



Operation Information

Video Assisted Thoracoscopic Surgery Lobectomy

Introduction

Video-assisted Thoracoscopic Surgery (VATS) Lobectomy provides a minimally invasive approach for the management of early-stage lung cancer. The doctor makes several small incisions to provide access to the chest cavity without spreading of the ribs, surgical instruments and the thoracoscope are inserted through these incisions. A camera attaches to the thoracoscope transmits images to a video screen, which allows surgeons and assistants to perform the operation by watching the images of the operative area transmitted to the screen.

Outcomes

Patient who has undergone VATS lobectomy has smaller wounds, less pain and diminished complications when compared with those having traditional open chest operation. A faster recovery is also expected. This operation is significant helps to reduce the risk and morbidity of lung lesion or tumor.

Procedures

1. The operation is performed under general anaesthesia.
2. Four small incisions are made in the chest.
3. A thoracoscope and surgical instruments are inserted through the incisions.
4. Surgical instruments are directed with the images of the operative area being transmitted from the thoracoscope onto a computer monitor.
5. The tumor or affected tissue from the lung is removed.
6. The thoracoscope and instruments are then removed.
7. The small incisions are closed.
8. One or two chest drains will remain in place after the operation for the drainage of excess fluid and air from around the lungs.

Possible Risks and Complications

1. Bleeding
2. Infection
3. Hemothorax (Blood collection in the chest cavity)
4. Pneumothorax (Presence of air in the chest cavity)
5. Subcutaneous emphysema (the presence of air or gas in subcutaneous tissues)
6. Damage to other organ(s)

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care this does not rule out the possibility of complications arising. In the event of other organ(s) damage or post-operative haemorrhage or air leakage, further operations may be required.

Pre-operative Preparations

1. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up yourself on the day of operation.
2. We strongly recommend that you stop smoking prior to surgery.
3. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
4. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform doctor if you are taking medications that affect blood coagulation, such as Aspirin, Warfarin, Xarelto or Pradaxa and Chinese medication.
5. In general, you may have a blood tests, pulmonary function test (breathing test), CT scan, electrocardiogram, etc. before the operation.
6. Shaving will require on your operation site and axilla.
7. Nurse will supply a surgical soap to you to wash your whole body, especially your chest area and axillas.
8. Before your operation a doctor will mark the side you are to be operated on. Please do not washing off the marking.
9. No food or drink six hours before operation.
10. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewelry and contact lenses.
11. Please empty your bladder before the operation.

Post-operative Instructions

General

1. After general anaesthesia, you may:
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anesthesia including feel tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. You may placed on a device that provides pain medication whenever you press a demand button (called a PCA, or Patient Controlled Analgesia) if needed.
3. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.
4. You should use a semi-recumbent position to facilitate lung expansion and change position regularly to facilitate drainage from the chest cavity.
5. A chest drain is used to drain out the body fluid, blood and air. You must ensure the drainage tube is stayed in place. Do not pull, twist, clamp and apply pressure on the drainage tube.
6. The chest drains will be removed 1-2 days after the operation.
7. You may have an indwelling urinary catheter in your bladder, nurse will measure and monitor your urine; this would normally be taken out the next morning.
8. You must ensure the dressing is kept clean and dry.
9. Physiotherapists will be referred as doctor's advice for instruct you how to cough and help you to expand your lungs to prevent a chest infection.
10. The hospital stay is typically for 5 – 7 days which may vary with health condition of the patient.

Diet

A normal diet may be resumed as instructed after recovering from anaesthesia.

Advices on Discharge

1. The prescription pain medication may be taken as needed.
2. You must ensure the wound is kept clean and dry, change the dressing if necessary.
3. Regular activities may be resumed gradually and along with a balanced diet.
4. Immediately consult your doctor or return to hospital for professional attention in the event of

severe wound pain associated with redness and swelling, secretion of pus or blood seepage, difficulty breathing, shortness of breath, shivering, high fever over 38°C or 100°F, or any other unusual symptoms etc.

5. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

