first few weeks at home you will need practical support with things such as shopping, cooking and cleaning. You will not be able to do any heavy lifting for up to six weeks. Please advise ward staff if no one will be available to help you at home.

You may need to visit your GP practice nurse to have your wound checked and sutures removed. If you are unable to get to your GP, let the ward nurses know and they will arrange for a district nurse to visit you at home.
Transport

You will need to make arrangements to be dropped off and picked up from hospital as the criteria for hospital transport is restricted to those with specific mobility needs. Please contact your local board to arrange this.

Medication

We will organise supplies of medicine and any other relevant equipment to be available for you to take home.

Stop your warfarin on ...................................................

Stop your clopidogrel on ...................................................

Ticket to go (page 41)

This lists the goals you should aim for to be ready to go home. This will be discussed with you daily after your operation.

Planned date of discharge: ...................................................
Patient Diary

This is your personal diary to help you record and monitor your progress whilst you are in hospital. This diary sets out daily goals for you to achieve, with support from the nursing staff and the team who are caring for you, to allow you to get back to normal life sooner.

Each day you will be asked about:

- moving around
- pain control
- exercises for your breathing and circulation
- eating and drinking
- washing and dressing

We will ask you to circle how often you have been able to achieve some of the above and write any notes if you should wish.

### Examples of some goals you may have set

<table>
<thead>
<tr>
<th>Day of surgery</th>
<th>Day one after surgery</th>
<th>Day two after surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>drink</td>
<td>eat</td>
<td>walk</td>
</tr>
<tr>
<td>eat</td>
<td>sit out</td>
<td>dress</td>
</tr>
<tr>
<td>sit out</td>
<td>wak</td>
<td>eat</td>
</tr>
</tbody>
</table>

We hope that you will be active in completing your diary and if you have any questions please ask any member of the team.

**Eating and drinking**

It is important that you eat and drink early after your operation to help your wounds heal, reduce your risk of infection and give your body fuel to help your recovery. Drinking small regular amounts will help to achieve this, unless advised otherwise or you feel nauseated. If you do feel nauseated, please let a nurse know who can give you something for it.
Moving around

It is important to continue to be active whilst you are in hospital. By sitting out of bed and by walking regularly, your breathing is improved. This also reduces the chance of you developing a chest infection, or clots in your legs. If you normally have difficulty walking, or are unable to do so, we will advise you on other suitable alternatives.

A physiotherapist will advise you on breathing and circulation exercises before your operation. You should perform exercises to help your circulation and reduce your risk of blood clots. Daily physiotherapy sessions after your operation will guide you in deep breathing exercises to help you recover from the anaesthetic and keep your chest clear from secretions.

Please bring some loose fitting, easy to wear, clothes and suitable footwear for comfortable walking.

Breathing exercises
Begin practicing your deep breathing exercises so you can start them as soon as you feel able to after your operation. Sitting upright, relax your shoulders, take a slow breath in through your nose and hold for three seconds and breathe out through your mouth. Repeat this five to ten times every hour. Huffing is also effective. A huff is a short sharp breath out to help you cough and clear phlegm more easily. Take a medium breath in and huff out as if you were steaming up a mirror. The physiotherapist will also teach you circulatory exercises, for example wiggling your toes, pulling up your toes towards you then pushing them away, and circling your ankles. These should be done hourly whilst you are still in bed and less mobile than normal.

Circulation exercises
When resting in bed try to do the following exercises:

• wiggle your toes;
• pull your toes up towards you then push them away; and
• circle your ankles.

The physiotherapist will also teach you shoulder exercises to prevent stiffness in your shoulder on the side of your operation.
Day of surgery

You may be admitted to hospital on the day of your operation or alternatively the day before. The ward staff will prepare you for your operation. You will have a chance to discuss any concerns or issues you are worried about.

After your operation in the recovery unit

When you wake from your operation:

• You should be comfortable and the recovery nurses will assess your pain to manage any discomfort you experience.
• You should not feel nauseated but if you do we can manage this for you.
• You will have a cannula in your arm or hand – a small plastic tube through which fluids and drugs can be given.
• You may have a larger cannula in your neck – a large plastic tube through which fluids and drugs can be given.
• You may have a cannula in your wrist – a small plastic tube that can monitor blood pressure and be used to take blood samples.
• You may have one or two drains in your chest.
• You may have a catheter in your bladder.
• You will be able to drink water as soon as you feel able to.
• You should start deep breathing exercises at this point.

On return to the ward/HDU

Managing your pain

We will ensure that any nausea and pain is managed so you are comfortable.

Pain score at rest

Pain score when moving
**Eating and drinking**

We will encourage you to eat and drink

How many drinks (cups) have I had?  1  2  3  4

What have I eaten?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

**Moving around**

**Breathing exercises** (please circle)

2pm  3pm  4pm  5pm  6pm  7pm  8pm  9pm  10pm

**Circulation and arm exercises** (please circle)

2pm  3pm  4pm  5pm  6pm  7pm  8pm  9pm  10pm

If appropriate, on the evening of your operation, we would like you to sit out of bed for one to two hours. The nurses will help you.

Have I achieved my goals today?  Yes ☐  No ☐

Have I had difficulty achieving my goals today? e.g. too tired, pain etc

**Ticket to go (page 41)**

This sheet lists the goals you should aim for to be ready to go home.

Planned date of discharge:
Day one after your operation

Hygiene

Your nurse will assist you to have a wash.

Managing your pain

Please let a nurse know if your pain control is not adequate and we can give you additional painkillers.

Pain score at rest:

| least | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | worst |

Pain score on movement:

| least | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | worst |

I have felt comfortable today? Yes ☐ No ☐

Moving around

Today you can sit out in the chair for up to six hours or more if you feel able to. You can have rests in bed in between sitting out of bed.

The nurses will help you with this, please don’t try to get up or go back to bed yourself as you will require help with your drains and pumps that are attached

Every hour sat out of bed 1 2 3 4 5 6

Breathing exercises

8am 9am 10am 11am 12noon

1pm 2pm 3pm 4pm 5pm 6pm 7pm 8pm 9pm 10pm
Circulation and arm exercises

8am  9am  10am  11am  12noon
1pm  2pm  3pm  4pm  5pm  6pm  7pm  8pm  9pm  10pm

Eating and drinking

You are encouraged to eat and drink
Your nurse will advise you if you are on a fluid restriction

How many drinks (cups) have I had?  1  2  3  4  5  6  7  8

What have I eaten?

Breakfast

_________________________________________________________________
_________________________________________________________________

Lunch

_________________________________________________________________
_________________________________________________________________

Dinner

_________________________________________________________________
_________________________________________________________________

Snacks

_________________________________________________________________
_________________________________________________________________

Nausea

If you are nauseated, tell your nurse who can manage this for you.

Have I felt nauseated today?   Yes [ ]   No [ ]
**Bowels/urine**

If you have a urinary catheter it may be removed today.

Have I passed urine today?  
Yes ☐  No ☐

Please let the nurses know if you pass wind or your bowels open as we need to monitor this following your operation.

Have I passed wind?  
Yes ☐  No ☐

Have my bowels opened?  
Yes ☐  No ☐

Have I reached my goals today?  
Yes ☐  No ☐

Have I had any difficulty achieving my goals today e.g. too tired, pain etc?

_________________________________________________________________

_________________________________________________________________

Ticket to go (page 41)

This sheet lists the goals you should aim for to be ready to go home.

Planned date of discharge:
Day two after your operation

Hygiene

You will be encouraged to be more independent with your hygiene needs but a nurse will assist you. You are encouraged to wear your own clothes/pyjamas.

Managing your pain

We may review your epidural or paravertebral today and we will continue to give you pain relieving tablets.

Please let a nurse know if your pain control is not adequate and we can give you additional painkillers.

Pain score at rest:

\[
\begin{array}{ccccccccccc}
\text{least} & 0 & 1 & 2 & 3 & 4 & 5 & 6 & 7 & 8 & 9 & 10 & \text{worst}
\end{array}
\]

Pain score on movement:

\[
\begin{array}{ccccccccccc}
\text{least} & 0 & 1 & 2 & 3 & 4 & 5 & 6 & 7 & 8 & 9 & 10 & \text{worst}
\end{array}
\]

I have felt comfortable today? Yes ☐ No ☐

Moving around

Today you can sit out in the chair for up to 8 hours or more if you feel able to and walk around the ward with a nurse or physiotherapist on two to three occasions. The nurses will help you with this, please don’t try to get up or go back to bed yourself as you will require help with your drains and pumps that are attached.

Every hour sat out of bed 1 2 3 4 5 6 7 8

Every time I walk around the ward 1 2 3
Breathing exercises

8am    9am    10am   11am   12noon
1pm    2pm    3pm    4pm    5pm    6pm    7pm    8pm    9pm    10pm

Circulation and arm exercises

8am    9am    10am   11am   12noon
1pm    2pm    3pm    4pm    5pm    6pm    7pm    8pm    9pm    10pm

Eating and drinking

You are encouraged to eat and drink. You should no longer be on a fluid restriction.

How many drinks (cups) have I had?
1  2  3  4  5  6  7  8  9  10

What have I eaten?

Breakfast
_________________________________________________________________
_________________________________________________________________
Lunch
_________________________________________________________________
_________________________________________________________________
Dinner
_________________________________________________________________
_________________________________________________________________
Snacks
_________________________________________________________________
_________________________________________________________________
Nausea

If you are nauseated, tell your nurse who can manage this for you.

Have I felt nauseated today?  Yes ☐  No ☐

Bowels/urine

If you have a urinary catheter it may be removed today.

Have I passed urine today?  Yes ☐  No ☐

Please let the nurses know if you pass wind or your bowels open as we need to monitor this following your operation.

Have I passed wind?  Yes ☐  No ☐

Have my bowels opened?  Yes ☐  No ☐

Have I reached my goals today?  Yes ☐  No ☐

Have I had any difficulty achieving my goals today e.g. too tired, pain etc?

_________________________________________________________________
_________________________________________________________________

Ticket to go (page 41)

Planned date of discharge:
Day three after your operation

Hygiene

You will be encouraged to be more independent with your hygiene needs but a nurse will assist you if required. You are encouraged to wear your own clothes.

Managing your pain

Your epidural or paravertebral will be removed today and we will continue to give you pain relieving tablets.

Please let a nurse know if your pain control is not adequate and we can give you additional painkillers.

Pain score at rest:

| least | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | worst |

Pain score on movement:

| least | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | worst |

I have felt comfortable today? Yes □ No □

Moving around

Today you can sit out in the chair for most of the day if you feel able to and walk around the ward regularly if you are able. If you still have drains or other attachments, please ask a nurse or physiotherapist to assist you.

Every hour sat out of bed 1 2 3 4 5 6 7 8

Every time I walk around the ward 1 2 3 4 5 6
Breathing exercises

8am  9am  10am  11am  12noon
1pm  2pm  3pm  4pm  5pm  6pm  7pm  8pm  9pm  10pm

Circulation and arm exercises

8am  9am  10am  11am  12noon
1pm  2pm  3pm  4pm  5pm  6pm  7pm  8pm  9pm  10pm

**Eating and drinking**

You are encouraged to eat and drink.
You should no longer be on a fluid restriction.

How many drinks (cups) have I had?

1  2  3  4  5  6  7  8  9  10

What have I eaten?

Breakfast
__________________________________________________________

__________________________________________________________

Lunch
__________________________________________________________

__________________________________________________________

Dinner
__________________________________________________________

__________________________________________________________

Snacks
__________________________________________________________

__________________________________________________________
Nausea

If you are nauseated, tell your nurse who can manage this for you.

Have I felt nauseated today? □ Yes □ No □

Bowels/urine

If you have a urinary catheter it may be removed today.

Have I passed urine today? □ Yes □ No □

Please let the nurses know if you pass wind or your bowels open as we need to monitor this following your operation.

Have I passed wind? □ Yes □ No □

Have my bowels opened? □ Yes □ No □

Have I reached my goals today? □ Yes □ No □

Have I had any difficulty achieving my goals today e.g. too tired, pain etc?

_________________________________________________________________
_________________________________________________________________

Ticket to go (pages 41)

Planned date of discharge:
Day four after your operation

Hygiene

You will be encouraged to be more independent with your hygiene needs but a nurse will assist you if required. You are encouraged to wear your own clothes.

Managing your pain

You will continue to receive regular painkillers.

Please let a nurse know if your pain control is not adequate and we can give you additional painkillers.

Pain score at rest:

Least [0 1 2 3 4 5 6 7 8 9 10] worst

Pain score on movement:

Least [0 1 2 3 4 5 6 7 8 9 10] worst

I have felt comfortable today? Yes [ ] No [ ]

Moving around

Today you can sit out in the chair for most of the day if you feel able to and walk around the ward regularly if you are able. If you still have drains or other attachments, please ask a nurse or physiotherapist to assist you.

Every hour sat out of bed 1 2 3 4 5 6 7 8

Every time I walk around the ward 1 2 3 4 5 6
Breathing exercises

<table>
<thead>
<tr>
<th>Time</th>
<th>8am</th>
<th>9am</th>
<th>10am</th>
<th>11am</th>
<th>12noon</th>
</tr>
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<table>
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<tr>
<th>Time</th>
<th>1pm</th>
<th>2pm</th>
<th>3pm</th>
<th>4pm</th>
<th>5pm</th>
<th>6pm</th>
<th>7pm</th>
<th>8pm</th>
<th>9pm</th>
<th>10pm</th>
</tr>
</thead>
</table>

Circulation and arm exercises

<table>
<thead>
<tr>
<th>Time</th>
<th>8am</th>
<th>9am</th>
<th>10am</th>
<th>11am</th>
<th>12noon</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>1pm</th>
<th>2pm</th>
<th>3pm</th>
<th>4pm</th>
<th>5pm</th>
<th>6pm</th>
<th>7pm</th>
<th>8pm</th>
<th>9pm</th>
<th>10pm</th>
</tr>
</thead>
</table>

**Eating and drinking**

You are encouraged to eat and drink. You should no longer be on a fluid restriction.

How many drinks (cups) have I had?

<table>
<thead>
<tr>
<th>Number</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

What have I eaten?

**Breakfast**

_________________________________________________________________

_________________________________________________________________

**Lunch**

_________________________________________________________________

_________________________________________________________________

**Dinner**

_________________________________________________________________

_________________________________________________________________

**Snacks**

_________________________________________________________________

_________________________________________________________________
Nausea

If you are nauseated, tell your nurse who can manage this for you.

Have I felt nauseated today?  Yes ☐  No ☐

Bowels/urine

Have I passed urine today?  Yes ☐  No ☐

Please let the nurses know if you pass wind or your bowels open as we need to monitor this following your operation.

Have I passed wind?  Yes ☐  No ☐

Have my bowels opened?  Yes ☐  No ☐

Have I reached my goals today?  Yes ☐  No ☐

Have I had any difficulty achieving my goals today e.g. too tired, pain etc?

_________________________________________________________________

_________________________________________________________________

Ticket to go (page 41)

Planned date of discharge:
Day five after your operation

Hygiene

You will be encouraged to be more independent with your hygiene needs but a nurse will assist you if required. You are encouraged to wear your own clothes.

**Managing your pain**

You will continue to receive regular painkillers.

Please let a nurse know if your pain control is not adequate and we can give you additional painkillers.

Pain score at rest:

<table>
<thead>
<tr>
<th>least</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>worst</th>
</tr>
</thead>
</table>

Pain score on movement:

<table>
<thead>
<tr>
<th>least</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>worst</th>
</tr>
</thead>
</table>

I have felt comfortable today?  Yes [ ]  No [ ]

**Moving around**

Today you can sit out in the chair for most of the day if you feel able to and walk around the ward regularly if you are able. If you still have drains or other attachments, please ask a nurse or physiotherapist to assist you.

Every hour sat out of bed  1  2  3  4  5  6  7  8

Every time I walk around the ward  1  2  3  4  5  6
Breathing exercises

8am 9am 10am 11am 12noon
1pm 2pm 3pm 4pm 5pm 6pm 7pm 8pm 9pm 10pm

Circulation and arm exercises

8am 9am 10am 11am 12noon
1pm 2pm 3pm 4pm 5pm 6pm 7pm 8pm 9pm 10pm

Eating and drinking

You are encouraged to eat and drink. You should no longer be on a fluid restriction.

How many drinks (cups) have I had?
1 2 3 4 5 6 7 8 9 10

What have I eaten?

Breakfast
_________________________________________________________________
_________________________________________________________________

Lunch
_________________________________________________________________
_________________________________________________________________

Dinner
_________________________________________________________________
_________________________________________________________________

Snacks
_________________________________________________________________
_________________________________________________________________
Nausea
If you are nauseated, tell your nurse who can manage this for you.

Have I felt nauseated today? Yes ☐ No ☐

Bowels/urine
Have I passed urine today? Yes ☐ No ☐

Please let the nurses know if you pass wind or your bowels open as we need to monitor this following your operation.

Have I passed wind? Yes ☐ No ☐

Have my bowels opened? Yes ☐ No ☐

Have I reached my goals today? Yes ☐ No ☐

Have I had any difficulty achieving my goals today e.g. too tired, pain etc?
_________________________________________________________________
_________________________________________________________________

Ticket to go (page 41)

Planned date of discharge:
Day six after your operation

Hygiene

You will be encouraged to be more independent with your hygiene needs but a nurse will assist you if required. You are encouraged to wear your own clothes.

Managing your pain

You will continue to receive regular painkillers.

Please let a nurse know if your pain control is not adequate and we can give you additional painkillers.

Pain score at rest:

<table>
<thead>
<tr>
<th>least</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>worst</th>
</tr>
</thead>
</table>

Pain score on movement:

<table>
<thead>
<tr>
<th>least</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>worst</th>
</tr>
</thead>
</table>

I have felt comfortable today? Yes ☐ No ☐

Moving around

Today you can sit out in the chair for most of the day if you feel able to and walk around the ward regularly if you are able. If you still have drains or other attachments, please ask a nurse or physiotherapist to assist you.

Every hour sat out of bed  1  2  3  4  5  6  7  8

Every time I walk around the ward  1  2  3  4  5  6
Breathing exercises

8am  9am  10am  11am  12noon
1pm  2pm  3pm  4pm  5pm  6pm  7pm  8pm  9pm  10pm

Circulation and arm exercises

8am  9am  10am  11am  12noon
1pm  2pm  3pm  4pm  5pm  6pm  7pm  8pm  9pm  10pm

Eating and drinking

You are encouraged to eat and drink.
You should no longer be on a fluid restriction.

How many drinks (cups) have I had?

1  2  3  4  5  6  7  8  9  10

What have I eaten?

Breakfast
_____________________________________________________

Lunch
_____________________________________________________

Dinner
_____________________________________________________

Snacks
_____________________________________________________
Nausea

If you are nauseated, tell your nurse who can manage this for you.

Have I felt nauseated today?   Yes ☐ No ☐

Bowels/urine

Have I passed urine today?   Yes ☐ No ☐

Please let the nurses know if you pass wind or your bowels open as we need to monitor this following your operation.

Have I passed wind?   Yes ☐ No ☐

Have my bowels opened?   Yes ☐ No ☐

Have I reached my goals today?   Yes ☐ No ☐

Have I had any difficulty achieving my goals today e.g. too tired, pain etc?

_________________________________________________________________
_________________________________________________________________

Ticket to go (page 41)

Planned date of discharge:
Day seven after your operation

Hygiene

You will be encouraged to be more independent with your hygiene needs but a nurse will assist you if required. You are encouraged to wear your own clothes.

Managing your pain

You will continue to receive regular painkillers.

Please let a nurse know if your pain control is not adequate and we can give you additional painkillers.

Pain score at rest:

| least | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | worst |

Pain score on movement:

| least | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | worst |

I have felt comfortable today? Yes ☐ No ☐

Moving around

Today you can sit out in the chair for most of the day if you feel able to and walk around the ward regularly if you are able. If you still have drains or other attachments, please ask a nurse or physiotherapist to assist you.

Every hour sat out of bed 1 2 3 4 5 6 7 8
Every time I walk around the ward 1 2 3 4 5 6
Breathing exercises

8am  9am  10am  11am  12noon
1pm  2pm  3pm  4pm  5pm  6pm  7pm  8pm  9pm  10pm

Circulation and arm exercises

8am  9am  10am  11am  12noon
1pm  2pm  3pm  4pm  5pm  6pm  7pm  8pm  9pm  10pm

Eating and drinking

You are encouraged to eat and drink.
You should no longer be on a fluid restriction.

How many drinks (cups) have I had?

1  2  3  4  5  6  7  8  9  10

What have I eaten?

Breakfast
__________________________________________________________

Lunch
__________________________________________________________

Dinner
__________________________________________________________

Snacks
__________________________________________________________
Nausea

If you are nauseated, tell your nurse who can manage this for you.

Have I felt nauseated today?  Yes ☐  No ☐

Bowels/urine

Have I passed urine today?  Yes ☐  No ☐

Please let the nurses know if you pass wind or your bowels open as we need to monitor this following your operation.

Have I passed wind?  Yes ☐  No ☐

Have my bowels opened?  Yes ☐  No ☐

Have I reached my goals today?  Yes ☐  No ☐

Have I had any difficulty achieving my goals today e.g. too tired, pain etc?

_________________________________________________________________
_________________________________________________________________
Ticket to go

You will be seen by the surgical Thoracic team on a daily basis and they will allow you to go home if:

- You are eating and drinking enough.
- You are walking round the ward comfortably or to your ability before the operation.
- You have completed stair practice with the physiotherapist, regardless if you have stairs at home (unless your mobility did not allow this before your operation).
- You are passing wind and opening your bowels.
- You do not have a temperature or any signs of a wound infection.
- You are passing urine without difficulty.
- You feel able to look after yourself when you get home and have help at home.

Going home moving around

Continue to move around regularly when you go home. You will feel tired at first, but this will gradually improve over the next few weeks to months. Take activity at a gentle pace to begin with and gradually build up. Walk regularly and gradually increase the distance you go. It is important to continue the exercise program you started in the hospital.

Eating and drinking

Continue to drink at least one to two litres of fluid during the day. Continue to eat regularly.

Pain control

Continue to take your pain relief medication regularly as prescribed for the first week as advised on discharge by the doctors. Further pain relief medication will need to be ordered through your GP.
Your wound

If you have a choice of showering or having a bath, choose a shower for the first two weeks after surgery. If you have to use a bath we recommend the following:

- Do not soak for long periods in the bath for the first six weeks.
- You empty the water out before you get out.
- You place a non-slip mat or towel in the bath before attempting to stand up.
- You may need assistance to get out of the bath.
- Pat dry around and on your scar with a clean dry towel.
- Try not to use soap or perfumed detergents on the wound.

You may be asked to visit the Practice Nurse at your GP surgery to have your suture removed or we may arrange for a district nurse to visit your home.

Smoking

For your recovery and future health is important that you stop smoking. If you need support please contact your local Smoking Cessation Team or use the contact details at the back of this booklet.

Lifting

Initially only light activities, only 1-2kg. Increase activities gradually as long as your wound remains comfortable. Avoid heavy lifting for 12 weeks.

Driving

Avoid driving for four to six weeks, unless your consultant advises otherwise.
Work

Returning to work depends on how you are feeling and the type of job you do. If it is light work then you may be able to go back after about six weeks. If it is heavy manual work it may be longer. You can discuss this with your consultant.

Travelling

Check with your doctor before flying. You should also check with your insurer that you are covered to travel.

Alcohol

You can take alcohol in moderation but be careful while you are still on medication.

Sexual relationships

These may resume when you feel able. Remember everyone recovers at different rates.

TED Stockings

You should continue to wear your TED stockings for four weeks after you are discharged. Two weeks day and night, two weeks day only unless advised otherwise.
Exercise Progression

Your wound should be fully healed before starting any of these

- **Gardening** – four-six weeks light potting/weeding
  - two to three months digging/moving

- **Swimming** – six weeks, please ask the physio for advice

- **Badminton/tennis** – three months

- **Golf** – six weeks for putting 12 weeks for driving

- **Bowling** – six weeks for light carpet
  - progress slowly to full game

- **Cycling** – two-three weeks for exercise bike
  - eight weeks for outdoor cycling

- **Competitive sports** – three months, consult doctor or physiotherapist

Further treatment

It is quite common to be offered further treatment once you have recovered from your operation. If this applies to you, the doctors will discuss it with you in the ward or at the out-patients clinic.
Discharge home ticket to go

1. I have a copy of my discharge for my GP.
   Patient  
   Nurse  

2. I have my own tablets and any new medicines and am happy with the instructions for taking them.
   Patient  
   Nurse  

3. My wound has been checked by a nurse today, and if required I have a letter for the practice/district nurse.
   Patient  
   Nurse  

4. I have no cannulas (plastic tubes) in my arms.
   Patient  
   Nurse  

5. I am able to mobilise around the ward independently and have completed stair practice.
   Patient  
   Physio  

6. I am able to pass urine and my bowels have opened.
   Patient  
   Nurse  

7. I am comfortable and my pain is controlled.
   Patient  
   Nurse  

8. I am able to eat and drink normally.
   Patient □
   Nurse □

9. I have my own transport home arranged.
   Patient □
   Nurse □

10. I have received all the equipment and information I need from nursing staff and other specialist nurses/professionals. I have telephone numbers to contact them if required.
    Patient □
    Nurse □

11. I feel able to look after myself when I get home or know that I have carers who will look after me.
    Patient □
    Nurse □

12. I have the telephone number for the ward if I need help or advice – 0141 951 5300.
    Patient □
    Nurse □
## Useful contacts

<table>
<thead>
<tr>
<th>Department</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward 3 West</td>
<td>0141 951 5300</td>
</tr>
<tr>
<td>Hospital Switchboard</td>
<td>0141 951 5000</td>
</tr>
<tr>
<td>Thoracic Secretary</td>
<td>0141 951 5660/5661/5662/5663</td>
</tr>
<tr>
<td>Macmillan Lung Surgery Nurse</td>
<td>0141 951 5642</td>
</tr>
<tr>
<td></td>
<td>07917616502</td>
</tr>
<tr>
<td>Cardiothoracic Liaison Nurse</td>
<td>0141 951 5407</td>
</tr>
<tr>
<td></td>
<td>07717225019</td>
</tr>
<tr>
<td>Physiotherapy Department</td>
<td>0141 951 5121</td>
</tr>
<tr>
<td>Smoking Cessation helpline</td>
<td>0800 84 84 84</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.cantstopsmoking.com">www.cantstopsmoking.com</a></td>
</tr>
<tr>
<td>Roy Castle Lung Cancer Foundation</td>
<td>0800 358 7200</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.roycastle.org">www.roycastle.org</a></td>
</tr>
<tr>
<td>Macmillan Cancer Support</td>
<td>0808 808 0000</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.macmillan.org.uk">www.macmillan.org.uk</a></td>
</tr>
<tr>
<td>Maggie’s Cancer Caring Centres</td>
<td>0131 537 2456</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.maggiescentres.org">www.maggiescentres.org</a></td>
</tr>
<tr>
<td>British Lung Foundation</td>
<td>08458 50 50 20</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.lunguk.org">www.lunguk.org</a></td>
</tr>
</tbody>
</table>
All of our publications are available in different languages, larger print, braille (English only), audio tape or another format of your choice.

Please call the above number if you require this publication in an alternative format.

☎: 0141 951 5513

NHS SCOTLAND

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