

Recovery after lung surgery

Post-surgical information for patients who have had a video assisted thoracoscopy (VATS) or thoracotomy operation

The aim of this booklet is to help you understand what to expect, and how to manage when you are discharged from hospital following lung surgery.

We know that going home and leaving the support of the thoracic unit (Dorcas ward) can be a daunting experience. In order to support you in your first few weeks at home, the thoracic nurse case managers (specialist lung surgery nurses) are available for you to contact with any issues, problems or questions you may have regarding your discharge, results or follow up. You can call them on 020 7188 1020, (Monday – Friday, 8am – 5pm).

There is an answering machine service, so if you cannot speak to them directly you can leave a message, and they will contact you within 24 hours (or on Monday morning if you leave a message at a weekend).

What will I be given before I go home?

Before you go home, the hospital staff will provide you with the following:

- Medication - the hospital will ensure you have two weeks' supply of the medicines you take regularly, plus about one week's supply of medicines to take 'as required', such as painkillers. Your ward nurse or pharmacist will discuss with you how and when to take your medicines. You will need to contact your GP before the end of the first week to arrange further supplies of your medicines.
- Discharge letter with a summary of your operation, any follow up arrangements and a list of the medicines prescribed for you to take once you leave hospital.
- Practice or district nurse letter if required for any follow-up nursing care you may need. This care may take place at your GP surgery or at your home, depending on your circumstances.
- Information about preventing hospital-acquired blood clots.
- Lung cancer nurse specialist's contact details (if required).
- Chest drain information and equipment (if required).
- Useful contact details leaflet
- Telephone follow up card
- Information on pain management following surgery.

Please refer to this list. If you are not given one or any number of the things featured on this list when you are discharged from hospital, please tell a member of staff.

What should I expect when I go home?

If you live alone, it is essential that you arrange for a friend or relative to stay with you, or for someone to help you on a regular basis, for at least the first week after your discharge from hospital. You will find that you need help with even basic household tasks such as cooking, cleaning and shopping.

The amount of pain experienced following chest surgery varies between individuals, but you can expect to feel some discomfort for up to three months after your operation. You will be given a supply of painkillers when you leave. You should continue to take these on a regular basis, especially during the first week after discharge. Please refer to the **managing pain leaflet** for further advice on reducing your painkillers over the next few weeks.

Your wound

Your surgical wound and your chest drain wound sites will be starting to heal well by the time you leave hospital. You will still have pain and some bruising, swelling and numbness, but this is quite normal, and may take some weeks to improve. Try not to touch your wound(s), as this will increase the chances of infection. Use a mirror or get a family member to check your wound(s) daily. If wounds are clean and dry, they should be left without a dressing. Do not worry about the scabs - these will fall off in time.

You will usually have at least one drain site stitch which should be removed five to seven days after drain removal. The practice nurse or district nurse will do this

and we will give you a letter for them with instructions on when to remove the stitches.

Some swelling around the wound is normal and will settle over the next few weeks.

Should your wound become red, hot to touch, or if it oozes any type of fluid, you should seek advice from your GP. Ask him/her to swab the wound site prior to any treatment, and to inform the thoracic nurse case managers on 020 7188 1020.

Bathing

You may take a bath or shower as normal. At first, do not bathe if you are alone in the house, as you may need help getting in or out of the bath or shower. Avoid rubbing soap directly over the wound or soaking the wound for long periods until it is completely healed.

Constipation

It is common to become constipated following surgery because some of the painkillers used after an operation, (such as dihydrocodeine, morphine and oxycodone) can cause constipation.

Any constipation should improve once you go home and become more mobile. Eating fruit, vegetables and high fibre foods, drinking plenty of water, and exercising will all help your bowels return to normal. You will be given some laxatives (medicines used to treat or prevent constipation) to take home with you.

If your symptoms persist for longer than four days, you should seek advice from your GP.

Will I be breathless after my lung surgery?

Whether or not you are breathless will depend on the type of surgery you have had, your age, pre-existing medical conditions that may cause breathlessness and your general level of fitness before surgery.

Some shortness of breath is to be expected and is normal. When you are up and moving around your home and exercising you may feel breathless. This is normal and shows that you are working hard enough. Returning to your normal level of fitness can take weeks or even months.

Will I be able to look after myself?

You will be able to care for yourself in terms of washing and dressing. We suggest you wear loose fitting clothes, as this will make you more comfortable.

Although you will be able to do some cooking, you should not lift heavy kettles, pots or pans. Ready meals are often a good idea for the first few days after going home.

You may notice your appetite is reduced during your first week of being at home and you may even lose weight. Try to eat small meals regularly and preferably those that are high in calories. Avoid housework, including vacuuming or moving heavy objects for at least two weeks after your discharge from hospital.

Will I be able to go out and visit friends and family?

Take it easy for the first few days of being back at home. Try to establish a balance between activity and rest. We suggest that you continue to take a 1½ hour rest after lunch, as you will feel very tired for the first couple of weeks after discharge from hospital. However, you should not spend hours in bed as this will increase your risk of chest infection, lung collapse, and other post-operative problems like blood clots in the legs.

Aim to walk once or twice a day, gradually increasing the distance you achieve. Once you feel ready, you can walk or travel for longer distances to see friends and relatives in their homes or in public. You know your body best, and can assess when you feel ready to go out and how long you are comfortable being out of the house for.

When can I start smoking again?

If you smoked before your operation, it is likely that this contributed to the development of your illness. You will not have smoked whilst in hospital, so try to use this opportunity to become a non-smoker.

If you still require help or advice with giving up smoking, you can contact the nurse case managers who can offer advice and help to refer you to appropriate services or alternatively you can inquire about local smoking cessation services with your GP

Can I go on holiday?

If you have planned a holiday, you should only go once you feel ready to travel. Holidays involving flying should not be taken until around six weeks after your operation. You should get further advice about your fitness to fly from your consultant surgeon at your first outpatient appointment after the surgery.

When can my partner and I resume sexual relations?

Sexual activity can be resumed when your wounds are healed, when you feel comfortable, and when you and your partner are ready. This may take up to several weeks. Try to take on a more passive role until you feel confident again.

It is not uncommon following major surgery to experience a drop in libido. You should resume sexual activity only when you both feel ready.

When can I return to work and drive?

The hospital will send you an appointment to see your consultant surgeon. This appointment will be within two to six weeks of your discharge from hospital. At this appointment, you can discuss with your consultant when you will be fit to drive and/or return to work. It may be a month or more before you feel well enough to return to work.

Please inform your motor insurance company that you have had a chest operation. This is very important to ensure that you are covered when

driving. You should also inform your travel insurance company if you have any holidays planned. Failure to do this might invalidate your motor/holiday insurance, leaving you without cover.

Coping after your operation

After a major operation involving the lungs, it is common to feel low in mood or a bit 'down'. This can be due to lack of energy, frustration at the impact an operation can have temporarily on jobs, hobbies and relationships, or the results of a diagnosis.

It is important to remember that it can take a few months until you feel you have regained your strength and energy. It may be helpful to set yourself small goals to achieve for the first few weeks after your operation. This is far healthier than expecting to resume normal daily activities, which you may not be able to do immediately, leading to more disappointment and frustration.

During the first week

It is important you continue walking around at home. You should also continue with your posture and deep breathing exercises.

Initially you will feel more tired at home than you were in hospital. Take a 1½ hour rest in the middle of the day. You will gradually regain your energy levels, but it is normal to experience varying energy levels for a number of weeks.

Weeks 2 - 3

Start to increase activity at home by taking on some light tasks such as cooking or washing up, but avoid pushing, pulling or lifting. Start by taking short walks each day, increasing your distance as time goes on. It is very likely that you will experience breathlessness - this will happen less often as you make progress. Raise your arms above your head and do stretches to strengthen movement in your shoulder muscles.

Weeks 4 - 8

You should feel like taking on more activities such as easy gardening and light shopping. You should also be able to walk longer distances. Increase your activity within your own limits and try to take on more tasks around your home and garden.

You will normally be sent an appointment to see your consultant surgeon in the outpatient department within two to six weeks of your discharge from hospital – this may be as soon as 10 days if you have had a surgical biopsy. The consultant surgeon will check your wounds and assess how well you are managing. It is usual for all post-surgical patients to have another x-ray and we will book this for you. **In order to speed up your clinic visit please go directly to the imaging unit on the 2nd floor of Tower Wing at Guy's Hospital before your appointment with the consultant surgeon, then check in at the outpatients department**

If you are returning to your local hospital for your follow up then you will report to the main desk of the outpatient unit and will be advised where to go for your x-ray.

Weeks 8 - 12

Life should be returning to normal by this point. Your wounds should be starting to look as though they are completely healed. If you previously played sport you can start to do this again, although this should be a gradual process. It is advisable that you speak with your consultant surgeon or thoracic nurse case manager before undertaking contact or competitive sports.

Key things to remember:

- You are an individual and you will recover at your own pace.
- Listen to your own body - you know yourself best.
- Exercise is very important to your recovery but must be balanced with periods of rest. An afternoon sleep of a few hours after lunch is advisable.
- Ask for advice and support if you are at all concerned

Contact details

If you or your family members have concerns about any aspect of your recovery please contact the **thoracic nurse case managers** on 020 7188 1020 or **Dorcas ward (thoracic unit)** on 020 7188 8840 / 020 7188 2031

Alternatively, you can contact:

David Gammon (thoracic nurse case manager)
david.gammon1@gstt.nhs.uk or **bleep** 2893

Sophia Holden (staff nurse)
sophia.holden@gstt.nhs.uk or **bleep** 2786

Rebecca Myatt (nurse case manager)
rebecca.myatt@gstt.nhs.uk or **bleep** 2322

For general questions or concerns, you can also contact your general practitioner (GP).

Contact us

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Patient Advice and Liaison Service (PALS) – To make comments or raise concerns about the Trust's services, please contact PALS. Ask a member of staff to direct you to the PALS office or:

t: 020 7188 8801 at St Thomas' **t:** 020 7188 8803 at Guy's **e:** pals@gstt.nhs.uk

Language support services – If you need an interpreter or information about your care in a different language or format, please get in touch using the following contact details.

t: 020 7188 8815 **fax:** 020 7188 5953

NHS Choices – Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

Leaflet number: 3507/VER2

Date published: April 2015

Review date: April 2018

© 2015 Guy's and St Thomas' NHS Foundation Trust