



Lung surgery information and patient diary

i Please bring this booklet with you on each visit to the hospital.

Quick reference guide

Your name	
Your admission date	
Your surgery date	
Your estimated date of discharge	
Stop your Warfarin on	
Stop your Clopidogrel on	
Your surgeon is	
Your anaesthetist is	
Your physiotherapist is	

Person picking me up

Name	
Contact number	

Person helping me at home

Name	
Contact number	

About this booklet

This booklet contains information about your thoracic (lung) surgery and what to expect during your stay at the Golden Jubilee National Hospital. It will also give you advice and information on your recovery after your operation.

You have been offered an operation on your lung. Your surgeon will discuss the operation with you and the reason it is necessary.

An overview of your care is contained in this booklet. Use the patient diary included to keep track of important information and help you plan your recovery. Please discuss this booklet with the person who will help you at home.

You may go home three to six days after your operation if you progress well. You will receive a follow up appointment for six weeks after your operation.

If you have any questions before or after your surgery, please just ask or get in touch with your surgeon via their secretary or telephone ward 3 West on 0141 951 5300.

Ward phone numbers:

3 West	0141 951 5300
HDU3	0141 951 5303

Visiting hours:

3 West	2pm - 4.30pm and 5.30pm - 9pm
HDU3	1pm - 8pm

What is enhanced recovery?

Enhanced recovery is an evidence-based approach that helps people recover more quickly after having a major operation. This aims to ensure that you:

- are as healthy as possible before your operation;
- receive the best possible care during your operation; and
- receive the best care while recovering.

Having an operation can often be both physically and emotionally stressful. Enhanced recovery programmes (ERP) try to get you back to normal as quickly as possible. Research has shown that the earlier a person gets out of bed and starts moving around, eating and drinking, after an operation, the quicker they recover.

Your active participation before and after your operation is essential to help you:

- get home sooner;
- feel better sooner; and
- get back to normal life sooner.

This patient diary is a tool to help you understand and achieve the goals to a successful enhanced recovery.

What can I do to improve my recovery before my operation?

- Eat well. Your body needs fuel to repair.
- Stay physically active to the best of your ability; this will help you get better quicker.
- Involve your friends and family in your preparation. They can help you achieve your goals.
- If you do smoke or drink, use this as an opportunity to stop or cut down; this will help your recovery and reduce the risks of complications.

Before your operation

Pre-operative Assessment

At your pre-operative assessment, or on the ward, you may have a number of tests and investigations performed to determine your fitness for surgery, anaesthesia and your involvement in ERP. This will be discussed with you in more detail upon your arrival.

Planning your return home

Before you come to hospital, discuss with your family or support network how you will cope after discharge from hospital. During your first few weeks at home, you will need practical support with things such as shopping, cooking and cleaning. You will not be able to do any heavy lifting for up to six weeks. **Please advise ward staff as soon as possible if no one will be available to help you at home.**

You may need to visit your GP practice nurse to have your wound checked and sutures and staples removed. If you are unable to get to your GP, let the ward nurses know and they will arrange for a district nurse to visit you at home.

Transport to and from hospital

Hospital transport is available for individuals with specific mobility or physical needs. This can be arranged by contacting your local health Board. Otherwise, we would ask you to please make your own arrangements to be picked up and dropped off at your home and from the hospital.

Medication

We will organise supplies of medicine and any other relevant equipment to be available for you to take home.

Ticket to go

You will be seen by the surgical Thoracic team on a daily basis and they will allow you to go home if:

- You are eating and drinking enough.
- You are walking round the ward comfortably or to your ability before the operation.
- You have completed stair practice with the physiotherapist, regardless if you have stairs at home (unless your mobility did not allow this before your operation).
- You are passing wind and opening your bowels.
- You do not have a temperature or any signs of a wound infection.
- You are passing urine without difficulty.
- You feel able to look after yourself when you get home and have help at home.

The list on page 53 tells you the goals you should aim for to be ready to go home. This will be discussed with you daily after your operation.

Planned date of discharge:

What operation might I need?

There are various procedures which you may be offered, depending on your particular condition.

- **Lobectomy**

Your lungs are made up of sections called lobes. The right lung has three lobes and the left lung has two.

If the cancer or suspicious area is only in one of these lobes, a lobectomy may be carried out to remove the entire lobe.

If, however, you are undergoing a bi-lobectomy, this will require the removal of two lobes from the right lung.

- **Wedge resection or Segmentectomy**

In some cases, if the suspicious area is small and confined to one area of the lung, a wedge resection may be performed. This removes the affected piece of lung tissue and a margin of normal tissue around it.

If a larger section needs to be removed, then a segmentectomy is performed.

- **Sleeve resection**

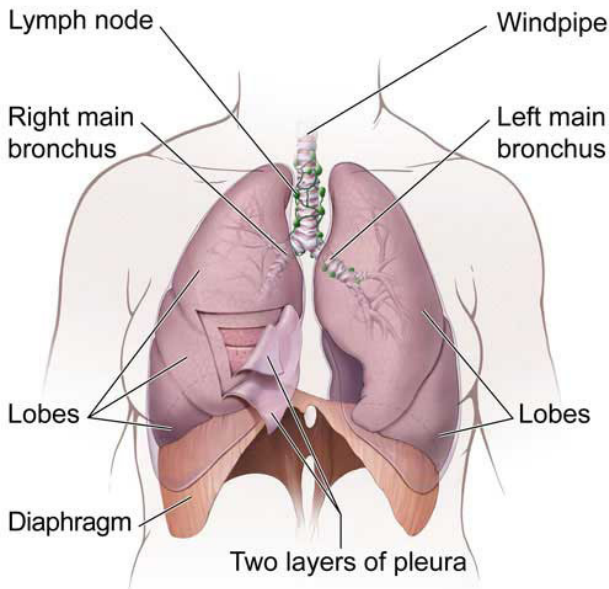
In a small number of cases, a sleeve resection may be performed. This is the removal of a lobe and part of the main bronchus. The healthy ends of the bronchus are re-joined and the remaining lobe(s) are re-attached to the bronchus.

- **Pneumonectomy**

This procedure is the removal of an entire lung. A pneumonectomy is recommended when the cancer or suspicious area is in the centre of the lung, in both lobes of the left lung and/or in all three lobes of the right lung. Following this operation, patients are generally able to manage well with one lung.

During any of these operations, the surgeon will take samples of the lymph nodes (glands) that lie in the center of the chest near the lungs.

The parts of the lung which are removed, along with the lymph nodes, are then sent to the laboratory for testing. Results usually take 10-14 days.

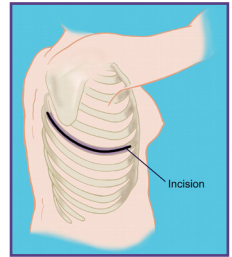


How is the operation carried out?

Your operation will be performed under general anaesthetic, meaning you will not be awake throughout, and will be carried out using one of two techniques: a Thoracotomy or Keyhole/Video Assisted Thoracoscopic Surgery (VATS). The surgeon will discuss and agree this with you.

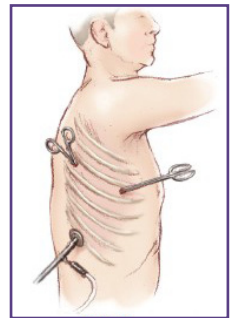
- **Thoracotomy**

A Thoracotomy is performed via a cut in your side, towards your back. The exact size and location depends on the size and position of the suspicious area. Your ribs are spread apart, allowing the surgeon access. In some cases a small piece of rib may have to be removed to make it easier for the surgeon to operate.



- **Video Assisted Thoracoscopic Surgery (VATS)**

VATS is a minimally invasive surgical technique or keyhole procedure. During the operation, a tiny camera (thoracoscope) and surgical instruments are inserted in the chest through small incisions. The camera transmits images of the inside of your chest onto a video monitor, guiding your surgeon while performing the operation.



Once the operation is finished, one or more drain tubes may be placed in the chest cavity for a short time to remove fluid or air.

Anaesthesia explained

Decisions regarding your anaesthesia will be tailored to your personal needs and will be discussed with your anaesthetist before the operation. Your anaesthetist will also answer any questions you may have; it may be helpful to think of some questions or concerns and write these down before meeting with them. Several types of anaesthesia may be available to you, depending on which type of surgery you will have.

- **Local anaesthesia**

A local anaesthetic numbs a small part of your body. It is used when the nerves can easily be reached by drops, sprays, ointments or injections. You stay conscious but free from pain. The anaesthetist may administer local anaesthetic prior to inserting a cannula (a tube inserted into a vein) in your arm or neck to numb the area.

- **Regional anaesthesia**

Regional anaesthesia can be used for operations on larger or deeper parts of the body. Local anaesthetic drugs are injected near to the bundles of nerves that carry pain signals from that area of the body to the brain.

Paravertebral blocks and epidural analgesia are types of regional anaesthesia which are used to manage pain after lung operations.

- **General anaesthesia**

General anaesthesia is a state of controlled unconsciousness during which you are asleep and feel nothing. For this you will receive:

- anaesthetic drugs (injection or breathing gas);
- strong pain relief drugs (for example, morphine);
- oxygen to breathe; and/or
- a drug to relax your muscles.

All patients undergoing a lung operation will have a general anaesthetic and a combination of the other types of anaesthesia. Your anaesthetist will discuss this further with you.

- **Premedication**

Premedication (pre-med) is the name for drugs that are given before some anaesthetics. They can:

- reduce anxiety;
- help to prevent sickness after the operation; and
- help with pain relief after your operation.

Your anaesthetist will discuss this with you and you will make a decision together about appropriate pre-med.

Will I have any side effects?

Your anaesthetist will discuss the risks and benefits of anaesthesia as well as any possible side effects and complications. A possible side effect may be nausea and vomiting; medication to treat these symptoms can be given if needed.

The amount of discomfort you experience will depend on several factors, especially the technique used to carry out the operation. You may still experience some pain or discomfort, this is not unusual and can be managed with medication administered by our team. We will teach you to assess your pain levels using the pain scale (0-10).

You will be given copies of any other patient information relevant to you.

Management of pain after your operation

While some discomfort should be expected, we aim to reduce your pain to a level that you can cope with, allowing you to get back on your feet and achieve your physiotherapy goals.

After an operation on your chest, effective pain relief is very important as it allows you to breathe deeply and cough without too much discomfort. Being able to cough and clear your chest following your operation is essential to avoid chest infections and other complications during your recovery. Having the right balance of medication is important for reducing side effects such as drowsiness, nausea and light headedness.

Your anaesthetist will discuss techniques and methods which would be best suited to you.

There are two main techniques used for pain relief following thoracic surgery:

1. Paravertebral block

This technique involves the surgeon placing either one or two fine plastic catheters in your back, close to the nerves supplying the chest at your operation site.

These will be connected to a local anaesthetic infusion. This infusion, which will aim to reduce the pain messages coming from the nerves around your operation site. This will stay for around one to three days.

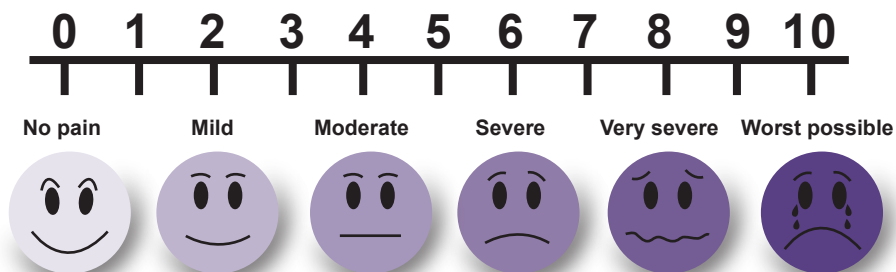
Along with this you will have an Intravenous Patient Controlled Analgesia Pump (IV PCA). This will usually be a morphine pump with a Patient Handset, allowing you to deliver a dose of pain relief when you need it. To ensure you receive the appropriate amount of pain relief, the device has a built in safeguard. In some cases, tablets may be administered.

2. Epidural analgesia

This involves an injection of local anaesthetic into your back. A fine plastic catheter is left in place to administer an infusion during the first few days after your operation.

Part of this infusion may be under your control to enable you to remain comfortable by pressing your own Patient Handset, delivering a dose of pain relief directly as you need it. As this technique uses local anaesthetic, it often causes areas of numbness in the chest; this is normal.

After your operation your pain will be assessed regularly and measured. Within your diary, you will be asked to describe where your pain fits on the pain scale as illustrated below:



Pain assessment helps us to identify, measure and plan for your pain relief. If you are sore please tell a member of staff as soon as possible.

The pain team will visit you after your operation to ensure your pain relief is working, that you understand the methods of your pain relief and discuss your ongoing pain management plan. Our nurses and pain team can offer you advice and support.

Prevention of Deep Vein Thrombosis (DVT)

A DVT is a blood clot that can form in the deep veins of your leg following surgery. Although this is not common, it can result in pain and swelling of the leg, and some cases, the clot may break away from the leg. If this occurs it can travel through to the lungs, or heart, causing a Pulmonary Embolus (PE). While this is not common, it can be life threatening.

Prevention of DVT involves blood-thinning injections, wearing support stockings (TED stockings) and physiotherapy. While you are in hospital, we will advise you on the measures you can take to prevent this and you will be given copies of any other patient information relevant to you.

Your patient diary

This is your personal diary to help you record and monitor your progress when you are in hospital. It sets out daily goals for you to achieve, with support from the team who are caring for you, to allow you to get back to normal life sooner.

Each day you will be asked about:

- moving around;
- pain control;
- exercises for your breathing and circulation;
- eating and drinking; and
- washing and dressing.

We will ask you to circle how often you have been able to achieve your personal goals and write any notes if you should wish.

Examples of goals you may set		
Day of surgery	Day one after surgery	Day two after surgery
drink	eat	walk
eat	sit out	dress
sit out	walk	eat

We hope that you will be active in completing your diary. If you have any questions, please ask any member of your care team.

Eating and drinking

It is important that you eat and drink early after your operation to help your wounds heal, reduce your risk of infection and give your body fuel to help you recover. Drinking small regular amounts will help to achieve this, unless you are advised otherwise or feel nauseated. If you do feel nauseated, please let a nurse know, who can give you something for it.

Moving around

It is important to continue to be active whilst you are in hospital. By sitting out of bed and by walking regularly, your breathing will be improved. This also reduces the chance of you developing a chest infection, or clots in your legs. If you normally have difficulty walking, or are unable to do so, we will advise you on other suitable alternatives.

A physiotherapist will advise you on breathing and circulation exercises before your operation. You should perform these to help your circulation and reduce your risk of blood clots. Daily physiotherapy sessions after your operation will guide you in deep breathing exercises to help you recover from the anaesthetic and keep your chest clear from secretions.

Please bring some loose fitting, easy to wear, clothes and suitable footwear for comfortable walking.

Mobility

Walking is a very important part of your recovery, it helps to:

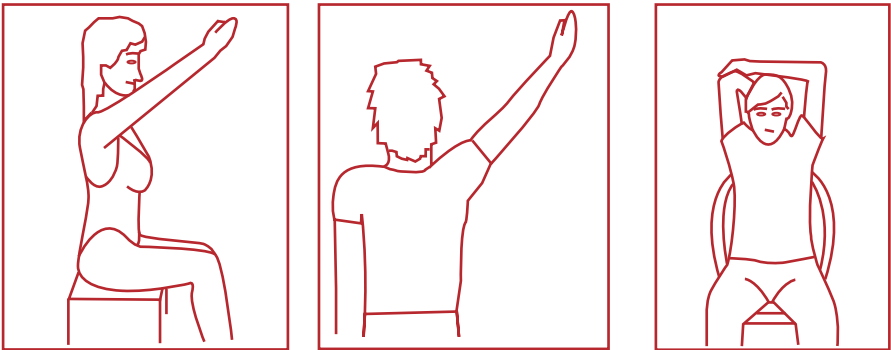
- increase circulation;
- encourage deep breathing; and
- increase your strength and stamina.

Walking usually begins on the first day after your operation. Assistance may be required until you can manage your drains safely. If you are unable to walk, marching on the spot will be encouraged.

The amount of walking is gradually increased over the following days and you can expect to be walking on your own within two to three days. Once you are able to walk on your own, try to have a walk every hour. Your physiotherapist will also make sure you can manage a flight of stairs before you go home.

Shoulder exercises

Your physiotherapist will teach you the following exercises to prevent stiffness in your shoulder joint.



The exercises should be carried out at a slow pace. You should aim to perform five of each, three times a day.

Breathing exercises (in a sitting position)

- Place your hands on your tummy.
- Take a deep breath in, you should feel your tummy rise under your hands and you may be asked to hold your breath for three seconds.
- Breathe out slowly.
- Repeat the above steps three times.

Huffing

A huff is a short sharp breath out to help you to cough and clear phlegm more easily. Take a medium breath in and huff out as if you are steaming up a mirror.

- Support your wound with a clean towel.
- Give three sharp huffs.
- Have a short rest and repeat all of these exercises again.

Circulation exercises

When resting in bed try to do the following exercises:

- wiggle your toes;
- pull your toes up towards you then push them away; and
- circle your ankles.

Day of surgery

You may be admitted to hospital on the day of your operation or alternatively the day before. Our ward staff will prepare you for your operation. You will have a chance to discuss any concerns or issues you are worried about.

After your operation in the recovery unit

When you wake from your operation:

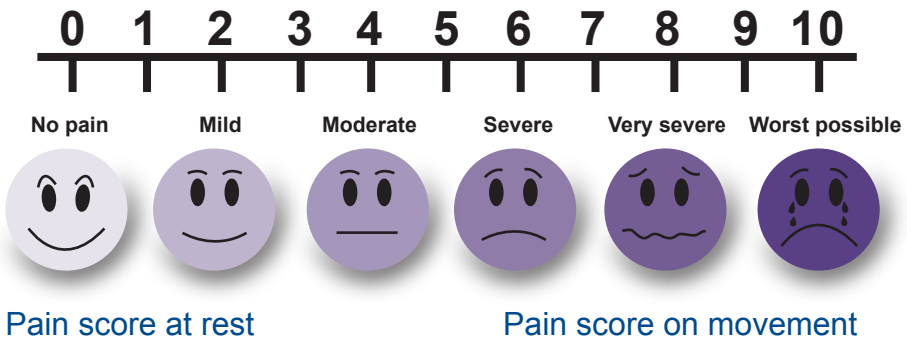
- You should be comfortable and the recovery nurses will assess your pain to manage any discomfort you experience.
- You should not feel nauseated, but if you do we can manage this for you.
- You will have a cannula in your arm or hand; this is a small plastic tube through which fluids and drugs can be given.
- You may have a larger cannula in your neck; this is a large plastic tube through which fluids and drugs can be given.
- You may have a cannula in your wrist; this is a small plastic tube that can monitor blood pressure and be used to take blood samples.
- You may have one or two drains in your chest.
- You may have a catheter in your bladder.
- You will be able to drink water as soon as you feel able to.
- You should start deep breathing exercises at this point.

On return to the ward/High Dependency Unit (HDU)

Once back on the ward, staff will continue to monitor your progress. You will be able to have a drink and something light to eat. Some patients are able to get up with the nurse later in the day; others stay in bed until the following morning. Visitors should be kept to a minimum on this day.

Managing your pain

We will ensure that any nausea and pain is managed so you are comfortable.



Eating and drinking

We will encourage you to eat and drink.

How many drinks (cups) have I had? (please circle) 1 2 3 4

What have I eaten?

Moving around

Breathing exercises (please circle)

2pm 3pm 4pm 5pm 6pm 7pm 8pm 9pm 10pm

Circulation and arm exercises (please circle)

2pm 3pm 4pm 5pm 6pm 7pm 8pm 9pm 10pm

If appropriate, on the evening of your operation, we would like you to sit out of bed for one to two hours. The nurses will help you with this.

Daily goals

Have I achieved my goals today? Yes No

If no, why have I had difficulty achieving my goals today?
e.g. too tired, pain etc?

Ticket to go (page 53).

This sheet lists the goals you should aim for to be ready to go home.

Planned date of discharge:

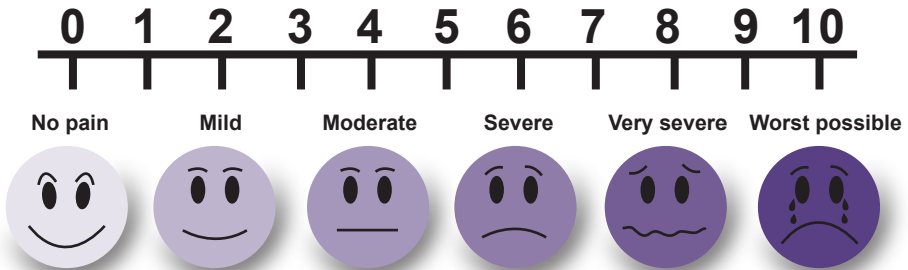
Day one after your operation

Hygiene

Your nurse will help you to have a wash.

Managing your pain

Please let a nurse know if your pain control is not adequate and we can give you additional painkillers.



Pain score at rest

Pain score on movement

Have I felt comfortable today?

Yes No

If no, please explain why:

Eating and drinking

You are encouraged to eat and drink.

Your nurse will advise you if you are on a fluid restriction.

How many drinks (cups) have I had? 1 2 3 4 5 6 7 8

What I have eaten:

Breakfast

Lunch

Dinner

Snacks

Nausea

If you are nauseated, tell your nurse who can manage this for you .

Have I felt nauseated today? Yes No

If yes, please explain:

Moving around

Today you can sit out in the chair for up to six hours or more if you feel able to. You can have rests in bed inbetween.

Our nurses will help you with this. Please don't try to get up or go back to bed yourself as you will require help with the drains and pumps that are attached to you.

Number of hours I sat out of bed:

1 2 3 4 5 6

Breathing exercises

Morning: 8am 9am 10am 11am 12noon

Afternoon: 1pm 2pm 3pm 4pm 5pm

Evening: 6pm 7pm 8pm 9pm 10pm

Circulation and arm exercises

Morning: 8am 9am 10am 11am 12noon

Afternoon: 1pm 2pm 3pm 4pm 5pm

Evening: 6pm 7pm 8pm 9pm 10pm

Bowels/urine

If you have a urinary catheter, it may be removed today.

Have I passed urine today? Yes No

Please let the nurses know if you pass wind or your bowels open as we need to monitor this following your operation.

Have I passed wind? Yes No

Have my bowels opened? Yes No

Daily goals

Have I reached my goals today? Yes No

Have I had any difficulty achieving my goals today, e.g. too tired, pain etc? Yes No

If yes, please explain:

Ticket to go (page 53).

This sheet lists the goals you should aim for to be ready to go home.

Planned date of discharge:

Day two after your operation

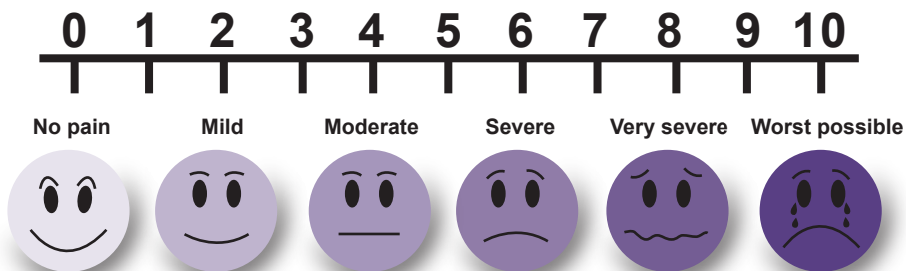
Hygiene

You will be encouraged to be more independent with your hygiene needs but a nurse will assist you if you require it. You are encouraged to wear your own clothes/pyjamas.

Managing your pain

We may review your epidural or paravertebral block today. We will continue to give you pain relieving tablets.

Please let a nurse know if your pain control is not adequate and we can give you additional painkillers.



Pain score at rest

Pain score on movement

Have I felt comfortable today?

Yes

No

If no, please explain why:

Eating and drinking

You are encouraged to eat and drink.
You should no longer be on a fluid restriction.

Number of drinks (cups) I have had: 1 2 3 4 5 6 7 8 9 10

What I have eaten:

Breakfast

Lunch

Dinner

Snacks

Nausea

If you are nauseated, tell your nurse who can manage this for you .

Have I felt nauseated today? Yes No

If yes, please explain:

Moving around

Today you can sit out in the chair for up to eight hours or more if you feel able to and walk around the ward with a nurse or physiotherapist on two to three occasions. You can have rests in bed inbetween.

Our nurses will help you with this. Please don't try to get up or go back to bed yourself as you will require help with the drains and pumps that are attached to you.

Number of hours I sat out of bed:

1 2 3 4 5 6

Number of times I walked around the ward:

1 2 3

Breathing exercises

Morning: 8am 9am 10am 11am 12noon

Afternoon: 1pm 2pm 3pm 4pm 5pm

Evening: 6pm 7pm 8pm 9pm 10pm

Circulation and arm exercises

Morning: 8am 9am 10am 11am 12noon

Afternoon: 1pm 2pm 3pm 4pm 5pm

Evening: 6pm 7pm 8pm 9pm 10pm

Bowels/urine

If you have a urinary catheter it may be removed today.

Have I passed urine today? Yes No

Please let the nurses know if you pass wind or your bowels open as we need to monitor this following your operation.

Have I passed wind? Yes No

Have my bowels opened? Yes No

Daily goals

Have I reached my goals today? Yes No

Have I had any difficulty achieving my goals today, e.g. too tired, pain etc? Yes No

If yes, please explain:

Ticket to go (page 53).

Planned date of discharge:

Day three after your operation

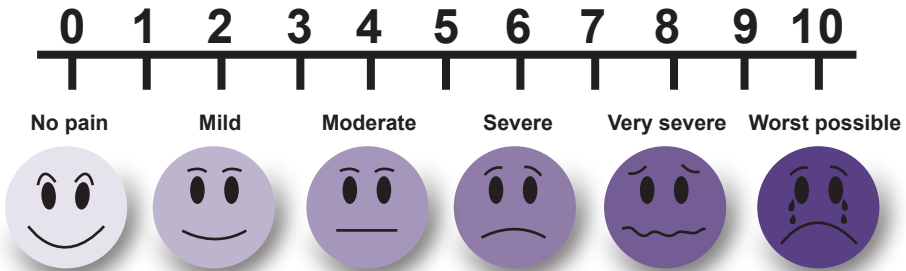
Hygiene

You will be encouraged to be more independent with your hygiene needs but a nurse will assist you if required. You are encouraged to wear your own clothes.

Managing your pain

Your epidural or paravertebral block will be removed today and we will continue to give you pain relieving tablets.

Please let a nurse know if your pain control is not adequate and we can give you additional painkillers.



Pain score at rest

Pain score on movement

Have I felt comfortable today?

Yes No

If no, please explain why:

Eating and drinking

You are encouraged to eat and drink.
You should no longer be on a fluid restriction.

Number of drinks (cups) I have had: 1 2 3 4 5 6 7 8 9 10

What I have eaten:

Breakfast

Lunch

Dinner

Snacks

Nausea

If you are nauseated, tell your nurse who can manage this for you .

Have I felt nauseated today? Yes No

If yes, please explain:

Moving around

Today you can sit out in the chair for most of the day if you feel able to and walk around the ward regularly if you are able. If you still have drains or other attachments, please ask a nurse or physiotherapist to assist you.

Number of hours I sat out of bed:

1 2 3 4 5 6 7 8

Number of times I walked around the ward:

1 2 3 4 5 6

Breathing exercises

Morning: 8am 9am 10am 11am 12noon

Afternoon: 1pm 2pm 3pm 4pm 5pm

Evening: 6pm 7pm 8pm 9pm 10pm

Circulation and arm exercises

Morning: 8am 9am 10am 11am 12noon

Afternoon: 1pm 2pm 3pm 4pm 5pm

Evening: 6pm 7pm 8pm 9pm 10pm

Bowels/urine

If you have a urinary catheter it may be removed today.

Have I passed urine today? Yes No

Please let the nurses know if you pass wind or your bowels open as we need to monitor this following your operation.

Have I passed wind? Yes No

Have my bowels opened? Yes No

Daily goals

Have I reached my goals today? Yes No

Have I had any difficulty achieving my goals today, e.g. too tired, pain etc? Yes No

If yes, please explain:

Ticket to go (page 53).

Planned date of discharge:

Day four after your operation

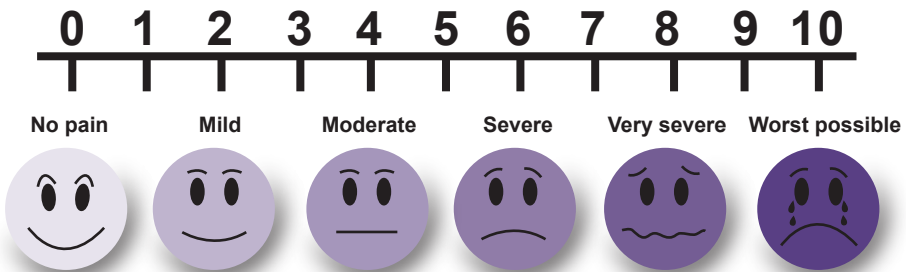
Hygiene

You will be encouraged to be more independent with your hygiene needs but a nurse will assist you if required. You are encouraged to wear your own clothes.

Managing your pain

You will continue to receive regular painkillers.

Please let a nurse know if your pain control is not adequate and we can give you additional painkillers.



Pain score at rest

Pain score on movement

Have I felt comfortable today?

Yes

No

If no, please explain why:

Eating and drinking

You are encouraged to eat and drink.
You should no longer be on a fluid restriction.

Number of drinks (cups) I have had: 1 2 3 4 5 6 7 8 9 10

What I have eaten:

Breakfast

Lunch

Dinner

Snacks

Nausea

If you are nauseated, tell your nurse who can manage this for you .

Have I felt nauseated today? Yes No

If yes, please explain:

Moving around

Today you can sit out in the chair for most of the day if you feel able to and walk around the ward regularly if you are able. If you still have drains or other attachments, please ask a nurse or physiotherapist to assist you.

Number of hours I sat out of bed:

1 2 3 4 5 6 7 8

Number of times I walked around the ward:

1 2 3 4 5 6

Breathing exercises

Morning: 8am 9am 10am 11am 12noon

Afternoon: 1pm 2pm 3pm 4pm 5pm

Evening: 6pm 7pm 8pm 9pm 10pm

Circulation and arm exercises

Morning: 8am 9am 10am 11am 12noon

Afternoon: 1pm 2pm 3pm 4pm 5pm

Evening: 6pm 7pm 8pm 9pm 10pm

Bowels/urine

Have I passed urine today?

Yes No

Please let the nurses know if you pass wind or your bowels open as we need to monitor this following your operation.

Have I passed wind?

Yes No

Have my bowels opened?

Yes No

Daily goals

Have I reached my goals today?

Yes No

Have I had any difficulty achieving my goals today, e.g. too tired, pain etc?

Yes No

If yes, please explain:

Ticket to go (page 53).

Planned date of discharge:

Day five after your operation

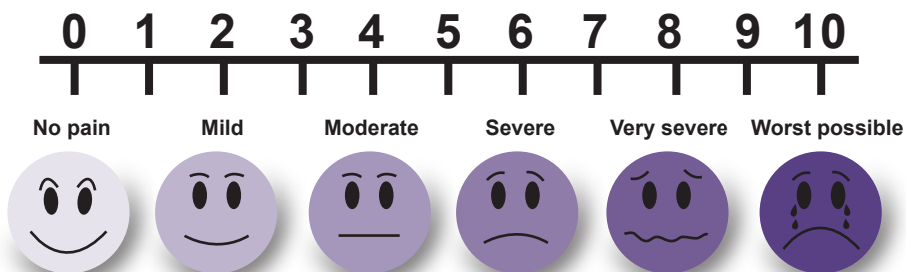
Hygiene

You will be encouraged to be more independent with your hygiene needs but a nurse will assist you if required. You are encouraged to wear your own clothes.

Managing your pain

You will continue to receive regular painkillers.

Please let a nurse know if your pain control is not adequate and we can give you additional painkillers.



Pain score at rest

Pain score on movement

Have I felt comfortable today?

Yes

No

If no, please explain why:

Eating and drinking

You are encouraged to eat and drink.
You should no longer be on a fluid restriction.

Number of drinks (cups) I have had: 1 2 3 4 5 6 7 8 9 10

What I have eaten:

Breakfast

Lunch

Dinner

Snacks

Nausea

If you are nauseated, tell your nurse who can manage this for you .

Have I felt nauseated today? Yes No

If yes, please explain:

Moving around

Today you can sit out in the chair for most of the day if you feel able to and walk around the ward regularly if you are able. If you still have drains or other attachments, please ask a nurse or physiotherapist to assist you.

Number of hours I sat out of bed:

1 2 3 4 5 6 7 8

Number of times I walked around the ward:

1 2 3 4 5 6

Breathing exercises

Morning: 8am 9am 10am 11am 12noon

Afternoon: 1pm 2pm 3pm 4pm 5pm

Evening: 6pm 7pm 8pm 9pm 10pm

Circulation and arm exercises

Morning: 8am 9am 10am 11am 12noon

Afternoon: 1pm 2pm 3pm 4pm 5pm

Evening: 6pm 7pm 8pm 9pm 10pm

Bowels/urine

Have I passed urine today? Yes No

Please let the nurses know if you pass wind or your bowels open as we need to monitor this following your operation.

Have I passed wind? Yes No

Have my bowels opened? Yes No

Daily goals

Have I reached my goals today? Yes No

Have I had any difficulty achieving my goals today, e.g. too tired, pain etc? Yes No

If yes, please explain:

Ticket to go (page 53).

Planned date of discharge:

Day six after your operation

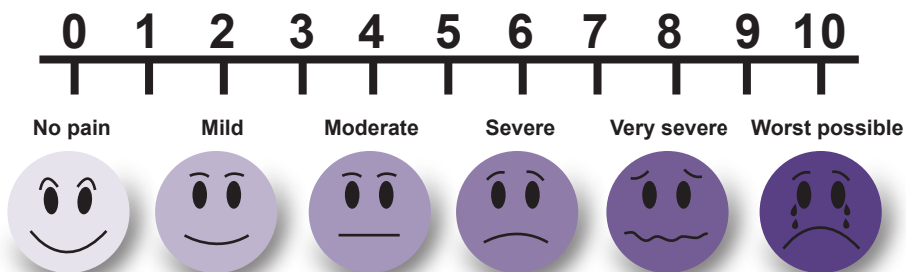
Hygiene

You will be encouraged to be more independent with your hygiene needs but a nurse will assist you if required. You are encouraged to wear your own clothes.

Managing your pain

You will continue to receive regular painkillers.

Please let a nurse know if your pain control is not adequate and we can give you additional painkillers.



Pain score at rest

Pain score on movement

Have I felt comfortable today?

Yes No

If no, please explain why:

Eating and drinking

You are encouraged to eat and drink.
You should no longer be on a fluid restriction.

Number of drinks (cups) I have had: 1 2 3 4 5 6 7 8 9 10

What I have eaten:

Breakfast

Lunch

Dinner

Snacks

Nausea

If you are nauseated, tell your nurse who can manage this for you .

Have I felt nauseated today? Yes No

If yes, please explain:

Moving around

Today you can sit out in the chair for most of the day if you feel able to and walk around the ward regularly if you are able. If you still have drains or other attachments, please ask a nurse or physiotherapist to assist you.

Number of hours I sat out of bed:

1 2 3 4 5 6 7 8

Number of times I walked around the ward:

1 2 3 4 5 6

Breathing exercises

Morning: 8am 9am 10am 11am 12noon

Afternoon: 1pm 2pm 3pm 4pm 5pm

Evening: 6pm 7pm 8pm 9pm 10pm

Circulation and arm exercises

Morning: 8am 9am 10am 11am 12noon

Afternoon: 1pm 2pm 3pm 4pm 5pm

Evening: 6pm 7pm 8pm 9pm 10pm

Bowels/urine

Have I passed urine today?

Yes No

Please let the nurses know if you pass wind or your bowels open as we need to monitor this following your operation.

Have I passed wind?

Yes No

Have my bowels opened?

Yes No

Daily goals

Have I reached my goals today?

Yes No

Have I had any difficulty achieving my goals today, e.g. too tired, pain etc?

Yes No

If yes, please explain:

Ticket to go (page 53).

Planned date of discharge:

Day seven after your operation

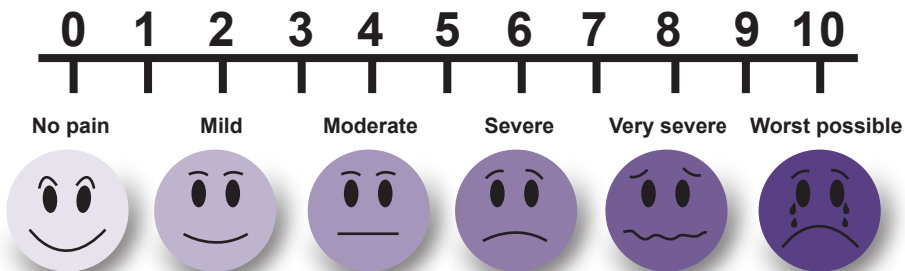
Hygiene

You will be encouraged to be more independent with your hygiene needs but a nurse will assist you if required. You are encouraged to wear your own clothes.

Managing your pain

You will continue to receive regular painkillers.

Please let a nurse know if your pain control is not adequate and we can give you additional painkillers.



Pain score at rest

Pain score on movement

Have I felt comfortable today?

Yes No

If no, please explain why:

Eating and drinking

You are encouraged to eat and drink.
You should no longer be on a fluid restriction.

Number of drinks (cups) I have had: 1 2 3 4 5 6 7 8 9 10

What I have eaten:

Breakfast

Lunch

Dinner

Snacks

Nausea

If you are nauseated, tell your nurse who can manage this for you .

Have I felt nauseated today? Yes No

If yes, please explain:

Moving around

Today you can sit out in the chair for most of the day if you feel able to and walk around the ward regularly if you are able. If you still have drains or other attachments, please ask a nurse or physiotherapist to assist you.

Number of hours I sat out of bed:

1 2 3 4 5 6 7 8

Number of times I walked around the ward:

1 2 3 4 5 6

Breathing exercises

Morning: 8am 9am 10am 11am 12noon

Afternoon: 1pm 2pm 3pm 4pm 5pm

Evening: 6pm 7pm 8pm 9pm 10pm

Circulation and arm exercises

Morning: 8am 9am 10am 11am 12noon

Afternoon: 1pm 2pm 3pm 4pm 5pm

Evening: 6pm 7pm 8pm 9pm 10pm

Bowels/urine

Have I passed urine today?

Yes No

Please let the nurses know if you pass wind or your bowels open as we need to monitor this following your operation.

Have I passed wind?

Yes No

Have my bowels opened?

Yes No

Daily goals

Have I reached my goals today?

Yes No

Have I had any difficulty achieving my goals today, e.g. too tired, pain etc?

Yes No

If yes, please explain:

Going home and moving around

Continue to move around regularly when you go home. You will feel tired at first, but this will gradually improve over the next few weeks to months. Take activity at a gentle pace to begin with and gradually build up. Walk regularly and gradually increase the distance you go. It is important to continue the exercise program you started in the hospital.

Eating and drinking

Continue to drink at least one to two litres of fluid during the day. Continue to eat regularly.

Pain control

Continue to take your pain relief medication regularly as prescribed for the first week as advised on discharge by the doctors. Further pain relief medication will need to be ordered through your GP.

Your wound

If you have a choice of showering or having a bath, choose a shower for the first two weeks after surgery. If you have to use a bath we recommend the following:

- Do not soak for long periods in the bath for the first six weeks.
- You empty the water out before you get out.
- You place a non-slip mat or towel in the bath before attempting to stand up.
- You may need assistance to get out of the bath.
- Pat dry around and on your scar with a clean dry towel.
- Try not to use soap or perfumed detergents on the wound.

You may be asked to visit the Practice Nurse at your GP surgery to have your sutures and staples removed or we may arrange for a district nurse to visit your home.

Smoking

For your recovery and future health is important that you stop smoking. If you need support please contact your local Smoking Cessation Team or use the contact details at the back of this booklet.

Lifting

Initially only light activities, only 1-2kg. Increase activities gradually as long as your wound remains comfortable. Avoid heavy lifting for 12 weeks.

Driving

Avoid driving for four to six weeks, unless your consultant advises otherwise.

Work

Returning to work depends on how you are feeling and the type of job you do. If it is light work then you may be able to go back after about six weeks. If it is heavy manual work it may be longer. You can discuss this with your consultant.

Travelling

Check with your doctor before flying. You should also check with your insurer that you are covered to travel.

Alcohol

You can take alcohol in moderation but be careful while you are still on medication.

Sexual relationships

These may resume when you feel able. Remember everyone recovers at different rates.

TED stockings

You should continue to wear your TED stockings for four weeks after you are discharged. Two weeks day and night, two weeks day only unless advised otherwise.

Exercise Progression

Your wound should be fully healed before starting any of these:

- Gardening – six weeks light potting and weeding
– two to three months digging and moving
- Swimming – six weeks or once all wounds have fully healed
- Badminton/tennis – three months
- Golf – six weeks for putting 12 weeks for driving
- Bowling – six weeks start with a lighter bowl and progress to full bowl weight and games as is comfortable
- Cycling – two-three weeks for exercise bike
– eight weeks for outdoor cycling
- Contact sports – three months, consult doctor or physiotherapist

Ticket to go

A member of staff will work through this with you.

1. I have a copy of my discharge for my GP.

Patient
Nurse

2. I have my own tablets and any new medicines and am happy with the instructions for taking them.

Patient
Nurse

3. My wound has been checked by a nurse today, and if required I have a letter for the practice/district nurse.

Patient
Nurse

4. I have no cannulas (plastic tubes) in my arms.

Patient
Nurse

5. I am able to mobilise around the ward independently and have completed stair practice.

Patient
Physio

6. I am able to pass urine and my bowels have opened.

Patient
Nurse

Ticket to go

7. I am comfortable and my pain is controlled.

Patient
Nurse

8. I am able to eat and drink normally.

Patient
Nurse

9. I have my own transport home arranged.

Patient
Nurse

10. I have received all the equipment and information I need from nursing staff and other specialist nurses/professionals. I have telephone numbers to contact them if required.

Patient
Nurse

11. I feel able to look after myself when I get home or know that I have carers who will look after me.

Patient
Nurse

12. I have the telephone number for the ward if I need help or advice – 0141 951 5300.

Patient
Nurse

Further treatment

It is quite common to be offered further treatment once you have recovered from your operation. If this applies to you, the doctors will discuss it with you in the ward or at the out-patients clinic.

Useful contacts

Ward 3 West	0141 951 5300
Hospital Switchboard	0141 951 5000
Thoracic Secretary	0141 951 5660/5661/5662/5663
Macmillan Lung Surgery Nurse	0141 951 5642 07917616502
Cardiothoracic Liaison Nurse	0141 951 5407 07717225019
Physiotherapy Department	0141 951 5121
Smoking Cessation helpline	0800 84 84 84 www.cantstopsmoking.com
Roy Castle Lung Cancer Foundation	0800 358 7200 www.roycastle.org
Macmillan Cancer Support	0808 808 0000 www.macmillan.org.uk
Maggie's Cancer Caring Centres	0131 537 2456 www.maggiescentres.org
British Lung Foundation	08458 50 50 20 www.lunguk.org

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Tha gach sgrìobhainn againn rim faotainn ann an diofar chànanan, clò nas motha, Braille (Beurla a-mhàin), teip claidinn no riochd eile a tha sibh airson a thaghadh.

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: 0141 951 5513

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