Patient Guide to Thoracic Surgery
Contents

Welcome ................................................................. 1
Preparing for Surgery .............................................. 2
Members of the Thoracic Surgery Team ......................... 3
Before Surgery ......................................................... 5
Week Before Surgery ................................................ 7
Day Before Surgery .................................................. 8
Instructions for Hibiclens Shower ................................. 9
Day of Surgery ......................................................... 10
After Surgery .......................................................... 11
A Typical Day on Ellison 19 ....................................... 12
Respiratory Issues .................................................... 13
Going Home ............................................................ 16
Follow-up ............................................................... 18
First Few Weeks at Home ........................................... 19
Activity Guidelines .................................................... 20
Welcome

Thank you for choosing the Massachusetts General Hospital (MGH) for your care. It is our privilege to care for you and we are truly committed to providing you with the highest quality of medical & surgical care. We want to keep you well informed, so that you and your family can anticipate our pre-operative expectations, participate in your hospital plan of care and understand the trajectory of the recovery process.

We believe that you are the central focus of the health care team and we encourage you to be actively involved. Please ask questions and work with your physicians, nurses, and healthcare team members to optimize your MGH experience by keeping informed and fully participating in your recovery. We recognize you as an individual with unique health care needs and we hope to provide you with a safe, caring, respectful, healing experience. Let us know if there is anything we can do to improve the care we provide.

On behalf of your Thoracic Care Team, all of us wish you the best of health and a comfortable stay at the MGH.

Sincerely,
The Thoracic Team

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PREPARING FOR SURGERY

Once you have made the decision to have surgery, there are many things that you can do to prepare ahead of time. We understand that going to surgery can be an unfamiliar, and sometimes difficult, experience for patients and their families. At MGH, we are committed to working with you to assure the best possible experience during your hospital stay and recovery. We take pride in our multidisciplinary Thoracic Surgery Team and encourage you and your family to be actively engaged in planning for your care before, during and after the procedure.

This guide will introduce you to the members of the Thoracic Surgery care team, the usual routines leading up to your surgery and hospital stay as well as common issues you should be prepared for at the time of hospital discharge. As you read through this guide, jot down the questions you might have. Be sure you understand what your procedure will involve, what resources are needed and available to you. Feel free to consult with staff in any of these MGH departments in advance of surgery. They will be more than glad to discuss and assist you.
MEMBERS OF THE THORACIC CARE TEAM

During the course of your care, you will meet many different people who will be involved in planning different aspects of your care. Here is a list of our team members, when you can expect to meet them and how they will help you:

<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
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<tbody>
<tr>
<td>Surgeon</td>
<td>Also referred to as the attending physician or MD who will oversee all aspects of your care and surgical procedure</td>
</tr>
<tr>
<td>Chief Thoracic Fellow</td>
<td>Expert surgeon with extensive surgical training (8 - 10 years) specializing in Thoracic Surgery. They are available to supervise your care 24 hours a day and are in close contact with the attending physicians about your care.</td>
</tr>
<tr>
<td>Thoracic Surgery Fellows</td>
<td>Surgeons who have completed their full surgical residency and are now pursuing specific training in Cardio-thoracic Surgery (2.5 years)</td>
</tr>
<tr>
<td>Surgical Residents</td>
<td>Graduates of medical school who are enrolled in the 5 year surgical training program at MGH</td>
</tr>
<tr>
<td>Nurse Practitioners (NP)</td>
<td>Registered nurses (RN) who have completed advanced education (a minimum of a Master’s Degree) in the diagnosis and management of common medical conditions. They are nationally certified and licensed to practice medicine with physician collaboration</td>
</tr>
<tr>
<td>Physician Assistants (PA)</td>
<td>Physician Assistants (PA) are educated about the practice of medicine in accredited programs. They are nationally certified and licensed to practice medicine with physician collaboration.</td>
</tr>
<tr>
<td>Nursing Director</td>
<td>RN who provides administrative oversight on the patient care unit and is responsible for assuring that there is appropriate staffing and resources available on the inpatient care unit. This individual also collaborates with other departments within hospital administration.</td>
</tr>
<tr>
<td>Clinical Nurse Specialist (CNS)</td>
<td>An advanced practice nurse who provides clinical oversight and consultation to staff nurses for the care of complex patients and helps to coordinate and manage the transition of such patients when other services are required.</td>
</tr>
<tr>
<td><strong>Registered Nurses</strong></td>
<td>Staff nurses specially trained in the care of Thoracic Surgery patients. They will help patients incorporate the prescribed treatment plan into a daily routine and will assist patients in becoming more independent in caring for themselves. The RN will help you transition home with the necessary teaching and supports.</td>
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<tr>
<td><strong>Patient Care Associates</strong></td>
<td>PCA’s are trained staff who are certified to carry out various aspects of patient care under the supervision of an RN.</td>
</tr>
<tr>
<td><strong>Physical Therapists</strong></td>
<td>Physical therapists (PT) are members of the Rehabilitation Department with specialized expertise in helping patients who are limited physically and have specific challenges moving around and caring for themselves.</td>
</tr>
<tr>
<td><strong>Occupational Therapists</strong></td>
<td>Occupational therapists (OT) assist in more specific needs to facilitate independence beyond the hospital environment.</td>
</tr>
<tr>
<td><strong>Speech &amp; Language Therapy</strong></td>
<td>Speech &amp; Language therapy (SLP) may address concerns with speech and swallowing issues and our nutritionist monitors your special dietary needs.</td>
</tr>
<tr>
<td><strong>Dietitians</strong></td>
<td>Available for consultation to be sure your needs for good nutrition and any special diet are met while you are in the hospital and after discharge.</td>
</tr>
<tr>
<td><strong>Respiratory Therapy</strong></td>
<td>Respiratory therapists (RT) are available to assist with oxygen, artificial airway concerns and other special respiratory treatments.</td>
</tr>
<tr>
<td><strong>Pain Service</strong></td>
<td>Anesthesiologist MD who monitors the use of patient controlled analgesia / medication (PCA) or epidural medication from the operating room to the care unit. The PAIN Service will be checking in to be sure that you are comfortable with the dose, medication and delivery method being used.</td>
</tr>
<tr>
<td><strong>Case Managers</strong></td>
<td>RNs who evaluate &amp; coordinate the care needs you may have after discharge and identify available resources in your community. This could include services at home, on an outpatient basis or in a skilled nursing facility or rehabilitation hospital.</td>
</tr>
<tr>
<td><strong>Social Service</strong></td>
<td>Social Workers are available to provide support and assist you and your family with needs relating to home, family issues and safety.</td>
</tr>
<tr>
<td><strong>Chaplain Service</strong></td>
<td>Spiritual resources for religious affiliations are available through the MGH Chaplaincy Service.</td>
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**BEFORE SURGERY**

Patients are usually seen in the surgeon’s office to decide whether or not surgery is needed. If the need for surgery has already been determined, there are some important assessments that will need to take place to assure you are safely cleared for surgery. This may begin with a visit to the surgeon’s office or our Pre-Admission Testing Area (PATA). Your surgeon will provide you with advice and instructions about how and where this evaluation should take place.

The process involves: **A review of your medical history and general physical exam.**

- Please be sure you tell us about any allergies to medications, food, or environmental sources such as latex or adhesive tape. Review ALL of your medications with your surgeon including pain medication, blood-thinning drugs, (aspirin, Coumadin, Plavix, etc) steroids (prednisone), over the counter medications (including aspirin, Motrin, Advil, Naprosyn) herbs and vitamins. Some of these may need to be stopped or changed in advance of your surgical date.

- You will also want to be sure we know about your present condition, activity level, need for assistance with walking, vision and/or hearing. Any specific needs for handicap access, current isolation precautions, and dietary concerns can be addressed here. Members of the Anesthesia and Nursing staff are specially prepared to address these issues during and after surgery.

It is not uncommon to have additional or repeat testing prior to surgery such as blood and urine tests, electrocardiogram (ECG), chest x-ray (CXR) and/or breathing studies.
At this visit, you will also be given instructions to use Hibiclens and/or any soap marked “antimicrobial” before surgery to help lower your risk for infection after surgery by reducing the germs on your skin. Use the Hibiclens soap two days before and the day of your operation (i.e., once a day for 3 days). If you have an allergy to chlorhexidine-containing products, let us know.

There are many things that you can do to prepare for surgery and help in your recovery. Please contact your surgeon’s office if you would like assistance or have questions.

Special Tips:

- **STOP SMOKING**
  MGH Smoking Cessation Tel: 617-726-7443

- Ask your doctor if there are any medications you should stop before surgery

- Keep active before surgery as it helps to condition you to stay active postoperatively. You should continue walking as much as possible unless your doctor has given you specific instructions otherwise.

- Practice deep breathing exercises to help you with relaxation as well as coughing and managing pain after surgery.

- Be realistic when planning for your recovery at home. It takes time to settle back into a routine schedule. Many people report feeling more tired than they expect to. We can help you to learn about your procedure and assist you to think about what your care needs will be once you are at home.
WEEK BEFORE SURGERY

Be sure you are clear about any adjustments to your regular medications before surgery and on the day of surgery. This is especially important if you are taking medicines for heart problems or diabetes.

○ Insulin: You should have special instructions from your surgeon and/or PATA about holding or cutting down your morning insulin dose since you will not have not had any food or fluids. Patients who have insulin pumps will be advised to make adjustments by the anesthesiologist prior to surgery depending on the schedule for your procedure.

○ Heart and blood pressure medicines: Be sure to take these on the morning of surgery unless you have been specifically instructed not to.

In particular, patients who are taking drugs that are prescribed to delay clotting (also called “blood thinners”) will receive instructions for their specific situation. For example:

○ If you are taking Coumadin, you will probably be asked to stop taking this drug 5-7 days before surgery. Your surgeon will advise you about whether or not you should receive another drug during the time you are off Coumadin.

○ If you have been on Plavix for more than 12 months after a coronary stent has been placed, it is generally advised that you stop taking it 5-7 days before surgery. Your surgeon will review the details of this with your cardiologist if you have been taking Plavix for some other reason.

○ It is now suggested that most patients should continue to take aspirin if it has been prescribed to reduce their cardiovascular disease risk. If you are taking aspirin for some other reason, you may be instructed to stop taking it before surgery. Be sure you have had a discussion with your surgeon about this.

○ Showering with Hibiclens soap on the two days before and the day of your operation (see instructions).

○ If you did not come to Mass General for pre-surgical testing, please purchase Hibiclens at your local pharmacy. Use as directed.
DAY BEFORE SURGERY

There is often a normal level of anxiety before surgery. Try as best you can to plan for a relaxing day and evening at home before surgery. Find some time for pleasant, calming activities so you can rest and get a good night’s sleep. This will help you have a good amount of energy for the activities involved in recovery from surgery.

You may wish to bring a few items to the hospital:

- Comfortable slippers or walking shoes, personal toilet articles, glasses (no contact lenses).
- Container for dentures and hearing aids with your name clearly marked.
- We have the traditional hospital gowns and robes that will provide easy access to monitoring equipment and you will feel well covered.
- Please leave ALL valuables and cash at home (earrings, rings & jewelry, watches, hairpins will be removed).
- We cannot take responsibility for iPods, cell phones & computers. If you feel you will need these items, a family member can bring them in AFTER your surgery.
- Remove fingernail polish.

Showering with Hibiclens and/or any soap marked “antimicrobial” before surgery will help lower your risk for infection after surgery by reducing the germs on your skin.

✔ Use the Hibiclens soap on the two days before and the day of your operation (i.e., once a day for 3 days).

✔ Use Hibiclens soap instead of your regular soap-do not use both, as this will weaken the antimicrobial effect

✔ Hibiclens soap does not lather as well as regular soap. Using a sponge can help with lathering.
INSTRUCTIONS FOR HIBICLENS SHOWER

When you shower, please use the following instructions for showering:

1) Rinse your body thoroughly with water first.

2) Turn the water off to prevent rinsing the Hibiclens soap off too soon.

3) Wash from the neck downwards. Be especially careful to wash the part of your body (back, legs, chest, etc.) where your operation will be performed.

4) Wash your body gently for five (5) minutes. Do not scrub your skin too hard. You can use a sponge to help with lathering.

5) Turn water back on, rinse well and pat dry with a clean towel.

6) Do not apply powder, lotion, deodorant or hair products after the third shower.

7) Do not shave the area of your body where your surgery will be performed. Shaving increases your risk of infection.

DO NOT USE Hibiclens if you have an allergy to chlorhexidine-containing products. If you notice a rash or skin irritation after Hibiclens, please contact your surgeon. If you develop an allergic reaction involving hives or difficulty breathing, call 911 or report to your nearest emergency department.

GUIDELINES

Have nothing to eat after 10pm the night prior to your procedure. Do not have candy, cough drops, breath mints or chewing gum on the day of your procedure.

You may have up to 1 cup (8 ounces) of clear liquids (water, apple juice or cranberry juice) up to 4 hours before the time of your procedure.
DAY OF SURGERY

PLEASE DO NOT EAT OR DRINK ANYTHING AFTER 10PM unless instructed by your physician. You may take sips of clear liquids (water, apple juice or cranberry juice) no more than 1 cup (8 ounces) up to 4 hours before your procedure for required medications.

BE SURE YOU BRING A PHOTO ID and LIST of MEDICATIONS with you.

When you arrive at MGH, you may find it most convenient to come through the Wang entrance where a valet can park your car and is prepared to assist and direct you to the Center for Perioperative Care (CPC) Wang 309. **Plan to arrive 2 hours before your scheduled time for surgery.**

When you arrive in the Center for Perioperative Care (CPC):

- A receptionist will greet you, ask for your identification, check in your belongings and confirm with your family member or escort where he/she can be reached after surgery. This will be a long day for your family member. The GRAY FAMILY WAITING AREA on the first floor of the GRAY building is staffed with volunteers who provide your family member with regular updates on your progress through the day.

- After you have checked in, an escort will take you to your pre-operative area where you will meet the members of your surgical team. They will help you change into hospital pajamas, place a name band, and check your temperature, pulse and blood pressure. They will ask you many questions that you may have answered before. These are often safety checks. PLEASE be sure to let them know what you have taken (medications or fluids) or not taken when you arrive.

- Once these initial routines are completed including a final confirmation that your name band is correct and all of your questions have been answered, the staff will assist you onto a stretcher and bring you into the Operating Room.
AFTER SURGERY

The hospital can be a busy and noisy place. We want you to be aware of some of the things you may see, hear and experience while you are here.

Initially, you will wake up from surgery in an intensive care unit (ICU) or the Post Anesthesia Care Unit (PACU) also known as the “recovery room”. In these areas, there are specially trained nurses who are by your bedside to be sure there are no early complications and make sure you are comfortable as the anesthesia wears off. They will remind you of what has happened and what is “connected to you”. The surgeon will let your family know that your surgery is complete and where you will be transferred after surgery. At that time, the surgeon may also be able to give you a good sense of how long you will need to be in the hospital.

Once you are stable, you will be moved to Ellison 19, the designated Thoracic Surgical Unit at MGH. Here is where we will provide a balance of activity, pulmonary exercises and rest with patient controlled pain management so you can advance your activity and begin getting back to your usual daily activities. Our goal is to provide quality family centered care. We welcome your families’ assistance in helping us provide the best possible care to your loved one.

Ellison 19 has open visitation, but we do stress the need for all patients’ right to privacy and rest. It is not suggested that family stay with the patient day and night as they recover from surgery.

Your room on Ellison 19 will most likely be semi-private with your own TV, Wi-Fi access and one bathroom. We have a few private rooms for handicapped accessibility and with positive and negative pressure ventilation that may be needed for specific medical conditions requiring precautions. We cannot guarantee that a private room will be available on this unit, but if it is requested, we will make every effort to accommodate you if available.
A TYPICAL DAY ON ELLISON 19

After surgery, most patients will have an oxygen mask or nasal prongs delivering oxygen, at least one intravenous line to deliver fluids and medications, an epidural catheter in your back for pain control (if you have had a thoracotomy), another tube or catheter into your bladder to drain urine, drainage tubes attached to your chest, inflatable boots, and of course monitoring equipment. Moving in the bed with all this equipment might seem difficult, but this is a common, and fairly routine, part of the care of all Thoracic Surgery patients.

Each day you will see our Chief Resident staff between 6-7:30am who will review your anticipated plan of care according to your primary surgeon. He/she will ensure the plan of care suggested by your primary surgeon is followed. The mornings typically begin with early rounds by your surgical team followed by a plan to begin your day. This usually includes vital signs, a chest X-ray, bathing, taking medications, using your incentive spirometer device to encourage deep breathing, nebulizer treatments, checking incisions & tubes, walking as much as possible. These activities are all common and very tiring.

We will help you balance these activities with rest periods and be realistic when too many visitors come.

MONITORING

Vital signs (pulse, blood pressure and respiration) are commonly taken every few hours right after any surgery. Your heart rhythm is also observed on a heart monitor at the bedside. Sometimes a “telemetry box” is attached to your clothing so we can watch your heart rate as you progress in your activities. This monitor or telemetry records your heart rhythm at a central monitoring station and has various alarms that alert the staff to changes in your condition or activity. PLEASE know that monitoring is a routine measure after surgery and these systems are very sensitive to your movement, moisture on the skin and pulling on the wires. Your nurse can help you understand the reasons for the different alarms.
RESPIRATORY ISSUES

An important goal of your recovery is keeping your lungs clear. The staff will encourage you to take deep breaths and cough to keep your lungs clear. Nurses will routinely check your lung status, breathing patterns and oxygen needs with and without exercise. We will check your oxygen levels with a device called an O2 saturation monitor. This is a clip on device placed on your finger or toe that estimates how much oxygen your lungs are producing. It is common to have oxygen and nebulizer treatments right after surgery to improve your breathing function. We gradually wean these treatments as your deep breathing exercises and activity level improve.

Your surgeon may have placed a chest tube(s) to allow drainage of fluid from your surgical site and to help keep your lungs inflated after surgery. Chest x-rays are done frequently to check the progress of your lungs and let your surgeon know when your chest tubes can be removed. Initially, you will need oxygen by mask or prongs that go in your nose. You can expect that you will no longer need oxygen when you are ready to go home.

Incision and Tubes
Usually the incision and chest tubes (CT) are the source of your discomfort. Your team will check the incision and chest tubes daily. Dressing changes are done as needed for healing and comfort. Be sure to let any member of the team know if your pain is different or not being helped with the medications ordered.

Sometimes a tube is placed through your nose into the stomach if you are having nausea, are unable to eat, and/or there is a concern that you might vomit. These tubes are not uncommon after some esophageal procedures. The nurses will check these tubes to be sure they are working properly and not placing undue pressure on your skin.
Pain Control
Good pain control is important since it will help you recover as quickly as possible. Do not wait for someone to offer medicine; let your nurses and doctors know when you are having pain.

Tell them all the places that hurt and how strong the pain feels. Any discomfort that you may have will most likely be near the incisions or related to chest tube placement. We will ask you to rate your pain on a scale of 0 to 10: (0 = no pain 10 = the worst pain). This pain scale will help us identify what you need for medication relief.

NO PAIN < 0 1 2 3 4 5 6 7 8 9 10 > SEVERE PAIN

Be sure to tell us about any pain medicines that have worked or not worked for you in the past. You may also find that simple actions like holding your surgical site with a pillow or changing positions will make you more comfortable. We will tell you when it is safe to move around, but be sure to tell us if you feel your progress is too fast or too slow.

It is important for you to be as comfortable as possible following surgery. With a good level of pain control, you will be able to do the things that are necessary parts of the care plan like breathing exercises, coughing, walking and moving your arms and legs to prevent complications.

Options for Pain Management after Thoracic Surgery
Patient Controlled Analgesia (PCA) and epidural catheters are commonly used following Thoracic surgery. The PCA is a treatment that involves placing a small intravenous (IV) to deliver the pain medication in a continuous and more timely manner than can be done with pills or other types of injections. The epidural catheter is placed in your back by your anesthesiologist just before the operation whereas the IV is placed in your arm or hand. This allows you to control your pain by pressing a button which delivers a preset and prescribed dose on a regular basis. You can push when you feel like you need more medicine. Most patients find this very effective. The Pain Service Team will visit you daily to make sure you are comfortable while your Epidural or PCA is in place.

Usually, the IV option is prescribed for patients whose procedures involve a smaller incision; the epidural option is reserved for a more extensive procedure involving a larger incision. Your pain medication will change to pill or liquid form as your pain lessens, your chest drainage tubes are removed, and you increase ambulation. It is not unusual to have some discomfort for up to six weeks after surgery.
ACTIVITY

Keeping active will help your recovery process. An important step in preventing complications and promoting your recovery after surgery is getting back to your usual activities of daily living. You may be surprised when we ask you to get out of bed with all of the drains and monitoring equipment. Standing up and moving about helps you to breathe deeply and expand your lungs. Walking will help prevent weakness and keep your leg muscles strong to get you back on the road to recovery. Each day you will increase the distance you walk and the time you spend out of bed.

Nurses will be there to supervise all of your activities to be sure you are safe to progress and take the rest periods you need. The staff will help you to get out of bed, sit in a chair, and walk as soon as possible, usually on the day after surgery. The nursing staff will be assisting you in your personal care needs after surgery. To speed your recovery process, you will be asked to participate as much as you are able.

While your activity is limited, you will receive injections of a “blood thinning” medication daily, and have inflatable boots on your lower legs to prevent blood clots from forming. Once you are up and about, these will be stopped.

Preventing falls in the hospital is very important. Please do not attempt to walk alone as you are probably connected to many tubes and wires that make it easy to fall if not tied up properly. It is not unusual for a Physical Therapist (PT) to be consulted to evaluate whether or not you might benefit from an assistive device such as a walker or cane. Occupational Therapists (OT) are also available to assist you in learning how to conserve energy during routine activities of daily living.

NUTRITION AND HYDRATION

You may not have much of an appetite initially after surgery. Your nurses will guide you to begin eating and drinking when medically appropriate. Keeping well hydrated and getting good nutrition is very important in the healing process. If you have special dietary needs, a member of the Nutrition and Food Services staff will meet with you.
ELIMINATION/TOILETING

You can expect bodily functions to return slowly after having surgery. It is not uncommon to have difficulty passing urine and passing gas. Anesthesia and pain medications can “slow things down”. Most pain medications can contribute to constipation.

You may have a small tube (catheter) placed to drain urine from your bladder. While it is in, you will not need to use the bathroom to urinate. This allows us to accurately measure your output, but is removed as soon as possible.

We try to prevent constipation (straining after surgery) by slowly introducing a balanced diet and offering medications that can help you pass gas and have a bowel movement. Increasing your activity with ambulation and drinking fluids will also help with this. Let the team know if you are uncomfortable.

TEACHING, LEARNING AND DISCHARGE PLANNING

Thinking about and arranging for discharge is a team effort. You and your family will need to learn about the prescribed treatment plan after surgery. Every patient is unique and may have different concerns so every day we will be teaching you a little more about how to work the care plan your daily routine at home. We want to prepare you for returning home following surgery in the best possible way so that you have everything you need for a smooth transition home.

We will start planning for your discharge from the moment you arrive. Our Case Management team will visit you to address any concerns you may have after surgery. They are available to assist with finding appropriate places for recovery and rehabilitation, convenient home services that are covered by insurance, and other resources available in your community.

Over the course of your hospital stay your nurses will be giving you specific instructions about how to continue your recovery at home. These instructions address some common concerns related to activity, nutrition, and elimination, care of your incision or wound, medications and reasons to call your doctor.
Here are some questions you can ask before going home.

- Are there foods or drinks I should eat and those that I should avoid?
- How should I care for my incision?
- What medications should I take?
- What should I do if I have pain?
- When can I drive or return to work?
- Are there activities I should not do?
- What are the danger signs I should look out for?
- Who do I call if I have questions?
- When should I see my doctor?

You can expect to be discharged home from the hospital when:

- ✔️ your incision is clean and healing.
- ✔️ your pain can be managed with medicine taken orally (or through your feeding tube)
- ✔️ your bladder and bowel functions have returned
- ✔️ you are able to move about and walk by yourself

Most patients are able to care for themselves at home after leaving the hospital, but some will need additional care. Some patients need a short stay at a rehabilitation facility; others may need community services such as a visiting nurse. If you need care after leaving the hospital, our Case Managers will work with you, your family, your doctors, nurses and insurance company to make the arrangements. They will give the agency a written report on the progress that you have made in the hospital, and the care that you will need after your hospital stay.

Before you leave the hospital, the staff will review any instructions you need to follow with you and your family members. You will also receive a printed copy of these instructions along with any prescriptions you may need. **Please plan for a DISCHARGE TIME of 10am.**
FOLLOW–UP

Call your surgeon’s office for a follow-up appointment when you first get home. You will need to see your surgeon about 3-4 weeks after discharge for a routine postoperative checkup. At this time, your surgeon will discuss the most appropriate next steps for follow-up. Final pathology reports are often not available before you leave the hospital. Your surgeon will call you as soon as these results are reported usually within 7-10 days.

Be sure to call your surgeon for any of the following signs and symptoms:

- Severe pain
- Shortness of breath
- Swelling of legs and ankles
- Wound infection
  - Redness and pain around the area where you had surgery
  - Drainage of cloudy fluid coming from the wound
  - Temperature of 101°F

Generally, your surgeon will send a summary of your procedure and hospital stay to the doctor who referred you and agencies that will be involved in your care after discharge. If all of your doctors are at MGH or in the Partners Health Care system, they will have access to these records electronically. If you would like a summary sent to other physicians, please contact the surgeon’s office to request this.

Be sure to let your PCP know about your surgery and hospital stay. You may want to make an appointment to see your PCP after your surgeon’s appointment.

It may also take awhile to get your appetite back. Constipation is a very common side effect of pain narcotic medicine. Take a stool softener like Colace, drink plenty of fluids, and eat foods high in fiber to help prevent constipation. You may take a mild laxative (Milk of Magnesia) if you are feeling uncomfortable.

Most patients who have surgery do not develop an infection. Some of the symptoms of a wound infection are: any increased redness, swelling, drainage, or increased pain that may indicate infection. Call your surgeon’s office immediately if you have any of these signs or if your temperature goes above 101°F.
FIRST FEW WEEKS AT HOME

Most people feel very tired when they leave the hospital and for several weeks after surgery. Even when you are told you can resume normal activities, you may not feel up to it. It is best to pace yourself as you return to your usual daily routine. It may take awhile for you to get back to a regular routine. You will find that building gradually on what you were able to do in the hospital will help.

Activity Guidelines
We have outlined some general guidelines and suggestions based upon our collective experience and common sense. We encourage you to ask questions.

Try to pace yourself and plan your activities so that you can get adequate rest. You may still experience pain at the incision site for a number of weeks after surgery. You will have a prescription for pain medication; please take it regularly as needed. REMEMBER it is important to have an adequate level of pain control so that you may continue your coughing and deep breathing exercises and walking. Do not wait until the pain becomes severe. Bigger incisions tend to be more painful. Holding a pillow firmly over your incision when coughing may be helpful.

While you are taking narcotic pain medication, you may find it difficult to concentrate. Please DO NOT DRIVE while taking any pain medication. Prescriptions for narcotics cannot be refilled by phone or electronically. Please call ahead so we can make arrangements for us to mail a prescription or have someone pick up your prescription before you run out.
**ACTIVITY GUIDELINES**

The following list includes common daily activities listed by how much work or energy they require. Activities at the top of the list take the least energy.

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<thead>
<tr>
<th>ACTIVITY</th>
<th>WHEN TO RESUME</th>
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<tr>
<td>TAKING A SHOWER</td>
<td>Avoid tub baths until you see your surgeon so your incision(s) heal completely. You may shower with running water on your incision site after the 5th postoperative day. If you have drains or tubes in place, please check with your MD. The water should not be too hot because this can cause you to feel faint. Use a chair in the shower if you feel too weak to stand. You may gently wash with antibacterial, fragrance-free, liquid soap to take away dried material from around the incision. Be sure to dry the incision completely by gently patting instead of rubbing.</td>
</tr>
<tr>
<td>DEEP BREATHING / COUGHING</td>
<td>Continue to perform your coughing and deep breathing exercises at least 4 times a day to help keep your lungs clear. Take 3-4 deep breaths followed by a forceful cough. Try to schedule your pain medication about a half hour before increasing your activity.</td>
</tr>
<tr>
<td>WALKING</td>
<td>Try to stay as active as you can. Use your pain medication regularly so you can move around comfortably. Continue to take daily walks gradually increasing the length of time to 20-30 minutes per walk, 2-3 times a day. Be sure to rest between activities. Avoid prolonged sitting.</td>
</tr>
<tr>
<td>LIFTING</td>
<td>Avoid heavy lifting (more than a gallon of milk), shoveling, raking, vacuuming, and lifting small children for at least six weeks. You may do light housework if you feel up to it. If you have had a VATS or a thoracotomy, actively move your arm and shoulder through a normal range of motion several times a day to prevent it from becoming stiff.</td>
</tr>
<tr>
<td>SEXUAL ACTIVITY</td>
<td>You may resume sexual activity when you feel comfortable, unless your doctor has instructed otherwise.</td>
</tr>
<tr>
<td>DRIVING</td>
<td>Do not drive until you have completely stopped taking narcotic pain medicine and no longer have pain from your incision, weakness, or fatigue. (2-4 weeks)</td>
</tr>
<tr>
<td>RETURNING TO WORK</td>
<td>Be sure to discuss with your surgeon during your follow-up visit after surgery.</td>
</tr>
<tr>
<td>TRAVEL</td>
<td>Be sure to discuss your plans to travel with your nurse and/or surgeon after surgery.</td>
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</tbody>
</table>
Notes:

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IMPORTANT DATES AND THINGS TO REMEMBER:

Surgeon Name ___________________________ Phone _________________

Blake 15 - Thoracic Surgical Office
Office hours: 8:30am-5pm daily
Surgeons are available for urgent issues 24 hours a day 7 days a week by calling the office

PRE-ADMISSION TESTING AREA (Plan for a 3-4 hour visit)

Jackson 1st floor
DATE /TIME ____________________________
Bring with you:
✓ List or bottles of medications
✓ List of doctors and specialists
✓ Identification photo

SURGERY

Center for Preoperative Care (CPC)
Patient should designate ONE family member to maintain communication with surgeon and Thoracic team
DATE/ TIME ____________________________

ELLISON 19 – THORACIC SURGERY INPATIENT UNIT
617-724-5910
ANTICIPATED length of hospital stay ____________________________

* MGH DISCHARGE TIME is 10:00 AM *
Please arrange for Transportation home in advance.

FOLLOW-UP APPOINTMENT

Call for appointment with your surgeon on the day you get home.
You should return 2-3 weeks after discharge.