

Thoracotomy

What is a Thoracotomy?

A thoracotomy is a surgical procedure where your doctor makes a 6-inch incision (cut) from your upper back, under your arm, and around the side of your rib cage. The muscles and ribs are separated, exposing the lung, and allowing removal of part or all of a lung. Samples will be sent to pathology. This procedure requires general anesthesia and a hospital stay of at least 2-3 days.

Your surgeon will review the pathology report with you when you return for your postoperative visit. If your follow up appointment is not already scheduled, please call your surgeon's office.

How do I Prepare for the Procedure?

Some over-the-counter and prescription medicines can interfere with normal blood clotting and increase the risk of bleeding. Please review the attached **Medicine Checklist Before Your Procedure** document with your healthcare team to help determine when to stop taking certain medicines prior to your surgery. **Do not stop taking any medicines without talking to your healthcare team.**

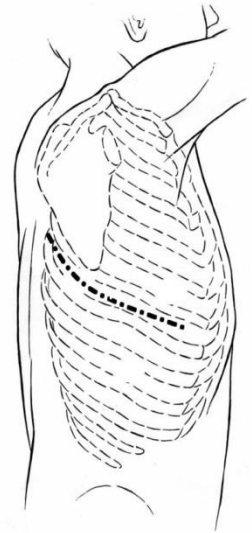
- **Do not** eat or drink anything after midnight on the night **before** the procedure; this includes water, gum, candy, coffee, and juice.
- If you have diabetes and take medicine to control your blood sugar, talk to your healthcare team **before** the day of your procedure.

What Can I Expect After the Procedure?

- You will have a chest tube in your side for at least 48-72 hours; your chest tube will be removed as soon as your lung has fully expanded
- It is **very** important that you take deep breaths and cough up secretions; this will help prevent developing pneumonia or other lung problems after your surgery; the nurses and respiratory therapists will show you how to perform these deep breathing exercises
- You will have special stockings around your legs that automatically inflate and deflate periodically; this keeps the blood moving so blood clots do not form in your legs while you stay in bed; you will also be on a medicine to prevent clots
- It is important for you to get up and walk around as soon as possible; walking helps you move your bowels, exercise your lungs, and prevent blood clots; your ability to walk also helps us to determine when you can safely be discharged to home

What Can I Expect When I am Discharged?

- You may be discharged with oxygen
- You may shower, unless instructed otherwise; raising your arms over your head to wash your hair may cause fatigue, shortness of breath, or pain; you may need someone to help you
- Keep your incisions clean and dry; leave them open to air as much as possible as this promotes healing
- Restrictive clothing, such as a bra, may irritate your incisions



- The chest tube site may drain straw/yellow-colored or bloody drainage; this is normal; you can protect your clothing by covering the incision with gauze until it dries up
- If you have staples and/or sutures, they will be removed at your follow-up visit
- You will be given a prescription for pain medicine to take at home
- Some pain medicines can cause constipation; you may need to take a stool softener while on pain medicine
- You will be given discharge instructions when you leave the hospital
- You will be seen for a follow-up visit 1-2 weeks after the surgery

What Should I Avoid After Surgery?

- Do not scrub the incisions; allow soap and water to run over the incisions, then gently pat them dry
- You are not allowed to drive until you are cleared by your surgeon
- You are not allowed to exercise until you are cleared by your surgeon
- Do not lift anything weighing 15 pounds or more for 2-3 months after the procedure
- No air travel for one month

When Should I Call My Healthcare Team?

Please call immediately if you have:

- Increased shortness of breath or difficulty breathing
- Temperature of 101.0°F (38.3°C) degrees or higher
- Heart palpitations or chest pain
- Swelling or pain of your arms or legs
- Redness or swelling at the incision site that is getting worse (some swelling is normal)
- Drainage of blood or pus from the incision sites
- A bubbling or sucking sound from the incision sites
- Constipation that does not get better with stool softeners
- Any pain that is not relieved by your pain medicine

If you are in need of immediate assistance, please call 732-235-2465 and select the option that best meets your needs.

Medicine Checklist Before Your Procedure

Your healthcare team will review your current list of medicines, vitamins and supplements and advise you when to stop taking them.

 days before procedure stop taking the following medicines:

- Aspirin or medicines containing aspirin such as: acetylsalicylic acid, Excedrin[®], Percodan[®], Alka-Seltzer[®] Pepto-Bismol[®]
- Herbal supplements such as Vitamin E, Omega 3, Fish oil, green tea, ginkgo biloba
- Steroids such as dexamethasone, prednisone, prednisolone
- Anti-inflammatory medicines or medicines that have an anti-inflammatory ingredient in it such as:

celecoxib (Celebrex [®])	ketoprofen (Orudis [®])	naproxen sodium (Aleve [®] /Anaprox [®])
diclofenac (Voltaren [®])	ketorolac (Toradol [®])	piroxicam (Feldene [®])
hydrocodone bitartrate/acetaminophen (Vicodin [®])	meloxicam (Mobic [®])	sulindac (Clinorial [®])
ibuprofen (Advil [®] , Midol [®] , Motrin [®])	misoprostol (Arthrotec [®])	
indomethacin (Indocin [®])	naproxen (Naprosyn [®])	

 days before procedure stop taking the following blood thinning medicines such as:

abxiciab (Reopro [®])	dipyridamole (Persantine [®])	prasugrel (Effient [®])
aggrenox (Aspirin, Dipyridamol [®])	drotrecogin alfa (Xigris [®])	rivaroxaban (Xarelto [®])
apixaban (Eliquis)	enoxaparin (Lovenox [®])	ticagrelor (Brilinta [®])
clopidogrel (Plavix [®])	eptifbatide (Integrilin [®])	ticlopine (Ticlid [®])
dabigatran (Pradaxa [®])	fondaparinux (Arixtra [®])	tirofiban (Aggrastat [®])
dalteparin (Fragmin [®])	pletal (Cilostazol [®])	warfarin (Coumadin [®])

Additional/specific instructions: _____

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