

Having a Thymectomy

Information for patients



The aim of this booklet is to provide you and your family with important information about your surgery. This will help you to achieve maximum recovery while you are in hospital and also when you go home.

If you have any questions or concerns about your surgery do not hesitate to ask any of the nurses on the ward when you are admitted. They will be happy to answer your questions.

Thymectomy

This is the removal of the thymus gland that sits behind the breastbone. The thymus gland plays an important role in the development of the immune system during infancy and early childhood.

The common reasons to perform this procedure are:

- **Myasthenia Gravis** - it is thought that in some patients the removal of the thymus reduces the production of the antibodies that affect the nerve-muscle junction, which are producing the disease. This may not provide a cure but may make the disease less severe.
- **Thymoma** - A thymoma is a growth of the thymus gland. Although they can be cancerous they generally grow slowly and tend to spread only locally. This means there is often a very good chance of curing thymomas with surgery alone or surgery followed by radiotherapy.

There are four ways the surgeon can perform this surgery. The surgeon will have already explained which one of the approaches he will take:

- **Sternotomy** - This is a cut about 5cms long down the middle of your breastbone. To get to the thymus gland the breastbone will be split down the middle and pushed apart. Once the gland has been removed the breastbone is pulled back together and wired shut.
- **Cervical approach** - A 5cm cut is made at the base of your neck, just above the breastbone, and the gland is removed.
- **Video-Assisted Thoracic Surgery (VATS)** - A few small cuts 2-4cms long are made in the chest. One cut will be for a small camera to look inside the chest area and the other cuts will be used to insert the surgical instruments to perform the operation.
- **Robotic-Assisted Surgery** - This is a minimally invasive procedure used to access the chest cavity. The procedure is done under a general anaesthetic. During Robotic-Assisted Surgery the surgeon makes five small cuts about 1-2cms long. These are used to insert the surgical instruments, which are then connected to the arms of the robotic machine. The surgeon sits at a console near the patient where he controls the arms of the robot, which bend and rotate. The surgeon uses a 3D screen which provides a magnified view inside the chest.

Possible Complications

Complications are rare but no procedure is completely free of risk. Your surgeon will discuss a list of possible complications which may include bleeding, infection, damage to other organs, or nerve injury.

Ward Details

How to find us

J84 is on Level 2 in Bexley Wing. We are a 32 bedded ward with eight side rooms and six bays. Each bay has its own toilet and shower room. All side rooms are ensuite. Ward 84 is a mixed sex ward but all bays are single sex. During your stay in hospital you will meet a team who work together with the aim of providing the highest quality of service for all your needs.



Contacting us

Ward J84 Telephone
Number - **0113 206 9184**

Visiting times

Our daily visiting times are:
2pm - 8pm



Visiting times are restricted for the following reasons:

- to allow patients time to rest and recover;
- to allow nurses to carry out nursing cares;
- to prevent infection;
- to ensure patients are not disturbed during mealtimes;
- to allow the ward to be cleaned.

During visiting the number of visitors is restricted to two visitors per bed. Children under 12 years of age are not allowed. If there are special circumstances regarding visiting, please ring the ward before visiting and speak with the nurse in charge. All children must be accompanied by a responsible adult at all times.

Telephone Enquiries

We kindly ask that phone enquiries be made after 11am by a nominated family member who can then pass on information to others. Mornings are particularly busy for the nurses and large volumes of telephone enquiries means that nurses spend less time with patients. Please also be aware that nursing staff cannot give out detailed medical information over the telephone.

Infection Prevention

Infection prevention is an important issue. To prevent the spread of infection we ask that all patients, visitors and staff use alcohol gel on their hands when entering or leaving the ward. Alcohol gel can be found in dispensers at the entrances and exits of the ward and also at the entrances to the bays and side rooms.



Before Admission to Hospital

Before your surgery there are some things that you can do which will help with your recovery and help prevent problems after surgery.

Smoking

If you are a smoker you must try and stop as soon as possible. Carbon monoxide and poisons from smoking may cause unpleasant complications after surgery such as delayed wound healing, wound infections and chest infections. Even though your lungs may be damaged already, stopping smoking as late as 2-4 weeks before surgery may prevent complication afterwards. We are aware it can be difficult for patients to stop smoking before or after surgery.

If you need assistance to stop smoking, contact your GP or ask your local pharmacist for advice on Nicotine Replacement Therapy. We are a no smoking hospital this means smoking is not allowed inside any of the hospital buildings.

Eating and Drinking

Before you have surgery it is important to be well-nourished to cope with the demands of the operation. If you are underweight, and/or are losing weight it can be more difficult and take longer to recover from your operation. Try to ensure you are eating regularly, including regular snacks and nutritious drinks to keep your weight stable. If you are struggling with a poor appetite speak to your GP about a referral to a Dietician, or prescribing some nutritional supplements.

What happens on the day of your admission?

All patients having lung surgery will be admitted to either the Admission Lounge or David Beever's Unit at 7am. Your admission letter will tell you which one. Please take any morning medication by 6am before coming into hospital. If you are on medication for diabetes or blood thinning you must not take these on the morning of your surgery.

The morning of your operation

You will need to bring with you:

- all your current medications;
- toiletries;
- dressing gown;
- two clean sets of nightwear;
- well-fitting slippers;
- loose fitting comfortable clothes;
- a small amount of loose change for newspaper etc;
- a pen.

Please do not bring valuables or large amounts of money into hospital.

The nurses will get you ready for surgery. This will include:

- checking your blood pressure, temperature and pulse;
- being seen by a surgeon;
- reviewed by the anaesthetist;
- being asked to wear surgical stockings.

You will be seen by an anaesthetist on the morning of the operation who will ask you questions about your health and about any problems you may have had with previous anaesthetics (eg sickness). You will also be seen by the surgeon. You will have to fast (have nothing to eat) from midnight but you are allowed to have clear fluids up until 6am.

You must remove contact lenses but you can wear your glasses, hearing aid, dentures or wig to the anaesthetic room. You will need to tie back long hair but should not use metal clips.

What Happens After Your Operation

Where you will go immediately after surgery will depend on the type of surgery you have had, your surgeon will have discussed this with you when you saw him in clinic. The location will either be the Intensive Care Unit (ICU) in Lincoln Wing or the High Dependency Unit Ward J84 or Ward J81 in Bexley Wing. You will be in the ICU usually for 24hrs or until you are stable enough to move to a HDU bed. While you are in the HDU you will be continuously monitored and observed. You can expect to stay in HDU for one night.

Oxygen

You will wake up from your operation with an oxygen mask that fits over your mouth and nose. This ensures that you receive sufficient oxygen to help you recover from the anaesthetic. Your nurse will inform you how long you need to use the oxygen for.

Intravenous Fluids (drip)

You will have a drip into your arm which will be used to prevent you from becoming dehydrated and also to administer medication. When you are fully awake you will only be able to have sips of water. Once you have managed with the water without upsetting your stomach you will be able to have a cup of tea, usually about one hour after you return to the ward. If you manage the cup of tea without upsetting your stomach you may then eat as normal.

Pain Control

It is our aim to make you as comfortable as possible following your surgery. It is important that you are able to deep breathe, cough, move around in bed walk around the ward and eat your meals without too much discomfort. The nurse looking after you will assess your pain regularly. If you are unable to do this please tell your nurse who will work with you to try and make you more comfortable. You will be asked to describe your pain and record your pain score when resting and when moving using the pain score below:

0	No pain	2	Moderate pain
1	Mild pain	3	Severe pain

We use different ways to give you painkillers after your operation:

- **Paravertebral** - this is a thin tube inserted into your back while you are asleep during your operation. It is put to the side of your spine on the same side as your operation. An infusion of local anaesthetic is given through it to numb the nerves on that side of your chest where your wounds are.



You will have this for the first two days after your operation during which time the nurses will assess how effective it is regularly by tapping a sharp pin on your chest and asking you to say if it feels sharp or dull.

- **Tablets** - You will be given tablets on 'medicine rounds' from the medicine trolley and include Paracetamol and Ibuprofen. You will also be given Oxycodone for the first two days, this is a strong opioid and replaces the Patient Controlled Analgesia. On the 3rd day your Oxycodone will be replaced with Dihydrocodeine which is an opioid but not as strong.

Please remember, the most effective way of managing your pain is for you to tell the nurse that you have pain! It is important to tell your nurse if the painkillers are not working so that they can give you an alternative.

Chest Drains

Depending on the type of approach to your surgery you may have a flexible plastic tube in your chest to remove air, fluid or blood. Once the surgeons are happy that there is no air leak the drain will be removed. This usually happens 2-3 days after surgery.

While you have the drains in you must NOT:

- lift the drain above your waist;
- disconnect the drain tubing;
- knock your drain over (pick it up and inform the nurse immediately if accidentally knocked over);
- kink or obstruct the chest drain tubing.

When the drain has been removed you will have a stitch that will need to be removed 7-10 days after the drain has been removed. You can arrange for this to be removed by your practice nurse at your GP surgery. If you are not able to get to your GP ask the nursing staff to arrange for a district nurse to come to your house to remove it.

Wound Drain

If your surgery has been done through a sternotomy there is a possibility you will have a small wound drain. This is a very thin tube that the surgeons put in as part of your surgery and sits just under the wound. Once the drainage is minimal the doctors will remove it, usually about 2-3 days after surgery.

Preventing blood clots

You will have daily heparin injections to reduce the risk of blood clots forming in your legs (deep vein thrombosis (DVT) or chest (pulmonary embolus (PE)). Whilst in hospital you should also wear the compression stockings.

Wound Care

The dressings on your wounds will be removed the first day after your surgery. If your wounds are leaking it they will be redressed, otherwise you do not need any dressings covering your wounds.

Mobility & Physiotherapy

Following your surgery you can feel extremely tired and drained. However, you will be encouraged to mobilise the day after your surgery. This is to help prevent chest infections and other complications. The physiotherapist will see you the first day after surgery. They will help you mobilise and provide you with deep breathing exercises which are a very important part of your recovery.

These exercises will help with:

- clearing the chest of phlegm to prevent chest infections;
- helping the lungs to re-expand after surgery;
- helping control episodes of breathlessness;
- improving circulation.

Eating and Drinking

After your operation it is important to eat as well as you can to help you get better. Your body needs more energy to allow your body to heal and repair itself. Choosing foods that are high in energy and protein from the menu as well as eating snacks and drinking nutritious fluids will help your body recover. Sometimes the anaesthetic and the painkillers can make you feel sick which may affect your appetite. If you are feeling sickly, ask your doctor or nurse for medication to help settle this and allow you to eat better.

Aim to have a regular bowel motion as constipation can also cause a poor appetite. If you continue to struggle with your appetite please speak to the nurses who can provide you with nutritional drinks.

Constipation

Constipation can become a problem due to painkillers and the anaesthetic. Going for regular walks, drinking plenty of fluids and making sure you have plenty of fibre in your diet will help prevent this. If you are prescribed painkillers that cause constipation, you will also be prescribed laxatives.

Planning For Discharge

Give some thought about coping after discharge from hospital, as during your first week at home you will need practical as well as emotional support. If possible this should be arranged before your admission. If nobody is going to be available to help with this, please let the ward staff know as soon as you can while you are in hospital.

How long you stay in hospital will depend on what type of surgery you have had. You are generally in hospital between 4-7 days if there are no complications. You will be assessed every day on the ward round so decisions can be made on a daily basis when you could be discharged home.

Once the doctors and nurses have decided that you are ready to go home we will organise the following:

- medication that you will need to take home;
- a follow up outpatient appointment;
- a district nurse or practice nurse if it is needed;
- a nurse led clinic appointment if needed;
- transport home if appropriate.

Medication

If you need any medication such as painkillers we will give you a supply to take home. Within 24 hours of going home a letter will be sent to your GP with a list of the medication that you have been discharged with. It will also contain information about your surgery and hospital stay. You also be given a copy of your discharge letter with a list of your medication.

Out Patient Appointment

You will be seen approximately 4-6 weeks after surgery in clinic, an appointment will be sent to you through the post. Please let the nurse know if you need transport to come to the clinic before you go home.

Post Discharge

The recovery time varies from patient to patient, depending on the surgical approach. It may take as little as 1-2 weeks or as long as three months before you can return to work. If your surgery was done for Myasthenia Gravis improvement in muscle strength may take several months to a few years.

Wound Care

Check your wounds every day in a mirror if you can or ask someone to look at it for you. If your wound is clean and dry there is no need for a dressing. Some swelling around the wound is perfectly normal and should go down after a few weeks.

If you notice any of the following you must seek medical advice from either Ward J84 or your GP:

- the amount of pain in your wound increases;
- the wound becomes redder than before;
- the wound becomes warm to the touch;
- the wound becomes swollen;
- the wound has a discharge coming from it;
- any part of the wound appears to be coming apart.

Avoid tight clothing which could irritate or place pressure on the wound. Loose comfortable clothes are ideal. Ladies may find seamless bras or camisoles are generally more comfortable.

Having a bath or shower daily will ensure the skin and the wound are kept clean. Try not to use soap or perfumed detergents on the wound.

We recommend a shower rather than a bath but if you have to use a bath we recommend the following:

- do not soak for long periods in the bath for the first four weeks;
- you empty the water out before you get out;
- you place a non-slip mat or a 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.

Pain

Some stiffness and soreness is expected, particularly in those who have had a sternotomy. You will receive about a week supply of painkillers to take home but you will need to contact your GP for a repeat prescription as you may need painkillers for a number of weeks. Good pain control is vital to enable mobility. Exercise can help prevent undesired complications such as a chest infection or a deep vein thrombosis.

Some patients experience numbness or shooting stabbing pains around the wound. It is normal for these sensations to last for several months while the nerves damaged at the time of surgery repair themselves. As time progresses your pain should be decreasing. If your pain becomes worse despite taking your previously recommended dose of painkillers please contact your GP.

Eating & Drinking

It is important to try and eat well to minimise weight loss once you are discharged from hospital. It is not unusual for your appetite to be poor in the early weeks so try to include regular small nourishing meals, snacks and nutritious drinks in your diet. Have softer foods if you feel these go down easier and stick to plain foods if you feel sickly. Avoiding strong cooking smells can help. If you are worried you are not getting enough calories please contact your GP to discuss having nutritional drinks.

Air travel

Please check with your surgeon before flying. We would advise that you do not fly for around six weeks after keyhole surgery. You should also check with your travel insurer to make sure that you are covered to travel.

Returning to work

This will depend on how you are feeling and the type of job that you do. If it is light work then you may be able to go back to work after about two weeks. If it is heavy manual work then it may be longer. You can discuss this with your surgeon before you go home.

Driving

To be able to start driving again you must be able to make an emergency stop without causing yourself too much discomfort. You must also be comfortable enough to twist to be able to reverse your car.

Out Patient Appointment

You will be seen approximately 4-6 weeks after surgery in clinic, an appointment will be sent to you through the post. Please let the nurse know if you need transport to come to the clinic before you go home.

Help and Support

Who to Call

If you or your carer/family member is concerned about any aspect of your recovery when at home do not hesitate to contact

- Ward J84 **0113 206 9184**;
- Your District Nurse;
- Your GP.

Depending on the nature of your enquiry one of the following will happen:

- advice will be given to you over the telephone;
- you will be asked to attend the next nurse led clinic;
- you be asked to attend Ward J84;
- you will be advised to ring your GP;
- you will be advised to attend your nearest Accident and Emergency Department.

REMEMBER! You must seek medical advice for the following:

- continued problems with constipation despite taking a laxative and eating a high fibre diet;
- the amount of pain in your wound increases;
- the wound becomes redder than before & warm to the touch;
- the wound becomes swollen;
- the wound has a discharge coming from it;
- any part of the wound appears to be coming apart;
- your pain becomes worse despite taking your previously recommended dose of painkillers.

In emergencies please call 999



What did you think of your care?

Scan the QR code or visit bit.ly/nhsleedsfft

Your views matter



© The Leeds Teaching Hospitals NHS Trust • 3rd edition (Ver 1)
Developed by: Sandra Dixon, Thoracic Surgery Clinical Nurse Specialist
Produced by: Medical Illustration Services • MID code: 20230424_004/EP

LN000772
Publication date
05/2023
Review date
05/2026