



Operation Information

Thoracotomy+ Lobectomy

Introduction

Thoracotomy is an incision made in the chest to gain access to organs within the chest cavity. The rib cage is separated to expose the lungs for observation. The right lung has three lobes and the left lung has two lobes. Lobectomy is the removal of one or more lobes of the lung. In some cases, nearby lymph nodes may be removed. A thoracotomy lobectomy is suitable for relatively complex conditions such as centrally located tumors, large tumors or thick adhesions due to previous inflammatory processes.



Source:
https://www.mayoclinic.org/-/media/kcms/gbs/patient-consumer/images/2013/11/15/17/37/ca00033-ds00038-im04119_mdc7_lungcancersurgervthu.jpg.jpg

Outcomes

The expected outcome of this operation is determined on different indications. This operation is performed to remove a diseased lobe and the remaining lobes will gradually expand in order to fill the space left by the removed lobe(s). It helps to reduce the risk of further damage of lung tissue, and morbidity of lung lesion or mass.

Procedures

1. The operation is performed under general anaesthesia.
2. The doctor will make a surgical cut between two ribs, it will go from the front of the chest wall to your back, passing just below the armpit. The ribs will be separated.
3. The lung on the operated side will be deflated so that air will not move in and out during surgery. Use the lung of another side for breathing during the time.
4. A lobe of the lung or peripheral affected tissues are then removed through the long incision along the side of the chest.
5. One or two chest tubes are placed into the surgical area to allow draining of excess fluid and air from the chest for a few days.
6. The wound is closed with stitches.

Possible Risks and Complications

1. Wound bleeding
2. Wound infection
3. Shortness of breath
4. Pneumothorax (Presence of air in the chest cavity)
5. Subcutaneous emphysema (Presence of air or gas in subcutaneous tissues)
6. Pneumonia
7. Atrial fibrillation
8. Chylothorax
9. Heart attack
10. Stroke
11. 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. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
3. 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, nonsteroidal anti-inflammatory drug (NSAID) such as Ibuprofen, Naproxen and Chinese medication.
4. In general, you may have a blood tests, pulmonary function test (breathing test), CT scan, electrocardiogram, etc. before the operation.
5. An anti-embolism stocking may be arranged according to doctor's prescription to prevent post-operative deep vein thrombosis.
6. A pre-operative chest physiotherapy may be arranged according to doctor's prescription to prevent post-operative pneumonia.
7. Clipping of hair may be required at the incision site. Nurse will supply surgical soap to you for washing the operation site as necessary.
8. Your doctor may use surgical marker to mark the side you are to be operated on and please do not wash 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, jewellery and contact lenses.
11. Please empty your bladder before the operation.

Post-operative Instructions

General

1. You may be closely monitored at the Intensive Care Unit (ICU) for a day or so.
2. After general anaesthesia, you may:
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anaesthesia including feel tired, drowsy, nausea or vomiting.Inform the nurse if symptoms persist or worsen.
3. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.
4. Oxygen may be required for a short period of time. It will be weaned off gradually.
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. You may have an indwelling urine catheter and nurse will measure and monitor your urine output.
7. Physiotherapists may be referred as doctor's advice to instruct you how to cough and help you to expand your lungs to prevent a chest infection.
8. The hospital stay is typically for 5-7 days which may vary with health condition of the patient.

Wound Care

1. The wound will be covered with a sterile dressing which must be kept dry.
2. The wound dressing will be changed according to doctor's order.
3. You may take shower after the operation but must ensure that the dressing is waterproof and remains clean and dry.

Diet

1. A normal diet may be resumed as instructed after recovery from anaesthesia.
2. You are advised to consume adequate fluid and fiber diet to avoid constipation.

Advice on Discharge

1. Please comply with the medication regime as prescribed by your doctor.
2. You must ensure the wound is kept clean and dry, change the dressing if necessary (as instructed by doctor).
3. The breathing exercises should be continued to help with the recovery.
4. The physical activities should be limited for the first two weeks. Regular activities can be resumed gradually along with a balanced diet.
5. Heavy lifting and strenuous exercises should be avoided for first 1-2 months in order to prevent strain on your chest muscles and surgical incision.
6. 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, increase swelling over the chest (subtaneous emphysema), shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms, etc.
7. 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