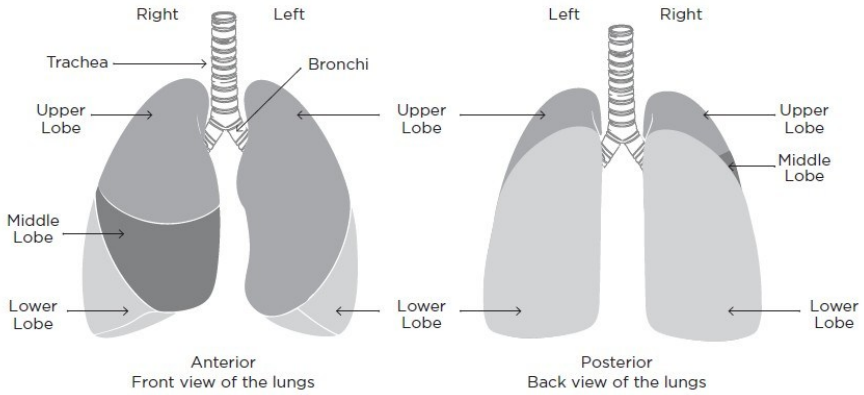
Your Lobectomy or Bilobectomy Surgery

This handout offers information on your lobectomy or bilobectomy surgery. It is important you and your family member/partner-in-care read this handout as well as the "Your Guide to Surgery" booklet.

Your right lung has 3 lobes and your left lung has 2 lobes. A lobectomy is the removal of 1 lobe (or part) of your lung. A bilobectomy is the removal of 2 lobes of your lung on the same side.

A picture of what your lungs look like



Why you need a lobectomy or bilobectomy

You need a lobectomy or bilobectomy because you have a mass or tumour in 1 or 2 lobes of your lung. A pathologist will test all tissue removed during surgery. A pathologist is a doctor who examines body tissues and fluids for changes caused by disease.

A lobectomy or bilobectomy can be done using different techniques. The surgeon will tell you what technique is best for you.

- ☐ Thoracotomy: This is also called open lung surgery. The surgeon makes a large incision (cut) between 2 of your ribs to open your chest cavity. This allows the surgeon to see and reach your lungs.
- ☐ Video-Assisted Thoracic Surgery (also known as VATS): This surgery is done using a thoracoscope. A thoracoscope is a long thin tube with a small video camera at the end. This allows the surgeon to remove your lung tissue using special instruments inserted through a few small incisions.
- ☐ Robotic-Assisted Lobectomy: The robotic system includes a camera arm and mechanical arms with surgical instruments attached. The surgeon sits in front of a

computer near the operating table and has complete control over the camera and mechanical arms at all times. The computer provides the surgeon a clear, magnified, and 3-dimensional view inside your lungs. The mechanical arms move like the human arm and hand. This allows the surgeon to remove lung tissue through a few incisions in your chest.

If your mass or tumour is cancer

Surgery may be the only treatment needed to manage your cancer. You may also need to have radiation and/or systemic therapy treatments. You will receive information about this if it applies to you. Deciding what treatments are right for you depends on:

- The cell type of your cancer
- The stage of your cancer
- Your age and overall health
- Your goals of care

Your healthcare team will provide you with the information and support you need to make the right choice of treatment(s).

Your appointments

You will be scheduled for a preoperative appointment and for surgery.

1. A preoperative appointment

   You will be scheduled for this appointment before your surgery. You will receive more information about your surgery at this appointment. Your surgery may be cancelled or delayed if you miss this appointment.

   A clerk from the Preoperative Department will call you with the date and time of this appointment.

   Date of appointment: _____ Time of appointment: _____
   Location: Day Surgery Department (2A) at Lakeridge Health Oshawa

   You need to bring a list of the medications you take to this appointment. This includes all prescription, over the counter medications, vitamins, and herbal supplements.

2. Your surgery appointment

   A clerk from the surgeon's office will call you with the date and time of your surgery.

   Date of surgery: _____Time of surgery: _____
   Location: Day Surgery Department (2A) at Lakeridge Health Oshawa

Where to go for your preoperative and surgery appointments

- Enter the north entrance of Lakeridge Health Oshawa (on Hospital Court). Walk past the Gift Shop and Food Court.
- Take the escalator or elevator up to the 2nd floor and turn right into the hallway.
- Go to the Surgical Registration Desk to register for your appointment.

Preparing for your surgery

- If you take a blood thinning medication, you need to stop taking it before your surgery.
  The name of your blood thinning medication: _____
  Stop it: _____ days before your surgery.
  Restart it: _____ days after your surgery. You will receive this information before your discharge from hospital.
- Plan to have someone drive you home after your discharge from the hospital. You cannot drive yourself home.
- Call the nurse navigator at your surgeon's office if you have symptoms of a cold or flu before surgery.
- Smoking puts you at risk for lung problems after surgery. This includes all tobacco products (pipes, cigars, cigarettes, vaping and chewing tobacco). Tobacco smoke destroys the tiny hairs that line your airway (cilia). Cilia help you cough up any secretions from your lungs. Ask the nurse navigator at your surgeon's office about people and programs to help you quit smoking. You can also call Health Connect Ontario at 811 (a free, confidential telephone service).
  - Stop smoking if there is more than 2 weeks before your surgery. This will reduce the risk of complications from your surgery.
  - Try and reduce the amount you smoke if there is less than 2 weeks before your surgery. There is no benefit if you stop at this time.
- Do not eat anything after midnight the night before your surgery. Continue to drink clear fluids. This includes water, black coffee or tea (you may add sugar or sweetener but no milk or cream), sports drinks (no red or purple), carbonated drinks, pulp free fruit juices (no orange or grapefruit juice). Drinking clear fluids before surgery can help you stay hydrated, improve your blood pressure and decrease any nausea, vomiting, or anxiety after surgery.
- Stop drinking fluids 3 hours before the scheduled time of your surgery.
- Take your regular medications (unless you were told something different at your preoperative appointment) no later than 3 hours before your surgery.

Your healthcare team during your hospital stay

The healthcare team members you may see in hospital:

- Thoracic Surgeon

  Your surgeon guides your care before, during and after your surgery.

- Registered Nurse/ Registered Practical Nurse

  Nurses care for you before, during and after your surgery. They provide you with the support, medications and information you need while in the hospital.

- Social Worker

  Social workers are trained in counselling techniques to help you solve problems, make decisions and improve your coping skills. A social worker offers support and information to help you and your family member/partner-in-care with worries or concerns. Ask your healthcare team to refer you to a social worker.

- Registered Dietitian

  Dietitians specialize in nutrition counselling and education. A dietitian is available to talk to you about what to eat and drink to help you recover from surgery. Ask your healthcare team to refer you to a dietitian.

After your surgery

You can expect to stay in hospital for 1 to 3 days after your surgery. This depends on the type of surgery you have. You may stay in the Critical Care Unit (CCU) for monitoring at least 1 day after surgery if needed. You will stay on the surgical unit (7th floor, G wing) for the rest of your hospital stay. Each person recovers differently. How you recover from surgery depends on the type of surgery you have, your age and your overall health.

Tubes and lines you may have after surgery

- Intravenous Line (IV)
  An IV is inserted into one of the veins in your arm before surgery. The IV is used to give you fluids and medications. This IV is removed before you leave the hospital.

- Arterial Line

  You may have an arterial line (a small tube) during your stay in the CCU. This is another type of IV used to monitor your blood pressure and to take samples of your blood.

- Chest Tube

  A chest tube is a tube inserted through a small incision between your ribs and into the pleural space of your lung. A small suture (stitch) and tape holds the chest tube in place. Each chest tube is connected to a container. You may have 1 or 2 chest tubes in place to drain fluid, blood, and leaking air from your chest. This helps your lung refill with air. Chest tubes are usually taken out when the drainage of fluid, blood, and leaking air decreases or stops. The chest tube(s) may still be in place when you go home. If this applies to you, a visiting nurse from Ontario Health atHome (home care) will help you manage the chest tube(s) at home. After removal of the chest tube(s), you will have a chest x-ray. This allows the surgeon to see if your lungs are expanding well enough.

Managing pain

- You will have some pain (or discomfort) around your incisions and the chest tube. This may include feelings of numbness, tingling or burning.
- You will receive medication to help manage your pain. It is important to take this medication when you have pain. This helps you recover after surgery.
- Tell your healthcare team if your pain medication is not working.
- You may be given pain medication through an epidural catheter (a small flexible tube put in your back by a doctor) or through a Patient Controlled Analgesia (PCA) Pump. You receive the information you need about this if it applies to you.
- You will continue to receive pain medications by mouth (a pill or tablet) after the epidural catheter or PCA pump is removed.

<u>Side effects of pain medications</u>

You may have side effects from pain medications. These side effects are expected and normal. They will not last long and can be managed. Tell your nurse if you have any of these side effects.

- Nausea and vomiting
- Constipation
- Headaches
- Sleepiness
- Itching

Managing constipation

- You may receive a mild laxative to help prevent you from having problems with constipation. Your bowel movements should return to what is normal for you after you stop taking pain medication.
- Drink at least 6 to 8 cups of fluids (1 cup = 250 ml) in 24 hours. Do this unless your surgeon or a dietitian tells you something different.

- Add bran, high fibre breads, cereals, berries, and dried fruit or prune juice to your diet (unless these foods are a problem for you normally).
- Talk to a member of your healthcare team if you have problems with constipation and do not have a bowel movement for 3 days.

Your incision(s)

- Your surgeon will tell you where and how big your incision(s) will be. The size and location of your incision(s) depends on the type of surgery you have.
- The area around your incision(s) may feel numb. This is normal. It may last for 2 to 3 months or may never go away.
- Your incision(s) may be closed with sutures (stitches) or staples. If stitches are used, they will dissolve and do not need to be removed. The surgeon will tell you if you have staples that need to be removed.
- You may have a stitch left in when the chest tube is removed. Your surgeon will tell you if this applies to you. It will need to be removed 7 to 10 days after your discharge from hospital. This can be done in your family doctor's or nurse practitioner's office, or your surgeon's clinic. If a family member or friend is comfortable removing it, you will be given a stitch remover kit when you go home.
- Small white strips of tape (example: Steri-strips™) may cover your incision. If they do not fall off after 10 days, remove them when you have a shower. It is normal for the Steri-strips™ to fall off before this.
- Do not put lotions or creams on your incision(s) until it is completely healed.

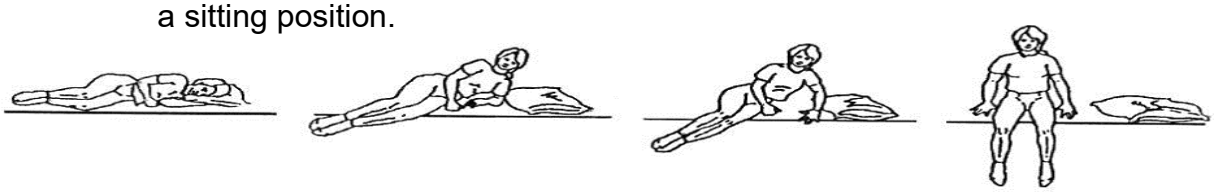
Your breathing

- Your oxygen levels will be monitored by the healthcare team during your hospital stay.
- You may need to receive oxygen through a face mask or nasal prongs (into your nose) for a few days after surgery. The oxygen will be removed when your oxygen levels are stable (staying within the normal range).
- You may have shortness of breath after surgery. As you recover it is important your lungs expand and for you to cough up any mucous. Managing your pain, getting out of bed after surgery and deep breathing and coughing exercises help with this. You will be shown how to do deep breathing and coughing exercises every 4 hours while you are awake.

Getting out of bed after surgery

- Getting out of bed as soon as possible after surgery helps your recovery. You will be encouraged to do this as soon as it is safe. Your healthcare team helps you sit at the side of the bed for the first time. It will not be easy or comfortable for you to sit up without help.
- These steps help you sit up after surgery (see the pictures below):

- Roll onto your side where there is no incision.
- Put your upper hand on the bed below your elbow on your other arm.
- Lift your upper body off the bed by pushing down on the bed with your upper hand and pushing up with your elbow
- Swing your feet and legs over the edge of the bed and bring your body to a sitting position.



Eating and drinking after surgery

- Drink at least 6 to 8 cups (1 cup = 250 ml) of fluid every 24 hours unless your doctor or registered dietitian tells you something different.
- You can eat your normal diet after you manage to drink fluids well.
- Your appetite should return to normal within a few weeks.
- Your appetite will get better as your physical activity increases.
- Ask to see a registered dietitian if you have problems eating after surgery.
- Eat smaller meals more often if you do not feel hungry.
- Eat foods that are high in protein and calories.

Your emotions after surgery

- After surgery you may feel tired and discouraged for days or weeks. You will feel better emotionally as you feel stronger physically.
- Talk to a member of your healthcare team or ask to see a social worker if you have concerns about your emotions.

Your medications after surgery

The surgeon may make some changes to the medications you currently take. Ask a member of your healthcare team about this.

You will receive a handout called "Going Home After Your Thoracic Surgery" when you are ready to leave the hospital. This handout offers information on how to manage your care when you go home. It is important you and your family member/partner-in-care read this handout. Go to the Cancer Care pages of the Lakeridge Health website at lh.ca for more information. Click on Our Services, Cancer Care, Diagnosis, and then click on Thoracic.

Your follow-up appointment

Your follow-up appointment is scheduled for 2 to 4 weeks after your surgery. Call your surgeon's office to schedule a follow up appointment if you did not receive it before leaving the hospital. Make this call the day after you leave the hospital. The surgeon explains the results of your surgery and the plan for the next steps in your care at this appointment.

- ☐ Dr. Browne at 905-576-8711 or 1-866-338-1778 at 32383
- ☐ Dr. Dickie at 905-576-8711 or 1-866-338-1778 at extension 36357
- ☐ Dr. Sisson at 905-576-8711 or 1-866-338-1778 at extension 36342
- ☐ Dr. Trainor at 905-576-8711 or 1-866-338-1778 extension 34481

Talk to a member of your healthcare team if you have questions or do not understand any information in this handout.