

Discharge advice after lung surgery

A guide to your recovery at home

Patient information



It is important that you play an active role in your recovery at home. This booklet explains how you can do that - so please read it carefully!

Once it has been agreed that you are medically fit to go home, staying in hospital is not the best or the right place for you. Research shows that typically the quicker you get home, the quicker you tend to get better.

How quickly you recover will depend on YOU and may also be influenced by a number of factors such as:

- your fitness before your surgery;
- the type of surgery you have had;
- your age, and
- your motivation.

It is normal that you will not feel as well on your discharge, as you did before you came into hospital. This is because your recovery has just started and will continue over the next weeks or months at home.

Looking after your wounds

Most wounds have dissolvable stitches which do not need to be removed. If your wound has clips in, you need to make a practice nurse appointment at your GP practice to have them removed 10 days after your operation. If you have a dressing on your chest drain site wound, you can remove this the day after you go home. If the wound is clean and dry, you do not need to replace the dressing.

You will have 1 or 2 drain stitches from where your drain was removed. You need to make a practice nurse appointment for removal of the stitches for 7 days after the drain was removed. If you are unable to do so, please ask the nurse to make one for you.

Portex bag.

If you are discharged with your chest drain on a portex bag, your drain site dressing will be changed daily by a district nurse. The ward nursing staff will make the referral to the district nurse before you go home.

Please note: If you accidentally disconnect the drain from the portex bag, you need to reconnect it immediately and telephone the ward for advice. If you feel very breathless and this does not improve after reconnecting the drain, please go to your nearest Accident & Emergency department.

You need to check your wound every day in the mirror if you can, or ask someone to look at it for you. Please avoid touching your wound unless necessary and ensure that your hands are clean if you do. Scabbing acts as a natural barrier while your wound is healing, and it will fall off in time, so please do not pick them.

Your wound will go through a natural healing process which may involve:

- Swelling or inflammation - this will reduce over a few weeks.
- Sensations of numbness, tingling and itching.
- A feeling of pulling or tightness as the wound heals.

If you notice any of the following, you must see your GP in the first instance, who may contact the ward with any concerns:

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

Having a bath or a shower using unscented soap will ensure that your skin and wounds are kept clean, making sure to pat the wound dry with a clean towel. Do not use lotions on your wound and be careful when using deoderint spray which may cause irritation. If you have a bath, you should avoid soaking your wound for the first six weeks.

Avoid tight clothing which could irritate or place pressure on your wound. Loose comfortable clothes are ideal. Ladies will probably find it uncomfortable to wear certain styles of bra, particularly underwired ones. Seamless bras or camisoles are generally more comfortable.

Managing your Pain

You have been discharged with a 1 week supply of pain killers. Please make an appointment with your GP practice if you require a repeat prescription, allowing plenty of time before you run out.

It is important that you take your painkillers as instructed, so you can take deep breaths, cough and walk around.

You can find the instructions on the medicine label and also on your copy of the discharge letter given to you before you go home. Whilst you have pain, you should continue to take your pain killers.

In the first week, you may find that you experience more pain at home. This is because you will probably be more active at home than you were in hospital. This does not mean that you should not be active. In this case, you should see your GP who can prescribe you stronger painkillers.

You will find that your skin may be more sensitive whilst it is healing and you may experience pins and needles, shooting pains and numbness. It is normal for these sensations to last for several weeks or months, whilst the nerves damaged at the time of surgery repair themselves.

When you feel that your pain is improving, you can start to gradually reduce your pain killers, starting with the strongest one first (usually the dihydrocodeine). It is advisable to omit either the lunchtime or evening meal dose first.

Instructions for teaching patient / carers to self - administer (ENOXAPARIN)

- LMWH should be administered at approximately the same time each day clarifying that if necessary the time of administration can be moved backwards or forwards by two hours per day.
- Wash hands thoroughly with soap and water

- Choose an appropriate site on the abdomen for injection. Use a different injection site each day.
- Avoid injecting 5cm (2 in) around the belly button and do not inject near to any bruising or scars.
- When you are ready to inject remove the grey needle cap from the syringe:
- Hold the syringe in your writing hand like a pen with the other hand gently pinch a fold of skin (approximately an inch) between your thumb and index finger
- Gently but firmly insert the needle at a 90 degree angle and continue to hold the skin.
- Push the plunger down slowly to inject the LMWH over 10 - 15 seconds.
- Keep the plunger pressed down and remove the needle from your skin keeping it at a 90 degree angle and then release the skin fold but keep hold of the plunger
- Do not rub or massage the area as this can cause bruising
- Push the plunger down further. This will activate the protective needle cover
- Put the used syringe into the sharps bin.

Your Breathing

You may experience some breathlessness on exercise, particularly in the morning and when going up the stairs or on hills. This will depend on the type of operation you have had and also your underlying general health. This is expected, will return to normal with rest and will improve with time. You should also continue deep breathing exercises to reduce your risk of developing a chest infection.

You can do this by taking a deep breath in, holding it for three seconds and then breathing out. Aim to do this at least five times every hour. If you feel that you have any sputum, you should try to cough and clear it from your chest. If you have been given a spiropall in hospital, you should continue to use this for two weeks after discharge.

If you feel that your breathing is gradually getting worse, is not related to pain or exercise please contact the ward or your GP for advice.

If you feel a sudden onset of severe breathlessness which is also not related to pain or exercise, you should contact the emergency services.

Exercise and Activity

Please Note: You need to follow any special instructions regarding restrictions on exercise given to you by your surgical team.

Staying active will help you to recover quicker as it will improve your physical and emotional well-being. You should continue with your everyday activities such as washing and dressing. You should avoid lifting, pulling or pushing heavy weights until 2-4 weeks after surgery. This includes lifting a small child, vacuuming and carrying heavy bags of shopping.

Walking is a good form of exercise as you will automatically breathe deeper. Take at least one walk every day. Choose a distance within



your energy levels and walk at a pace you feel comfortable with. You should be able to walk and talk without feeling that you are gasping for air. You may find it better to attempt a few short walks rather than one longer one. The distance you are able to walk will improve over time.

Build up your exercise gradually without becoming too tired or breathless. The best guidance is to listen to your body and rest when it tells you to.

Eating and Drinking

After your surgery, your body needs extra energy in order to heal your wounds and keep your immune system healthy, so you can fight off the risk of infection. During your recovery, try to choose foods that are high in energy, such as carbohydrates, protein and fat.



You may find that you have lost your appetite after the surgery, and that eating small amounts more frequently is better for you. Your appetite will gradually return, but if you think that it is not improving, please see your GP who may prescribe nutritional supplements for you.

Some pain killers can make you constipated which can be very painful and also make you feel sick. Please take your laxatives until your normal bowel function returns.

Remaining active will help you to avoid becoming constipated, as will drinking plenty of fluids and eating foods high in fibre, including some fruit and vegetables each day. If you have persistent nausea, vomiting or constipation please visit your GP.

Rest and sleep

It is normal to feel tired on discharge. During the first few weeks, you will find that you tire easily doing the small daily activities that would not normally make you feel tired. It is important that you balance activity with rest and try to plan quiet periods of the day when you can rest. Gradually, you will find that you need less rest throughout the day.

It is important to get a good nights sleep. This may be difficult as your normal sleeping position is now uncomfortable and you may not be able to sleep flat for a while. You may find that using extra pillows to prop yourself up slightly in bed is more comfortable.

If pain is disrupting your sleep, please visit your GP

Emotional well-being

It is quite common to feel anxious, low in mood, tearful and irritable for a period of time after your surgery. This can happen without warning. These feelings will generally get better over time. However, if these feelings continue, you may want to visit your GP. Sometimes talking about what you are going through can be helpful.

Returning to Work

Your return to work will depend on the type of work that you do. Many people can feel tired and lack concentration for a period of time after an operation. It is best not to start work until you feel well enough. If your work is heavy or physically demanding, you should wait until you have seen the surgeon at your outpatient check-up 4-6 weeks after discharge. Your

employer may be able to offer a phased return to work which will allow you to build up to working a full week. The hospital can provide a sick note to cover from the date of admission up until two weeks after discharge.

Outpatient Check- Up

You will receive an appointment in the post for 4 - 6 weeks after your discharge. This is to ensure that your wounds and lung are healed after the surgery.

Driving and travel

You should first check with your insurance company when you will be covered to start driving again. You should not drive if you are taking codeine based painkillers.

To be able to start driving again, you must wear a seatbelt, be able to twist comfortably, and to do an emergency stop without causing yourself too much discomfort.

You cannot fly until you have been seen in the out-patient clinic and the surgeon has checked your follow-up chest x-ray. If you have had a whole lung removed you cannot fly for six months.

Who to contact for advice

For any concerns, please contact the ward for advice if you feel your problem is related to your surgery. Depending on the nature of your enquiry, you may be asked to visit your GP, the ward or attend the nearest A&E department. If you are acutely short of breath, please attend your nearest A&E for assessment.

If you have had part of your lung removed, you can contact the Thoracic Surgical Nurse specialist for advice, on the number below during office hours Monday to Friday.

Ward J84 - 0113 206 9184

Thoracic Surgical Nurse Specialist - 0113 206 7524

Quality of service

Your views are very important to us as they help us to improve the service we provide. We take regular surveys of patients to ensure we are not missing anything. We welcome any kind of feedback, whether positive or negative as this helps us identify where things are working well and also where there may be room for improvement.

We would encourage patients and their carers to discuss any issues of concern with the Senior Sister on the ward or the Matron in the first instance, to see if they can be resolved locally. If you do not feel that this has resolved the matter, you can speak to the Patient Advice and Liaison Service (PALS) on **0113 206 6261** 9:00-16:30 Monday - Friday.

For queries outside normal working hours and leave a voicemail on **0113 2067168**.

The Complaints Manager, Patient Experience Team,
Trust Headquarters, St James's Hospital, Beckett Street,
Leeds, LS9 7TF

Or email your concerns to:
patientexperience.leadsth@nhs.net



What did you think of your care?

Scan the QR code or visit bit.ly/nhsleedsfft

Your views matter



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