

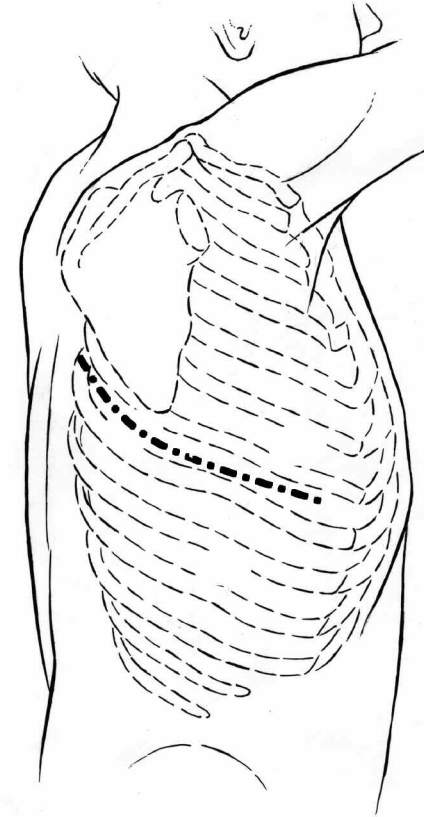
## What to Report to Your Physician:

- Increased shortness of breath or increased difficulty breathing
- Chest pain
- Fever more than 101 degrees
- Heart palpitations
- Swelling of an extremity or leg pain
- Increased redness or swelling of incisions
- Pus-like or foul smelling drainage from incisions
- A bubbling or sucking sound from an incision
- Constipation not resolved with stool softeners

## Questions or Concerns

If you have any questions about your procedure, please call the Thoracic Center at (716) 845-8809.

# Thoracotomy



Elm & Carlton Streets • Buffalo, New York 14263  
[www.roswellpark.org](http://www.roswellpark.org)  
 1-877-ASK-RPCI (1-877-275-7724)

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## Thoracotomy

A thoracotomy is a surgical procedure where your doctor makes a 6-7 inch incision from your upper back, under your arm, and around the side of your rib cage. The muscles and ribs are separated, exposing the lung, and allowing removal of part of or the entire lung. This procedure requires general anesthesia. A thoracotomy requires a hospital stay of at least 5-7 days.

Your doctor may know the preliminary results of the procedure the same day. The final pathology report will take up to 3-5 working days and will be reviewed with you while you are in the hospital or when you return for a postoperative visit.

### How to Prepare for Your Procedure:

- Nothing to eat or drink after midnight the night before the surgery.
- On the day of your surgery, take only the medications approved by your anesthesiologist, with a sip of water. If you are unsure of these medications please contact the Thoracic Clinic for an explanation.
- Many medications, whether over-the-counter or prescription, can cause thinning of the blood. You will be instructed on stopping prescription medications that can cause problems with clotting.

You will need to stop the following over-the-counter medications seven (7) days before your surgery:

- all aspirin or ibuprofen products
- all over-the-counter vitamins and herbal supplements

### What to Expect On the Day of Your Procedure

- The morning of your surgery you will check in at the Patient Access Department (Registration) on the ground floor in the hospital lobby. You will then be directed to Ambulatory Surgery Center (ASC).
- An intravenous catheter (IV) will be placed in a vein in your arm so that medications can be given to you for the procedure.
- You will be taken to a “holding area” which is located just outside the operating room. The anesthesiologist will meet you here before you are taken into the operating room. Your family will not be able to join you here.

### What You Can Expect After Your Procedure:

- You may be in the intensive care unit (ICU) for the first 24-48 hours. You will then be transferred to a general surgical floor.
- In the ICU you will be attached to a cardiac monitor that shows your heart rate and rhythm, blood pressure and oxygenation level.
- You will have a chest tube in your side for at least 48-72 hours, longer if necessary. Sometimes there is an “air leak” in the lung tissue that may delay removal of the chest tube. Your chest tube will be removed as soon as your lung has fully expanded and air does not leak from the lung.

- You will probably have an epidural catheter to help you manage pain. This will be inserted during or after surgery by the anesthesiologist and stays in for about three days. The epidural will require placement of a tube into your bladder, which can be removed after the epidural catheter is removed. You will also receive pain medication through an intravenous (IV), orally and through the chest tube.
- You will have chest x-rays to monitor your lung.
- You will need to do coughing and deep breathing exercises to prevent you from developing pneumonia after surgery. The nurses and respiratory therapists will show you how to perform these exercises using an “incentive spirometer.” It is VERY important that you cough up secretions and take deep breaths to prevent pneumonia.
- You will need to walk as early as possible. This will help to prevent you from developing blood clots. Walking helps you to move your bowels and exercises your lungs. Your ability to get around also helps us to determine when you can safely be discharged to home.
- You will be at risk for developing blood clots in your legs. You will wear plastic stockings around your legs that inflate and deflate periodically to keep the blood moving so blood clots do not form. You will also be on a mild blood thinner to prevent clots.

### What to Expect When You Are Discharged:

- You will be given additional instructions when you are discharged.
- You may be discharged with oxygen. This may be temporary or permanent and cannot be determined until after the surgery.
- You may shower, unless instructed otherwise. The use of your arms overhead to wash your hair may cause fatigue, shortness of breath or pain. You may need someone to help you. Do not scrub the incisions. Allow soap and water to run over the incisions. Pat them dry.
- Keep your incisions clean and dry. Leave them open to air as much as possible as this promotes healing. Restrictive clothing, such as a bra, may irritate the incision.
- The chest tube site may drain straw-colored (yellow) or bloody drainage. This is normal. You can protect your clothing by covering the incision with gauze until it dries up.
- You may not drive until your doctor gives you the OK. You should have someone with you the first time you do drive. Pain may prevent you from being able to turn your head to drive safely.
- You may not exercise until your doctor gives you the OK.
- No heavy lifting over 15 lbs for 2-3 months.
- No flying for one (1) month.
- Staples and/or sutures will be removed at your follow up visit.
- You will be discharged with pain medication. Pain medication can be constipating and you may need to take stool softeners until you are off the pain medications. Let your doctor know if this is a problem.