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Discharge Instructions and Guidance after Chest Surgery

[] Video Assisted Thoracic Surgery (VATS): You will have two small cuts, one under your arm and a small hole where your chest tube was placed. The dressing covering the incision under your arm can be removed 2 days after your surgery. Under it, the cut will be covered with little tapes called Steri-strips. Leave these on for 7-10 days, they will either fall off on their own or you can peel them off.

[] Thoracotomy/Sternotomy: You will have one large cut on the front or side of your chest and a small hole(s) where your chest tube(s) was placed. Your large dressing will come off while you in the hospital, 2 days after surgery. Under it, the cut will be covered with little tapes called Steri-strips. Leave these on for 7-10 days, they will either fall off on their own or you can peel them off.

Chest tube site: If your chest tube is removed before you go home, the site needs 1-3 days to heal. You can take the dressing off that site two days after you go home. The cut is normally not closed on purpose to avoid infections. It is normal to leak some yellowish-pink or red fluid from that area until it seals. It is also normal to have some yellowish material in the cut as it heals – this is not an infection.

If you are going home with a Heimlich valve, Home and Community Care (HCCSS) nurses will assist with teaching you to care for it and change the dressing. If you go home with a tube in, or if a stich was placed in your chest tube site, I will remove it at the time of your follow-up appointment.

Can I have a bath or shower?

If you go home without a tube, you can shower as soon as your dressings are off. You can get int the shower with the Steri-strips in place, pat to dry. Please do not get into a bath, hot tub, lake, or ocean for 4 weeks.

PAIN MANAGEMENT

You will have some pain and discomfort as you heal. Take Tylenol and Celcoxib (if it was prescribed) as directed. You will be discharged with a limited amount of oral narcotic pills, these should be taken as a last resort to manage pain.

DIET

Return to regular diet, take it slow and listen to your body's cues. Try to eat a healthy, wellbalanced diet.



If you go home with a tube you will have to cover it to shower or take sponge baths.

What activities can I do?

You need a good balance of activity and movement with rest when you get home. Rest when you feel tired.

Take short walks and increase your pace and distance as you start to regain your energy. Walks and cardiovascular activity will help your lungs recover after surgery. You will be given an incentive spirometer when you discharge, please keep using your incentive spirometer the way you were taught in the hospital.

Avoid lifting more than 10 lbs for four weeks. If you are involved in contact sports, please also avoid those for at least four weeks. You can resume sexual activity when you feel comfortable to do so.

You can start driving when you are no longer taking narcotic pain medications. Before you drive, make sure you can move your torso without feeling limited so that you can make emergency maneuvers if needed.

What is "normal"?

Feeling tired is normal. Rest when you need to.

Feeling sore, numb or a "pins and needled" sensation in your chest on the side of the operation is also normal. This will improve in the weeks to come.

It is normal to have some pain when you cough, sneeze, or take very deep breaths. Try using the splinting method by squeezing a pillow over your incison to minimize discomfort.

It is normal to have some shortness of breath, especially in the first week. This will get better.

Coughing up phlegm that that may have some blood in it is normal in the first week after surgery.

When should I be worried and visit the emergency department?

If you develop severe, sudden pain in your chest, or legs.

If you develop severe shortness of breath

If you start to cough up a large amount of blood or blood clots.

If you develop fever or chills



If your incisions become warm the touch or red, this might be a sign of infection. Call us, visit your family doctor or go to a walk-in clinic to have your incisions looked at. **You should be able to have this managed without going to the emergency department.**

If you are in doubt, err on the site of being cautious. If you are ever unsure about something that is not an emergency, call the office and we can help with questions.

We will call you within a few days of discharge to see how you are feeling and set your follow-up appointment.