



## 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 blood thinners e.g. anti-coagulants	
Your surgeon is	
Your physiotherapist is	
Your nurse specialist 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 six to eight weeks after your operation. Not every patient comes back to the Golden Jubilee 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.

### **Ward phone numbers:**

3 West	0141 951 5300
HDU2	0141 951 5302
HDU3	0141 951 5303

### **Visiting hours:**

3 West	Flexible visiting until 10pm
HDU2 and HDU3	10am - 10pm

For further details of your journey go to:

[www.nhsgoldenjubilee.co.uk/our-services/lung-surgery/lung-surgery-patient-journey/](http://www.nhsgoldenjubilee.co.uk/our-services/lung-surgery/lung-surgery-patient-journey/)

## What is enhanced recovery?

Enhanced recovery is an evidence-based approach that helps people to recover quicker 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 After Surgery (ERAS) 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.

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

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

- Eat well. Your body needs fuel to repair.
- Start practising your shoulder exercises found on page 18 and breathing exercises on page 19.
- 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.

## 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 Smokeline on 0800 84 84 84, or
- visit [www.canstopsmoking.com](http://www.canstopsmoking.com)

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

### 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 the ability you had 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). Only patients who have had “major” surgery will be seen by the physiotherapist.
- You are passing wind and opening your bowels.
- You do not have a temperature or any signs of an infection.
- You are passing urine easily.

- You feel able to look after yourself when you get home and have help at home.

The list on page 51 tells you the goals you should aim for to be ready to go home. This will be discussed with you daily after your operation. Your planned date of discharge is: .....

## 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 ERAS. 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 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 local health Board.

## Medication

We will organise a seven day supply of medicine and any other relevant equipment for you to take home. You must give your discharge prescription to your GP to ensure you don't run out.

### 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**

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.

- **Segmentectomy**

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**

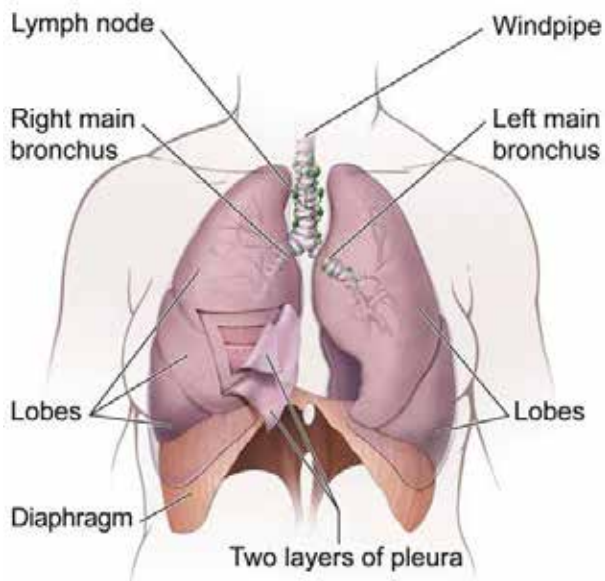
This procedure is the removal of an entire lung. A pneumonectomy is recommended when the cancer or suspicious area is in the centre of the lung, in both lobes of the left lung and/or in all three lobes of the right lung. Following this operation, patients are generally able to manage well with one lung.

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 are usually available in 10-14 days.** They are then discussed at your local multi-disciplinary team meeting and a follow-up or treatment plan made.

See page 55 for further treatment.

### **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 using specific techniques: Thoracotomy, Video Assisted Thoracoscopic Surgery (VATS) or Robotic Assisted Thoracoscopic Surgery (RATS). **VATS and RATS are minimally invasive techniques, however conversion to thoracotomy is sometimes required.**

- **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 to your lung. 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)**

Most common is VATS which 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.



- **Robotic Assisted Thoracoscopic Surgery (RATS)**

One of the most advanced surgical procedures available using minimally invasive techniques and robotic technology.

## 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 if required.

## **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 (0-4).

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.

At the Golden Jubilee National Hospital, we have extensive experience in managing pain following surgery. Good pain relief makes you feel better, helps you to recover more quickly, and may reduce the chance of some complications.

If you can breathe deeply and cough easily after your operation, you are less likely to develop a chest infection.

Your anaesthetist will discuss techniques and methods for 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 aims to reduce the pain messages coming from the nerves around your operation site. This will stay for around one to three days.

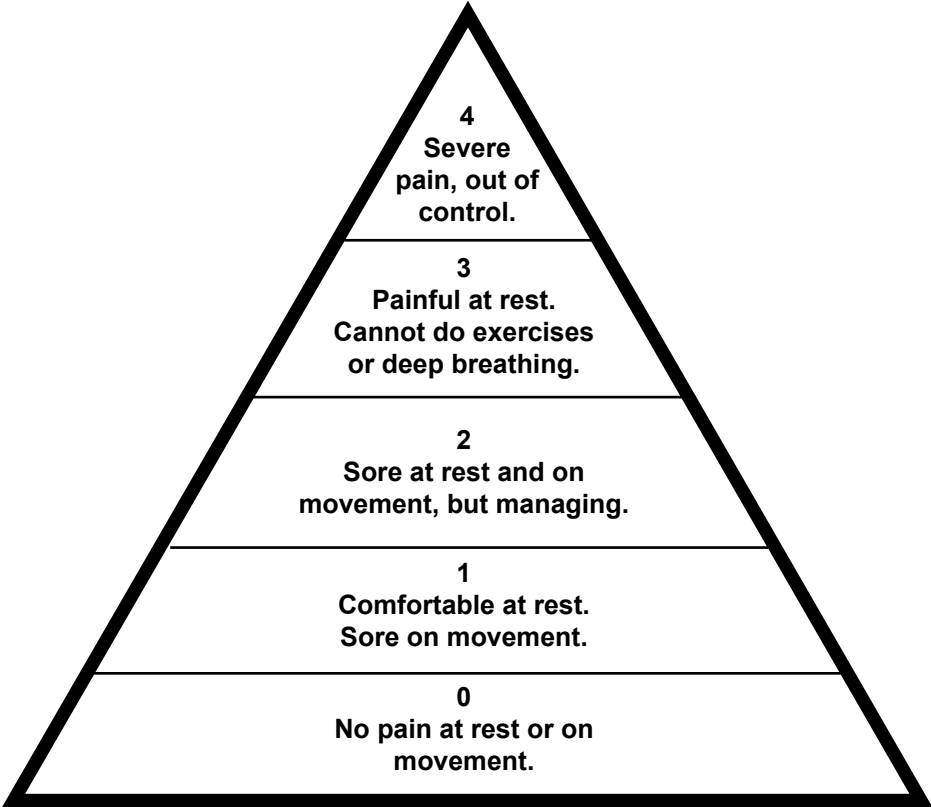
Along with this you may have either an Intravenous Patient Controlled Analgesia Pump (IV PCA) or oral pain relief tablets. The IV PCA will usually be Morphine with a patient handset, allowing you to deliver a dose of pain relief when you need it. To ensure you receive the appropriate amount of pain relief, the device has a built in safeguard. In some cases, both an IV PCA and pain relief 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 a local anaesthetic 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 and measured regularly. 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.

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 wait until it is too late.

## **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.

## **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 four 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 seven 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.

### Prevention of Deep Vein Thrombosis (DVT)

In addition to your regular pain relief, there will be stronger pain relief medication that you can have during the day and overnight. You need to let the nurses know if you require this.

### 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.

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.

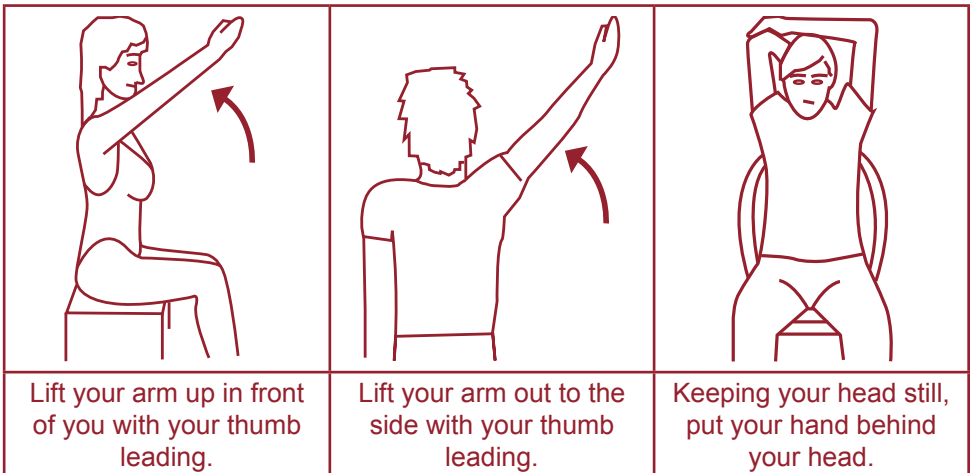
Walking usually begins on the first day after your operation. Assistance may be required until you can safely manage to carry your attachments independently. If you are unable to walk, marching on the spot will be encouraged.

The amount of walking is gradually increased over the following days and you can expect to be walking on your own within one to two days. Once you are able to walk on your own, try to have a walk every hour.

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 five of each, three times a day.

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

- Place your hands on your tummy.
- Take a deep breath in and hold for three seconds (you should feel your tummy rise under your hands).
- 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.
- Do three 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.

## Day of surgery

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.

## The recovery unit

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 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.

## 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 page 57.

## 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 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 14 to score your pain.

Pain score at rest

Pain score on movement

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### 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 two 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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Ticket to go (page 51).

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 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 14 to score your pain.

Pain score at rest

Pain score on movement

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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

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Lunch

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Dinner

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Snacks

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### 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 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

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    three times    four 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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Ticket to go (page 51).

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.

Please refer to the pain scale tool on page 14 to score your pain.

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

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Lunch

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Dinner

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Snacks

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### 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 eight 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 inbetween. 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    three times    four 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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Ticket to go (page 51).

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. 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 14 to score your pain.

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

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Lunch

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Dinner

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Snacks

---

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### 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    three times    four 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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Ticket to go (page 51).

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.

Please refer to the pain scale tool on page 14 to score your pain.

Pain score at rest

Pain score on movement

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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

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Lunch

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---

Dinner

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---

Snacks

---

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### 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    three times    four 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 any difficulty achieving my goals today, e.g. too tired, pain etc?

Yes  No

If yes, please explain:

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Ticket to go (page 51).

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.

Please refer to the pain scale tool on page 14 to score your pain.

Pain score at rest

Pain score on movement

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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

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Lunch

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Dinner

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---

Snacks

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### 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     three times     four 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 any difficulty achieving my goals today, e.g. too tired, pain etc?

Yes  No

If yes, please explain:

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Ticket to go (page 51).

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.

Please refer to the pain scale tool on page 14 to score your pain.

Pain score at rest

Pain score on movement

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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

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Lunch

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Dinner

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Snacks

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### 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     three times     four 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 any difficulty achieving my goals today, e.g. too tired, pain etc?

Yes  No

If yes, please explain:

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Ticket to go (page 51).

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.

Please refer to the pain scale tool on page 14 to score your pain.

Pain score at rest

Pain score on movement

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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

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Lunch

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---

Dinner

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Snacks

---

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### 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    three times    four 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 any difficulty achieving my goals today, e.g. too tired, pain etc?

Yes  No

If yes, please explain:

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Ticket to go (page 51).

Planned date of discharge:

## 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

N/A

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

Patient  Nurse

7. I am comfortable and my pain is controlled.

Patient  Nurse

## Ticket to go

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.

Patient  Nurse

**This part of your diary is now complete. Please continue to set yourself weekly goals to ensure your recovery and improvement continues.**

## Other important information

### **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 15.

### **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:

- Do not soak for long periods for the first six 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 two 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.



You can find out more about how to build up your diet here:  
<http://www.macmillan.org.uk/information-and-support/coping/maintaining-a-healthy-lifestyle/>

## 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 5.

## Alcohol

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

## **Driving**

Avoid driving for four to six 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.

## **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 six 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 four weeks after your operation: day and night for the first two weeks and day only for the second two 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 six to eight 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 six weeks; and
- heavy digging and mowing the lawn after two to three months.

### Swimming

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

### Cycling

- exercise bike after two to three weeks; and
- regular outdoor cycling after eight weeks.

### Bowling

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

### Badminton/tennis

- after three months.

### Golf

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

### Contact sports / walking football

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

**Most activity can be safely done within six to 12 months. If in doubt, contact your physiotherapist.**

## Useful contacts

Ward 3 West	0141 951 5300
Hospital Switchboard	0141 951 5000
Thoracic Secretary	0141 951 5660 0141 951 5661 0141 951 5662 0141 951 5663
Lung Nurse Specialist Monday to Friday 8.30am-4.30pm (excluding public holidays) We will endeavour to answer any messages left within 24 hours.	0141 951 5642 0141 951 5407
Physiotherapy Department	0141 951 5121
Smoking Cessation helpline (For further information, see page 5)	0800 84 84 84 <a href="http://www.cantstopsmoking.com">www.cantstopsmoking.com</a>
Roy Castle Lung Cancer Foundation	0800 358 7200 <a href="http://www.roycastle.org">www.roycastle.org</a>
Macmillan Cancer Support	0808 808 0000 <a href="http://www.macmillan.org.uk">www.macmillan.org.uk</a>
Maggie's Cancer Caring Centres	0131 537 2456 <a href="http://www.maggiescentres.org">www.maggiescentres.org</a>
British Lung Foundation	03000 030 555 <a href="http://www.blf.org.uk">www.blf.org.uk</a>



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