

Thoracic Diagnostic Surgery

Information for patients



Leeds Cancer
Centre

This leaflet has aims to help you and your family understand more about your procedure and about your stay in hospital.

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

Types of Procedures

Bronchoscopy

A bronchoscopy is a procedure during which a narrow tube (a bronchoscope) is passed through your mouth and down into your large airways. This is done under a general anaesthetic so you will be asleep.

A bronchoscopy can be done for the following reasons:

- to allow your doctor to take biopsies of any areas that appear abnormal. This helps to diagnose a lung disease;
- to place a stent (a device used to keep the airway open);
- to remove an object stuck in your airway.

You may have a sore throat after this and you may cough up a little blood but this should only last for about 24 hours. Problems after a bronchoscopy are rare however if you experience any of the following please contact Ward J84 (page 13), your GP or go to your local Accident and Emergency Department.

- Chest pain;
- Increasing difficulty in breathing;
- Coughing up large amount of blood (more than a tablespoon);
- High temperature.

Provided you are fully recovered you should be able to go home the same day. As you have had a general anaesthetic you cannot go home on public transport or drive, so it is important that you have someone come and pick you up and take you home. You will need to have someone stay with you that night, if you do not have anyone to stay with you please inform the Thoracic Admission Team who will organise you to stay in hospital overnight.

Once home, it is important to rest quietly for the rest of the day. The effects of the anaesthetic can last longer than you think, so for the first 24 hours you should not:

- Drive a car;
- Operate machinery;
- Drink alcohol;
- Sign legal documents.

By the following day the effects of the anaesthetic should have worn off and you should be able to resume normal activities. It is advisable to take the next day off work.

Mediastinoscopy □

A mediastinoscopy is a small operation performed under general anaesthetic. It allows the surgeon to see the area behind your breastbone and between your lungs to take biopsies of your lymph nodes. Lymph nodes are small bean shaped glands that filter bacteria, viruses, cancer cells and other unwanted substances out of the body.

The most common reason to perform this procedure is to find out if enlarged lymph nodes are caused by inflammation or cancer.

The mediastinoscopy is done by making a small cut about 2-5 centimetres long between the top of your breastbone and the bottom of your neck. A narrow tube (mediastinoscope) is then inserted through the opening which allows doctors to examine the lymph nodes and take any biopsies necessary. The procedure takes about an hour.

The cut is then closed with stitches and it is covered with a small dressing. This can be taken off after 24 hours. You will need to keep the wound clean and dry for 48 hours and then you may shower. The stitches do not need to be removed as they will dissolve .

You may have some discomfort around your wound and some tightness in the chest. You will be given mild painkillers to take home. One of the nerves which supply the voice box can be bruised during the procedure causing hoarseness of the voice. This usually recovers within six weeks. Problems after a mediastinoscopy are rare, however if you experience any of the following please contact Ward J84 (page 13), your GP or go to your local Accident and Emergency Department.

- Bleeding;
- Increasing difficulty in breathing;
- Persistent hoarseness;
- High temperature;
- Progressive swelling and redness of the wound.

The effects of the anaesthetic can last longer than you think, so for the first 24 hours you should not:

- Drive a car;
- Operate machinery;
- Drink alcohol;
- Sign legal documents.

Provided you are fully recovered you should be able to go home the same day. As you have had a general anaesthetic you cannot go home on public transport or drive, so it is important that you have someone come and pick you up and take you home. You will need to have someone stay with you that night, if you do not have anyone to stay with you please inform the Thoracic Admission Team who will organise you to stay in hospital overnight.

By the following day the effects of the anaesthetic should have worn off and you should be able to resume normal activities.

You should be able to return to work within seven days.

Mediastinotomy

A mediastinotomy is an operation to take biopsies of lymph nodes that cannot be reached by a mediastinoscopy or to take samples of a tumour. Lymph nodes are small bean shaped glands that filter bacteria, viruses, cancer cells and other substances out of the body. The most common reason to perform this procedure is to find out if enlarged lymph nodes are caused by inflammation or cancer.

The procedure is done under a general anaesthetic, and patients tend to stay in hospital about 2-3 days.

A small cut, about five centimetres long is made near your collar bone either on the right or the left. A narrow tube (mediastinoscope) is then inserted through the opening which allows doctors to examine the small lymph nodes and take any biopsies necessary. The procedure normally takes about an hour.

The cut is then closed with stitches and it is covered with a small dressing. This can be taken off after 24 hours. You will need to keep the wound clean and dry for 48 hours and then you may shower. The stitches do not need to be removed as they will dissolve. You may have some discomfort around your wound and some tightness in the chest. You will be given mild painkillers to take home. Problems after a mediastinotomy are rare, however if you experience any of the following please contact the Ward J84 (page13), your GP or go to your local Accident and Emergency Department.

- Bleeding;
- Increasing difficulty in breathing;
- High temperature;
- Progressive swelling and redness of the wound.

Chest Drains

Following a mediastinotomy you will 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 and the drain will be removed. This usually happens 2-3 days after surgery.

While you have the drain in you must NOT:

- lift the drain above your waist;
- take it off suction (unless the nurse has agreed);
- 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.

Video Assisted Thorascopic (VATS) Lung Biopsy □

This is also known as 'Keyhole' surgery. It is a minimally invasive surgical procedure used to access inside the chest area. This allows the surgeons to take samples of the lung, or the lining of the lung, which can then be examined under a microscope. These samples will help diagnose your lung condition so that we can decide what will be the best treatment for you.

The procedure is done under a general anaesthetic and you will need to stay in hospital about 3-4 days.

During the procedure 2-3 small cuts, about 2cms long will be made. This allows the surgeon to pass a tiny camera (thoracoscope) into the chest area to watch their progress on a screen. The surgeon then uses the other two small cuts to pass the surgical instruments into the chest area to take biopsies.

Drains

Following a VATS biopsy you will 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.

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 2 weeks. If it is heavy manual work then it may be longer. You can discuss this with your surgeon before you go home.

Driving - You should not drive for at least one week after a VATS biopsy.

General Information

Ward details

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.

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 and;
- 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.

Recovery after having had an anaesthetic

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.

Pain Control

The nurse looking after you will assess to see if you are in any pain regularly. 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.

Nausea & Vomiting

Some patients experience nausea and vomiting after surgery because of the anaesthetic. Please inform the nursing staff if you experience nausea or vomiting so they can give you medication to stop this.

Eating & Drinking

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.

Planning for going home

How long you stay in hospital will depend on what type of surgery you have had.

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 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.

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.

Wound Care

If you have a wound check it every day in the mirror if you can or you could 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 (see page 11), 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.

Biopsy results

Once your biopsy results are available the local multi-disciplinary team (MDT) will contact you to let you know what happens next. You may also need to see the surgeon in clinic about two weeks after surgery.



What did you think of your care?

Scan the QR code or visit bit.ly/nhsleedsfft

Your views matter



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