



# Lung surgery information and patient diary

Reviewed: March 2025  
Next review: March 2026  
Version 11

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

Your name	
Your admission date	
Your surgery date	
Your estimated date of discharge	
Medication(s) to withhold pre-operatively e.g. anti-coagulants	

Planning for home	
Name of person picking you up	
Contact number	
Name of person helping you at home	
Contact number	

## About this leaflet

This leaflet contains information about your thoracic (lung) surgery and what to expect during your stay at the Golden Jubilee University National Hospital (GJUNH). 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 from page 9 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.

We will aim to get you home as soon as possible following your operation or you may stay longer, depending on how you are recovering. You will be discharged when you and the team are happy you are medically and physically fit to go home and continue your recovery there. This can be as soon as 3 days post-op. Our team will keep you informed of your progress. You will receive a follow up appointment 6 to 8 weeks after your operation – this may not be at the GJUNH but this will be discussed with you.

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**.

<b>Ward phone numbers:</b>		<b>Visiting hours:</b>	
3 West	0141 951 5300	3 West	Flexible visiting until 10pm
High Dependency Unit (HDU) 2	0141 951 5302	HDU2 and HDU3	10am - 10pm
High Dependency Unit (HDU) 3	0141 951 5303		

For further details of your lung journey, scan the QR code or visit the following address:  
<https://youtu.be/6Fyr2q7xjJo>



## Enhanced recovery after surgery

At the GJUNH, your Lung Team follow an Enhanced Recovery Programme where you are encouraged to be involved at every stage of your journey.

Enhanced Recovery aims for you:

- to be 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 After Surgery (ERAS) aims 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.



As part of Enhanced Recovery Programme you may be asked to come into the hospital early on the day of surgery.

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

## **Preparing for your operation**

### **How can I prepare for my operation that will help my recovery afterwards?**

- Eat well. Your body needs fuel to repair.
- Start practising your shoulder exercises and breathing exercises on page 10.
- Stay physically active to the best of your ability; this will help you get better quicker. If you can, start walking a little more each day before your operation.
- 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.

### **Checklist of items for planning your stay**

- change of clothes
- comfortable pyjamas
- good-fitting slippers
- your own medications
- wash kit
- incentive spirometer
- a list of any questions you want to ask

### **Prehabilitation**

As part of your pre op assessment appointment you will be seen by the physiotherapist for prehabilitation. The physiotherapist will provide you with information about safe levels of activity and how to improve your health and levels of fitness prior to surgery.

Prehabilitation is designed to optimise an individual's overall general health and levels of fitness to enable them to withstand the effects of surgery and introduce steps you can take to help you prepare for your surgery. Small changes can make a big difference and benefits can be seen in as little as 7-10 days.

Prehabilitation means your journey to recovery starts before your surgery has even begun and can help to reduce your length of stay in hospital and reduce complications after surgery.

### **Stopping smoking**

Giving up smoking is one of the most important steps in getting healthy before your operation. If you continue to smoke right up to the time of your operation, this will increase your risk of complications and affect your progress.

To get help stopping smoking:

- speak to your local pharmacist; or
- call Quit Your Way on **0800 84 84 84**, or
- visit [www.QuitYourWay.scot](http://www.QuitYourWay.scot)



Please note that the use of E-cigarettes/Vapes is not permitted within the hospital or hospital grounds. If you need an alternative product, please ask the staff.

### **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 your Enhanced Recovery. 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 6 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 and/or practice nurse to have your wound checked and sutures and staples removed. If you are unable to get to your GP or practice nurse, let the ward nurses know and they will arrange for a district nurse to visit you at home.

### **Transport to and from hospital**

We would ask you to please make your own transport arrangements to be picked up and dropped off at your home and from the hospital. However, if this is not possible, hospital transport may be available for individuals with specific mobility or physical needs. This can be arranged by contacting your surgeons' secretary.

### **Medication**

We ask you to bring in all your own medication in its original packaging. When you go home, we will organise a 7 day supply of any new medications you may be started on and any relevant equipment to take home. You must give your discharge prescription to your GP to ensure you don't run out.

## **Good to go**

After your surgery 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 your physiotherapy programme (unless your mobility did not allow this before your operation).
- You are passing wind and opening your bowels.
- You are passing urine easily.
- You do not have a temperature or any signs of a wound infection.
- You feel able to look after yourself when you get home or have help at home.

Our Good to Go Checklist on page 34 provides a list of goals you should aim for to be ready to go home. This will be discussed with you daily after your operation.

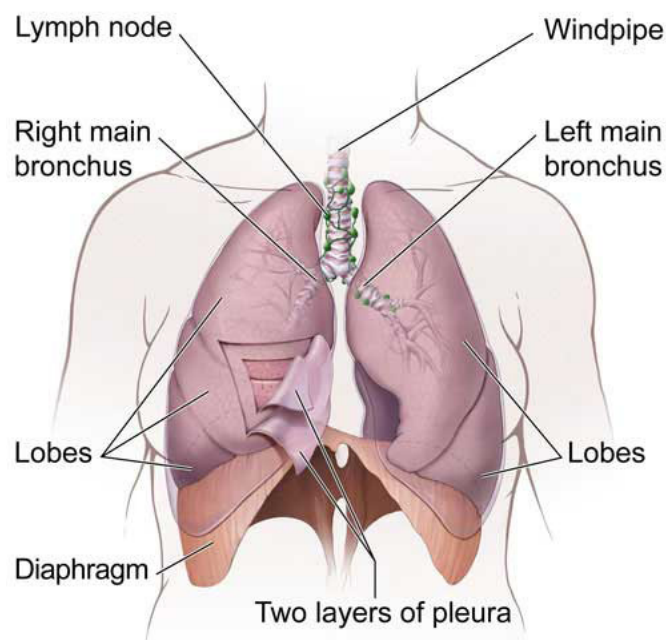


## ➤ What operation might I need?

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

Procedure	What is involved	Reason for procedure
Lobectomy	Remove an entire lobe of the lung. There are 5 lobes (3 on the right, and 2 on the left).	If the cancer or suspicious area is only in 1 lobe of the lung.
Sleeve resection (small number of cases.)	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.	If the cancer or suspicious area affects both a lung lobe and part of the bronchus.
Segmentectomy	Each lobe has segments. Removal of 1 or more of these can be an effective cancer resection and is called a segmentectomy.	If the suspicious area is small enough, only part of a lobe needs to be removed.
Wedge resection	Remove the affected piece of lung tissue, and a margin of normal tissue around it.	If the suspicious area is small and confined to 1 area of the lung.
Pneumonectomy (small number of cases.)	The removal of an entire lung if the patient is able to manage well with 1 lung.	When the cancer or suspicious area is at the centre of the lung, or in all the lobes of 1 lung.
Lymph node sampling	During any operation, the surgeon will take samples of the lymph nodes (glands) that lie in the centre of the chest near the lungs.	To check in a laboratory if there is any cancer outside the lungs. Results are usually available in 10-14 days. The results are then discussed by your Health Board's Chest/Cancer experts and a follow-up or treatment plan made.

### Diagram of lungs



## > 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 either by keyhole or by open technique depending on what's more appropriate to your case.

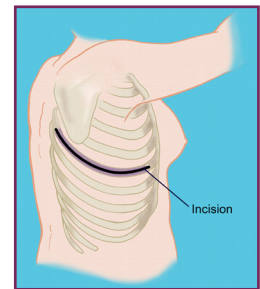
### Minimally invasive (keyhole) surgery

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. This kind of technique is called Video-assisted thoracoscopic surgery (VATS), however more recently we are increasingly using a Robotic-assisted technique (RATS) that uses the most advanced technology available to perform the same. RATS may potentially reducing pain and enhance your recovery, however it may not be suitable for everyone.



### Open surgery (also called thoracotomy)

A Thoracotomy is a larger incision 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. Regardless of the technique used, once the operation is finished, 1 or more drain tubes may be left in the chest cavity to remove fluid or air and removed when appropriate.



## > Anaesthesia explained

Your anaesthetist is responsible for keeping you safe during your surgery. It is important that the anaesthetist meets with you before the operation. They will explore your medical history and anaesthetic experience to ensure that your anaesthetic is tailored to your individual needs. The anaesthetist will discuss the risks and benefits of anaesthesia as well as any possible side effects and complications.

### What your anaesthesia does

General anaesthesia is required for Thoracic surgery. This means that you will be asleep and feel nothing during your operation. Your anaesthetist will be responsible for:

- **Assessing the need for pre-medication:**  
This can be useful to help with anxiety and pain management.
- **Administering the medication to keep you asleep:**  
You will either breathe the anaesthetic or it will be given into a vein. How deeply you sleep will be monitored throughout your operation.
- **Controlling your breathing:**  
A special tube will be placed through your mouth into your lungs to allow delivery of oxygen. It will also allow the anaesthetist to control air movement in each of your lungs independently. During the surgery, you will only use your healthy lung to breathe. This allows the surgeon to operate on the diseased lung.



- **Maintaining your blood pressure:**

The surgery and anaesthetic can cause your blood pressure to vary. This will be monitored using a cuff on your arm. Depending on your medical history and the size of your operation your blood pressure may need to be monitored directly. This will involve placement of a special cannula in your wrist. Intravenous fluids and medication may be needed to support your blood pressure.

- **Maintaining your body temperature:**

You are prone to get cold during surgery. Active steps will be taken to ensure your temperature is normal at the end of your operation.

- **Controlling your pain:**

Surgery is painful. The type of surgical operation and your own sensitivity to pain and medications will influence the amount of pain you experience. The anaesthetist will discuss and agree a plan to minimise your symptoms.

- **Sip til send:**

Practice for thoracic patients to be able to sip clear water until their surgery and this will be explained on admission.

- **Planning your immediate recovery:**

If you are well and your surgery is straight forward you will be able to return to the ward. If there are any concerns that require more attention then you may need to recover in either High Dependency Unit (HDU) or Intensive Care Unit (ICU). Both of these areas have more nursing and medical staff and are able to offer you a higher level of monitoring and support.

## **Pain management**

At NHS Golden Jubilee, we have extensive experience in managing pain after surgery. Good pain management is an essential part of your recovery, your appetite will return faster, you will be able to complete your physiotherapy, helping to keep your chest clear of complications and enabling you to mobilise earlier.

There are many strategies we can use to minimize your pain:

- You may receive different painkilling tablets before your surgery as a pre-medication.
- A variety of painkilling drugs will be given intravenously during your general anaesthetic. These drugs will act on different aspects of the pain pathway, the overall effect being to reduce your pain.
- Local anaesthetic will be administered. This acts to numb the nerves responsible for detecting the surgical injury and causing pain. This can be delivered as a single dose or by infusion. There are a number of techniques that can be used to reduce your pain.

### **Finding what is right for you**

These include Epidural, Paravertebral block, Erector Spinae Plane Block, Intercostal block and simple local infiltration into the tissues. There are pros and cons to each of these techniques.

Your anaesthetist will explore the options and reach agreement on the best technique for yourself. You will have a pain-prescription for the ward. This will include medication to be taken orally or intravenously through a special pump called a PCA, which you will control.






Your anaesthetist will also 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.



## > Pain assessment

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

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.

Visually Indicated Pain Scale		NHS SCOTLAND
Use the scale below to indicate your pain		
	<b>4</b>	Severe pain. Out of control.
	<b>3</b>	Painful at rest. Can't do exercises or deep breathing.
	<b>2</b>	Sore at rest and on movement but managing.
	<b>1</b>	Comfortable at rest. Sore on movement.
	<b>0</b>	No pain at rest or on movement

You will be given regular pain relief either as a tablet or liquid or into your cannula. Prevention or early treatment of pain is far more effective than trying to treat established or severe pain – don't delay in letting your nurse know.

### Side effects of pain medication

These may include nausea and vomiting, constipation, headache, dizziness, feeling sleepy or mild confusion. These can be reduced with anti-sickness drugs, drinking enough fluid, laxatives and rest. Please let the nurses know if you feel any of these side effects. If you are taking other medications, or have had a reaction to a medication in the past, please let us know.

## > Thinking about home

### Your Lung Nurse Specialist

You will meet a lung nurse specialist in the ward after your operation. This nurse will talk to you about recovery, explain the process of what happens next and provide you with any support you require. You will also be called at home post-discharge to see how you are recovering. However if you need to call us, please use the contact details on the back page.

### Day of discharge

You will be asked to vacate your room on the morning of discharge. You will be taken to the discharge lounge under the care of the discharge nurses who will administer painkillers if you need them. Tea/coffee/lunch will be served in the lounge and there is a TV. You will remain here until your discharge medication is ready, this can take an average of 4 hours. The staff will advise you when a family member can be called to pick you up.

### Discharge medication

A Pharmacist or Staff Nurse will tell you about the medication which has been prescribed for you to continue taking at home. A copy of your prescription will be included in the letter given to you for your GP. The instructions for your 7 day supply will be printed clearly on the boxes. Only take the medication you have been issued with at the time of discharge; your own GP may change these at a later date. Please ensure you do not run out of your pain relief medication before you get a new supply from your GP.





## 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:

- managing your pain;
- eating and drinking;
- moving around;
- bowels and urine;
- washing and dressing; and
- daily goals.

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.

### 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.

You may be seen by a physiotherapist before your operation, they 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. If you go to high dependency, you will be seen daily by a member of the physiotherapy team who will guide you in deep breathing exercises to help you recover from the anaesthetic and keep your chest clear from secretions. They will also aim to get you walking the morning after theatre.

Please bring some loose fitting, easy to wear, clothes and suitable footwear for walking, e.g. a comfortable closed slipper or shoe.

### Mobility

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

- increase circulation;
- encourage deep breathing to help your lungs recover; and
- increase your strength and stamina.

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

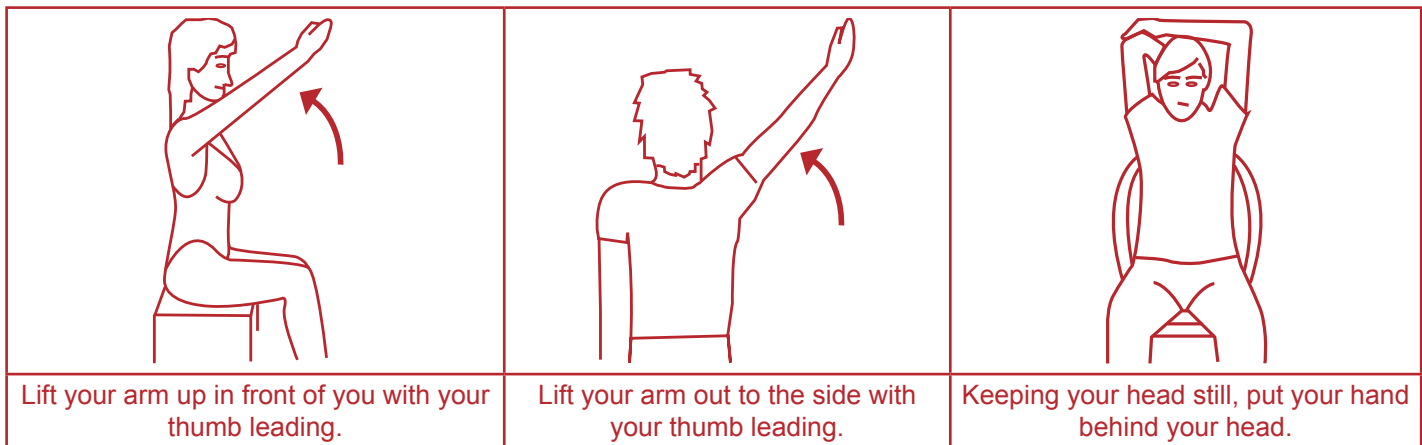


The amount of walking is gradually increased over the following days and you can expect to be walking on your own within one to 2 days. Once you are able to walk on your own, try to have a walk every hour. Your physiotherapist may also make sure you can manage a flight of stairs before you go home.

If you have had “major” surgery, you will be seen by a physiotherapist to look after your lungs and get you moving to make sure you can manage a flight of stairs before you go home.

### Shoulder exercises

The following exercises will help prevent stiffness in your shoulder joint.



The exercises should be carried out at a slow pace. You should aim to perform 5 of each, 3 times a day.

### Breathing exercises (in a sitting position):

- Place your hands on your tummy.
- Take a deep breath in and hold for 3 seconds (you should feel your tummy rise under your hands).
- Breathe out slowly.
- Repeat the above steps 3 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.
- Do 3 sharp huffs.
- Have a short rest and repeat all of these exercises again.

### Circulation exercises

When resting in bed:

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

Scan the QR code to view our post lung surgery video.



## Your operation

You may be admitted to hospital on the day of your operation or the day before. Our staff will prepare you for your operation. You will have a chance to discuss any concerns or issues you are worried about. As part of Enhanced Recovery, if you are able, you will be encouraged to walk with your nurse to the pre-operative area of the theatre. Why not give the exercises displayed a go while you wait for your operation?

When you wake from your operation:

- The recovery nurses will assess your pain to manage any discomfort you experience.
- You should not feel nauseated. 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 1 or 2 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.

### On return to the ward/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 help 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.

**Please refer to the pain scale tool on page 7 to score your pain.**

Pain score at rest:

Pain score on movement:

### 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?

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**Moving around**

**Breathing exercises**

This is vital to your recovery and they should be carried out hourly throughout the day.

**Circulation and arm exercises**

Your physiotherapist will advise how often you need to do the exercises. To continue your recovery it is expected you will walk and exercise. This will be individualised.

If appropriate, on the evening of your operation, we would like you to sit out of bed for one to 2 hours. The nurses will help you with this.

**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:

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Good to Go (page 34) lists the goals you should aim for to be ready to go home.



## Day 1 after your operation

### Hygiene

Your nurse will help you to wash.

### Managing your pain

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

**Please refer to the pain scale tool on page 7 to score your pain.**

Pain score at rest:

Pain score on movement:

Have I felt comfortable today?

Yes

No

If no, please explain why:

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### 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:

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## Moving around

Today you can sit in the chair for up to 6 hours, or more if you feel able to.

You can have rests in bed in-between. 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

Your physiotherapist will advise how often you need to do the exercises.

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

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

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

**How often I have marched or walked on the spot today:**

once    twice    3 times    4 times    more  \_\_\_\_\_



## 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 difficulty achieving my goals today, e.g. too tired, pain etc?

Yes  No

If yes, please explain:

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Good to Go (page 34) lists the goals you should aim for to be ready to go home.



## Day 2 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 local anaesthetic 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.

**Please refer to the pain scale tool on page 7 to score your pain.**

Pain score at rest:  Pain score on movement:

Have I felt comfortable today? Yes  No

If no, please explain why:

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### 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:

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## Moving around

Today you can sit in the chair for up to 8 hours, or more if you feel able to. You can walk around the ward with a nurse or physiotherapist, or independently every hour if deemed safe to do so.

You can have rests in bed in-between. Our nurses will help you with this. Please don't try to get up or go back to bed yourself unless deemed safe to do so by a nurse or physiotherapist as you may 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      7      8

Number of times I walked around the ward:      1      2      3      4      5      6      7      8

## Breathing exercises

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

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

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

## Circulation and arm exercises

Your physiotherapist will advise how often you need to do the exercises.

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

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

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

## How often I have marched or walked on the spot today:

once    twice    3 times    4 times    more  \_\_\_\_\_



## 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:

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Good to Go (page 34) lists the goals you should aim for to be ready to go home.



## Day 3 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 local anaesthetic will be removed 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.

**Please refer to the pain scale tool on page 7 to score your pain.**

Pain score at rest:

Pain score on movement:

Have I felt comfortable today?

Yes  No

If no, please explain why:

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### 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:

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## Moving around

Today you can sit in the chair for most of the day if you feel able to and walk around the ward hourly if you are able. Your physiotherapist will advise you if assistance is required when you mobilise.

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

Your physiotherapist will advise how often you need to do the exercises.

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

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

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

## How often I have marched or walked on the spot today:

once    twice    3 times    4 times    more  \_\_\_\_\_



## 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 difficulty achieving my goals today, e.g. too tired, pain etc?

Yes  No

If yes, please explain:

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Good to Go (page 34) lists the goals you should aim for to be ready to go home.



## Day 4 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.

**Please refer to the pain scale tool on page 7 to score your pain.**

Pain score at rest:

Pain score on movement:

Have I felt comfortable today?

Yes  No

If no, please explain why:

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### 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:

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## Moving around

Today you can sit 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

Your physiotherapist will advise how often you need to do the exercises.

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

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

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

## How often I have marched or walked on the spot today:

once    twice    3 times    4 times    more  \_\_\_\_\_



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 difficulty achieving my goals today, e.g. too tired, pain etc?

Yes  No

If yes, please explain:

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Good to Go (page 34) lists the goals you should aim for to be ready to go home.





## Day 5 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.

**Please refer to the pain scale tool on page 7 to score your pain.**

Pain score at rest:  Pain score on movement:

Have I felt comfortable today? Yes  No

If no, please explain why:

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### 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:

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## Moving around

Today you can sit 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

Your physiotherapist will advise how often you need to do the exercises.

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

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

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

## How often I have marched or walked on the spot today:

once    twice    3 times    4 times    more  \_\_\_\_\_



## 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 difficulty achieving my goals today, e.g. too tired, pain etc?

Yes  No

If yes, please explain:

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Good to Go (page 34) lists the goals you should aim for to be ready to go home.



## Day 6 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.

Please refer to the pain scale tool on page 7 to score your pain.

Pain score at rest:  Pain score on movement:

Have I felt comfortable today? Yes  No

If no, please explain why:

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### 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:

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## Moving around

Today you can sit 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

Your physiotherapist will advise how often you need to do the exercises.

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

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

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

## How often I have marched or walked on the spot today:

once    twice    3 times    4 times    more  \_\_\_\_\_



## 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 difficulty achieving my goals today, e.g. too tired, pain etc?

Yes  No

If yes, please explain:

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Good to Go (page 34) lists the goals you should aim for to be ready to go home.



## Day 7 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.

**Please refer to the pain scale tool on page 7 to score your pain.**

Pain score at rest:

Pain score on movement:

Have I felt comfortable today?

Yes

No

If no, please explain why:

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### 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:

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## Moving around

Today you can sit 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

Your physiotherapist will advise how often you need to do the exercises.

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

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

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

## How often I have marched or walked on the spot today:

once    twice    3 times    4 times    more  \_\_\_\_\_





## 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 difficulty achieving my goals today, e.g. too tired, pain etc?

Yes  No

If yes, please explain:

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Good to Go (page 34) lists the goals you should aim for to be ready to go home.











# Are you good to go?

Reaching my Goals <input checked="" type="checkbox"/>	
	I'm doing my deep breathing exercises and managing to shift any chest secretions (phlegm).
	I'm regularly going for a walk around the ward or room (following physiotherapist's individual advice for me).
	I know what exercises to do at home.
	I am back to my normal ability with washing and dressing - or I know when the homecare helper will visit.
	Any pain is under control - painkillers are working well.
	I'm eating and drinking well - my bowels are starting to move after surgery.

Looking after my wounds <input checked="" type="checkbox"/>	
	My wounds are healing well - I know how to look after them at home.
	I know the stitches are coming out on: <b>Date:</b> <b>Time:</b> <b>Place:</b>

People who will call once I am home <input checked="" type="checkbox"/>	
	Lung Nurse Specialist will call me on <b>Week:</b>
	District Nurse will visit on <b>Week:</b>
	Consultant will review me on <b>Week:</b>

Getting back to normal <input checked="" type="checkbox"/>	
	I have someone I can call upon for help and support once I'm home.
	I know when I can go back to work.
	I know when I can get back to driving.
	I know which health professionals to call if I have any problems or questions and I have the telephone numbers in my phone.

For the day I go home <input checked="" type="checkbox"/>	
	I have transport arranged.
	I have someone to accompany me on the journey home.
	I have all the paperwork that I'll need: <ul style="list-style-type: none"> <li>• Sick-line for my employer.</li> <li>• Letter for the Practice Nurse (give to the nurse when you go to have your stitches removed).</li> <li>• My copy of the discharge paperwork.</li> <li>• Letter for my GP (hand in to your health centre as soon as possible).</li> </ul>
	I understand when to take the medications I'm going home with and what they are for.

Unique to me <input checked="" type="checkbox"/>	



## **Good to go**

### **Moving around at home**

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 programme you started in the hospital and increase to build up stamina until you feel back to normal.

### **Pain control**

Please refer to page 7.

### **Your wound**

If you have a choice of showering or having a bath, choose a shower for the first 2 weeks after surgery. If you have to use a bath:

- Do not soak for long periods for the first 6 weeks.
- Empty the water out before you get out.
- Place a non-slip mat or towel in the bath before attempting to stand up.
- Get some assistance to get out of the bath if needed.
- Pat dry around and on your scar with a clean dry towel.
- Do not use soap or perfumed detergents on the wound until it has fully healed.

Spray tans are not advised until wounds are fully healed which is expected to take up to 12 weeks. You must seek advice from your Beautician.

You may need to visit your GP and/or practice nurse to have your wound checked and sutures and staples removed. If you are unable to get to your GP or practice nurse, let the ward nurses know and they will arrange for a district nurse to visit you at home. If your wound is not healing, please contact your nurse specialist for advice.

### **Lifting**

Avoid heavy lifting for 12 weeks. We recommend only light activities initially no heavier than 1-2kg. You can increase your activities gradually as long as your wound remains comfortable.

### **Chest drains and surgical emphysema**

A chest drain is a tube inserted through the chest wall between the ribs and into the pleural cavity to allow drainage of air (pneumothorax), blood (haemothorax), fluid (pleural effusion) or pus (empyema) out of the chest. It is done to allow your lungs to fully expand.

Surgical emphysema (SE) is a frequent and often self-limiting complication of thoracic procedures. Surgical emphysema (or subcutaneous emphysema) occurs when air/gas is located in the subcutaneous tissues (the layer under the skin). This usually occurs in the chest, face or neck.

Surgical emphysema can often be seen as a smooth bulging of the skin. When a health care provider feels (palpates) the skin, it produces an unusual crackling sensation (crepitus) as the gas is pushed through the tissue.



Chest drains would normally be removed prior to discharge home, however if there is an ongoing need to have the drain for a longer period of time, you will be discharged home with the chest drain still in. The district nurses will visit you at home and you will come back to the ward on a weekly basis until removal. Your nurse will provide you with separate information if this is the case.

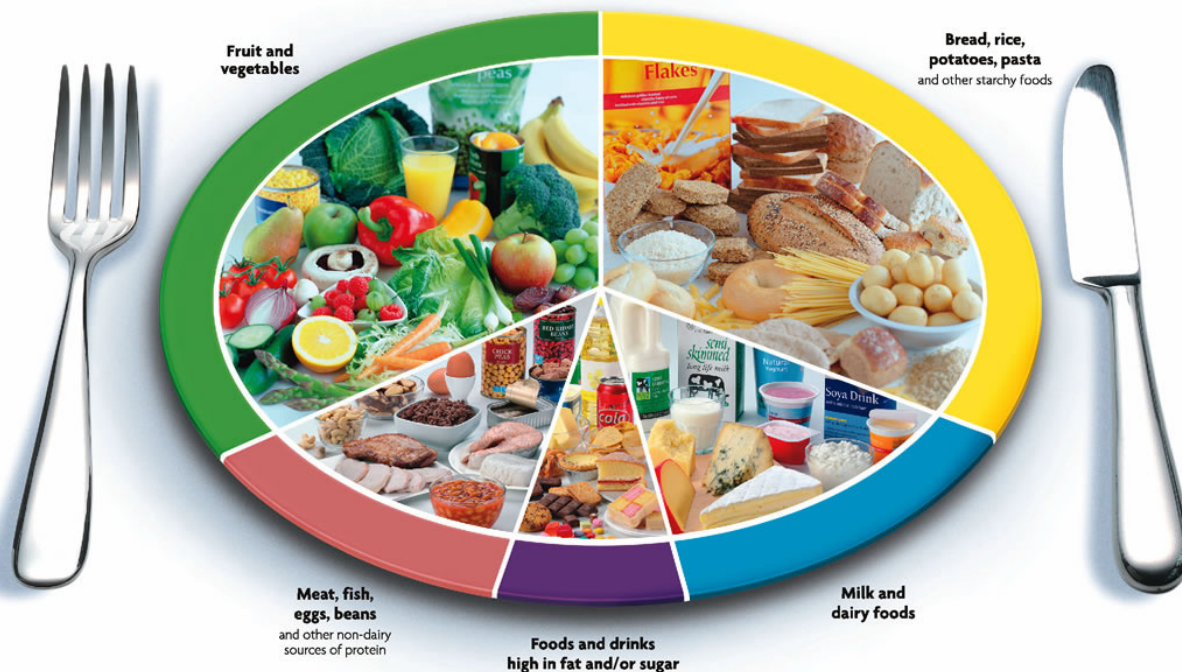
The nurse led clinic is held on 3 west every Wednesday. You will be given an appointment time to attend and if you require a chest x-ray you will be advised to go for this first prior to your appointment. This allows the doctor to assess your lungs and the nurse will examine the drain and a decision will be taken to remove the drain or leave it for another week.

## Eating and drinking

Continue to eat regularly and drink at least one to 2 litres of fluid during the day. A balanced diet will provide everything you need to keep your body healthy and aid your recovery. For most people, a healthy diet includes lots of fruit and vegetables, some starchy foods such as potatoes, some meat or fish, some dairy products, and a little fat, salt, and sugar. See the 'Eat Well' plate below to help guide you to a balanced diet.

## The eatwell plate

Use the eatwell plate to help you get the balance right. It shows how much of what you eat should come from each food group.



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### The Eatwell Guide

The Eat Well Guide contains government recommendations on eating healthy and can be accessed by scanning the QR code or the following address:

<https://www.gov.uk/government/publications/the-eatwell-guide>



## **Smoking**

For your recovery and future health, it 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 and also information detailed on page 3.

## **Alcohol**

You can drink alcohol in moderation, but be careful while you are still taking medication.

## **Driving**

Avoid driving for 4 to 6 weeks following your operation, unless your consultant advises otherwise. If you hold a heavy good driving licence, you should seek further advice from your nurse specialist before starting to drive again. Please check with your car insurance company.

## **Work**

Returning to work depends on how you are feeling and the type of job you do. If you do light work then you may be able to go back after about 6 weeks. If you do heavy manual work it may take 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.

## **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 4 weeks after your operation: day and night for the first 2 weeks and day only for the second 2 weeks.

## **Shortness of breath**

Sometimes after surgery you may find you have some shortness of breath. If this does not improve as you recover and begin to take more exercise, your local nurse specialist can offer advice on how you may improve this.

## **Further treatment**

You may require further treatment once you have recovered from your operation. Your results will be discussed at your local hospital multi-disciplinary team meeting. From here you will have the appropriate follow-up arranged which will be explained to you. This is expected to be within 6 to 8 weeks for clinic appointments although may be longer.



## Exercise progression

Below are suggested timescales for when you should be able to safely undertake any of the following activities. However, please note that your wound should be fully healed before doing any of them:

### Gardening

- light gardening such as potting and weeding after 6 weeks; and
- heavy digging and mowing the lawn after 2 to 3 months.

### Swimming

- begin after 6 weeks if your wound is fully healed.

### Cycling

- exercise bike after 2 to 3 weeks; and
- regular outdoor cycling after 8 weeks.

### Bowling

- light carpet bowls after 6 weeks, progressing gradually to a normal game.

### Badminton/tennis

- after 3 months.

### Golf

- after 6 weeks start with putting;
- progress to half swing;
- driving only after 3 months; and
- start with a few holes gradually progressing to 18.

### Contact sports / walking football

- After 3 months, consult doctor or physiotherapist for advice.

**Most activity can be safely done within 6 to 12 weeks. If in doubt, contact your physiotherapist on 0141 951 5161.**



## Useful contacts

Ward 3 West		0141 951 5300
High Dependency Unit 2		0141 951 5302
High Dependency Unit 3		0141 951 5303
Hospital Switchboard		0141 951 5000
Thoracic Secretary		0141 951 5660 0141 951 5661 0141 951 5662 0141 951 5663
Lung Nurse Specialist		0141 951 5642
Monday to Friday 8.30am-4.30pm (excluding public holidays)		0141 951 5407
We will endeavour to answer any messages left within 24 hours.		
Physiotherapy Department		0141 951 5121
Smoking Cessation helpline( for further information, see page 3)		0800 84 84 84
Roy Castle Lung Cancer Foundation	<a href="http://www.roycastle.org">www.roycastle.org</a>	0800 358 7200
Macmillan Cancer Support	<a href="http://www.macmillan.org.uk">www.macmillan.org.uk</a>	0808 808 0000
Maggie's Cancer Caring Centres	<a href="http://www.maggiescentres.org">www.maggiescentres.org</a>	0131 537 2456
British Lung Foundation	<a href="http://www.blf.org.uk">www.blf.org.uk</a>	03000 030 555



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**All of our publications are available in different languages, larger print, braille (English only), audio tape or another format of your choice.**

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كافة مطبوعاتنا متاحة بلغات مختلفة و بالأحرف الطباعية الكبيرة و بطريقة بريل الخاصة بالمكفوفين (باللغة الإنكليزية فقط) و على شريط كاسيت سمعي أو بصيغة بديلة حسب خيارك.

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

हमारे सब प्रकाशन अनेक भाषाओं, बड़े अक्षरों की छपाई, ब्रेल (केवल अंग्रेज़ी), सुनने वाली कसेट या आपकी पसंदनुसार किसी अन्य फॉरमेट (आरएफ) में भी उपलब्ध हैं।

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هماری تمام مطبوعات مختلف زبانوں، بڑے حروف کی چھپائی، بریل (صرف انگریزی)، سنے والی کسٹ یا آپ کی پسند کے مطابق کسی دیگر صورت (فارمیٹ) میں بھی دستیاب ہیں۔



 **: 0141 951 5513**