Care After Your Thoracic Surgery

Here are some tips to help you care for yourself after surgery. Follow these instructions at home to avoid complications and allow for a speedy recovery. Please call our office with any questions.

**Watch for signs of infection**
Call the office right away if you have any of these signs of infection:
- Redness or swelling around the incision
- Increased pain not relieved by pain medication
- Pus draining from incision
- Temperature higher than 101.5 degrees (a temperature of 99 degrees is not uncommon after surgery).

**General care instructions**
- Keep your incision clean and dry.
- You may shower one day after your chest tube is removed. Wash your incisions with soap and water.
- No baths or swimming.
- If the chest tube site is draining, cover it with a dry dressing and change as needed. If a suture is left at the chest tube site, it can be removed at your next doctor visit.
- Eat a healthy, well balanced diet.

**Activity**
- Stay active! Walk, walk, walk! You will fatigue easily at first but will regain strength by sticking with it and increasing activity over time. You may have shortness of breath with activity or when you are fatigued. This should steadily improve over time.
- Do not lift more than 10 pounds until your doctor says it’s okay to lift more.
- You will not be able to return to work for at least 6-8 weeks. If your job requires heavy lifting you may need to be off for at least three months.

**Pain medication**
- Take pain medication as needed. Take it with food (such as crackers or toast), not on an empty stomach.
- At first you will need medication 4 or 5 times a day. This will decrease over time and by 10 to 12 weeks after surgery most patients have only minor discomfort.
- If you are running out of pain pills and need more, call our office before you run out. Some prescriptions will need to be picked up before being filled.
- No driving while on pain medication!
- It is not uncommon to be constipated after surgery, especially while on pain medication. Drink plenty of fluids. Take a stool softener while on pain medication to avoid straining with bowel movements.

**Follow-up appointment**
Your nurse will let you know when to schedule a follow-up appointment before you leave the hospital.

**Breathing exercises**
These are important to help expand your lungs. Inhale slowly through your nose. Exhale slowly as much air as you can through your mouth.
- Place your hands on your lower rib cage and feel your lower ribs expand as you inhale and then sink as you exhale.
- Place your right hand on your right lower rib cage. Concentrate on expanding only that side when you inhale. Repeat with the left side. Do the exercise in a sitting position and lying on each side.
- Place your hands on your upper abdomen. Feel your waist expand as you inhale and feel your abdomen pull in as you exhale.
Coughing exercises
Take a deep breath before coughing. This will allow air to push the congestion upward during coughing.
• Two short, clear coughs should be done after each inhalation. Throat clearing, tiny coughs, and “hacking” do not work well in clearing the congestion. Rest as needed between coughs to avoid fatigue.
• You will find it more comfortable to hold a pillow or a folded blanket over your incision when coughing.

When to do breathing and coughing exercises
Breathing exercises must be done every waking hour to speed up your recovery. Do one breathing exercise per hour. Each time you do the exercises, be sure to repeat them at least five times and follow with double coughs.

Posture
Good posture is vital to expand both lungs well. To maintain good posture when in bed:
• Do not slouch
• Do not slide down in bed
• Sit up with your shoulders back and relaxed

When standing or walking:
• Do not hold one shoulder lower than the other
• Stand up straight

Upper body exercises
The next two pages show upper body exercises that will help keep the muscles on the side of your incision flexible. They will also help to prevent the loss of shoulder motion.

Do these exercises slowly, 3 times a day. Do not hold your breath during these exercises!

Important terms to understand
• Thoracotomy – Making an opening into the chest between the ribs. The skin incision may start under your arm and extend around to the back for 7 or 8 inches.
• Biopsy – Removal of a small piece of tissue to find out the nature of your disease. This may be done with a wedge resection of the lung, or sampling a lymph node or abnormal tissue from inside the chest.
• Mass – A lump or grouping of similar cells that are different from the surrounding tissue.
• Nodule – A small mass of rounded or irregular shape.
• Tumor – An abnormal mass of tissue.
• Wedge resection – Removal of a “pie-shaped” portion of one lobe.
• Lobectomy – Removal of a section or sections of the lung. Each lung is divided into lobes. The left lung has 2 lobes (upper and lower). The right lung has 3 lobes (upper, middle, and lower). After a lobectomy, the remaining lobe(s) will fill the empty space.
• Pneumonectomy – Removal of one entire lung (right or left). After a pneumonectomy, the remaining space (pleural cavity) fills with fluid.
• Thorascopic surgery – Performing traditional thoracic surgery through 3-4 tiny incisions with the assistance of a video camera.
A. Shrug your shoulders up and relax.

B. Pull shoulders back to bring the shoulder blades close together and then forward to bring shoulder blades far apart and relax.

C. Do shoulder circles in both directions.

D. Lift arms in front and above your head, keeping elbows straight and lower. Reach back with your arms as far as possible, keeping elbows straight and lower.

E. Lift arms in front to shoulder level, spread them apart, bring them together and lower.

F. Lift arms out sideways to shoulder level, turn palms up and touch hands above the head and lower. Be sure to keep elbows straight.
G. Clasp hands behind the back, slide them up and down the backbone and return them to lap.

H. Walk arm of operated side up a wall for a good stretch.

I. Clasp hands behind the neck. Bring elbows together and apart.

J. Keep your back firmly against the chair back. Hold your arms forward at shoulder level with elbows straight. Reach arms forward as if to touch a wall several inches beyond the fingertips and then pull arms back.

K. With a firm seat on the chair, hands on hips, twist upper body to the right and then the left and relax.

L. With a firm seat on a chair, bend to one side, then the other and relax.