

Thoracic Surgery Discharge Instructions

Instructions to assist in your transition home.

Thoracic Surgery Clinical Team

- Dr. Karl Uy, Thoracic Surgeon
- Dr. Feiran Lou, Thoracic Surgeon
- Dr. Mark Maxfield, Thoracic Surgeon
- Rebecca Foley, Nurse Practitioner
- Elizabeth Burgoyne, Registered Nurse

Contact Information

Main Clinic

67 Belmont Street, Suite 201
Worcester, MA 01605
Phone: 508-334-8996
Fax: 508-334-6296

We have a provider on call 24/7 (including weekends), DO NOT hesitate to call during or after normal business hours.

Routine medications and narcotics will NOT be refilled on nights and weekends

Cancer Center at UMass Memorial Medical Center

Ambulatory Care Center
55 Lake Ave North
Worcester, MA 01655
508-334-8996

Health Alliance Hospital

60 Hospital Road
Leominster, MA 01453
Phone: 978-466-4600
Fax: 508-334-2805

APPOINTMENTS AFTER SURGERY

- You should have an appointment scheduled 10-14 days after your surgery with a doctor or nurse practitioner.
- **If you are not given an appointment at your discharge home, please call (508) 334-8996**
- You may need to have a chest x-ray before your next appointment. If so, please arrive 45 minutes early and have your x-ray at Memorial Campus radiology (119 Belmont St Ground floor) before going to your appointment at 67 Belmont St.

Narcotics will not be refilled on nights and weekends

Narcotic refill hours are Monday-Thursday from 9am - 5pm and Friday 9am - 4pm

WHEN TO CALL 911 or GO TO EMERGENCY ROOM

- You cough up more than one tablespoon of blood, pink blood tinged sputum is okay unless in copious amounts.
- New, severe or worsening shortness of breath
- You passed out (loss consciousness)
- Significant light headedness or dizziness

WHEN TO CONTACT OFFICE

- You notice signs/symptoms of infection heat, swelling, increased tenderness, foul smelling or green-tinged discharge at the incision sites, Fever (over 101 F), chills.
- You have large amounts of blood soaking your dressings or clothing, loose stitches, or incision opens
- You have no bowel movements for three days or longer, or signs of urinary infection such as difficulty urinating, burning, or increased frequency
- You develop nausea, vomiting, or stomach pain or cannot keep fluids down
- You have severe pain that is not treated by your medications.
- New onset of unilateral (one sided) leg swelling with/without warmth to the touch, redness, and pain in the calf.

AFTER SURGERY

After lung surgery, most patients feel more short of breath than normal, can be tired and sleep more, and can be constipated. Patients may also have chest discomfort which is treated with pain medications. This type of discomfort should gradually improve over 1-3 months. When you are at home recovering, we recommend:

- take pain medications as prescribed according to schedule.
- frequent short walks.
- use of your incentive spirometer (10 times/hr while awake). Coughing, deep breathing exercises help expand your lungs and prevent pneumonia.
- Increase water intake and take stool softeners to prevent constipation.

INITIAL DRESSING CARE:

After chest tube is removed- Initial dressing stays in place for 48 hours. Keep the dressing dry.

After you remove the initial dressing, you may shower normally. You may rinse incisions with warm soapy water. Do not rub. If incision appears closed & dry with no drainage you may leave open to air. If there is drainage apply bandage and change daily or as needed.

- It is important to know that your chest tube site may drain small, or large, amounts of clear to yellowish fluid in the first week after discharge. This can be surprising, as it may happen after coughing or sneezing.

IMPORTANT

- DO NOT use Bacitracin or Neosporin on incisions unless instructed by surgeon
- DO NOT use other cleaning products, such as hydrogen peroxide, can make the wound heal more slowly.
- DO NOT Submerge incisions/sit in water (no hot tubs, Jacuzzi, swimming, etc). You may resume these activities when your wounds have healed, and the scabs have fallen off (6 weeks)

PAIN

- Incisions on the chest can be more painful than in most other parts of the body due to the nerve distributions. Besides pain, other sensations like numbness and tingling are also expected. You may notice after a day or two there is an uncomfortable and numb area at the lower front part of your chest or upper belly even if there is no cut there. This is normal and happens because of the pressure on your nerves during the surgery.
- After surgery several kinds of medications are used for pain control. Although every individual is different, it is very common to experience some soreness and discomfort on the side of surgery even while on adequate pain medications.
- **The goal of pain control after surgery** is not to take away all surgery related pain and discomfort. Instead, it is to achieve a state in which your pain is controlled well enough to allow you to sit in a chair, cough and deep breathe, and walk around. However, you should not feel so sleepy that you want to stay in bed all day.

TYPES OF PAIN MEDICATIONS

Around the clock meds:

- (a) **Tylenol/Acetaminophen**- Do not take more than 3,000 mg of Tylenol in a 24-hour period.
- (b) **Gabapentin**- an agent that works directly on the nerves. Non-habit forming. Taken by most patients even after discharge. Safe for long-term use if needed. Causes drowsiness and other sleep disturbances in a small number of patients.
- (c) **Ibuprofen** – Can cause stomach upset so needs to be taken with or after meals. Will not be prescribed for patients who have kidney or ulcer disease.

As needed (PRN) meds: these short acting medications lower significant spikes in pain.

- (a) Opioid based medications- most commonly used is **oxycodone**. Very effective in improving severe pain quickly-but should be used sparingly since it is habit forming and has side effects such as drowsiness, nausea/vomiting, constipation, itchiness. If taken at high doses, can even suppress your natural drive to breathe. Can only be given at a limited frequency and dosage due to potential complications.
 - (i) Narcotic pain medications can cause constipation. Once you are home, take a stool softener and drink plenty of liquids (unless you have a diagnosis of congestive heart failure and end stage kidney disease). Walking and activity can also help. If you do not move your bowels for over three days, develop abdominal pain, or are vomiting you should call the office.
 - (ii) You should **not drive** if you are taking oxycodone or any type of narcotic pain medication.

DISCONTINUING PAIN MEDICATIONS:

We recommend a step-wise approach when discontinuing pain medications. The first pain medication to stop is oxycodone due to its potential side effects. If after 24 hours the pain is still well controlled, then the ibuprofen can be stopped. If after additional 24-48 hours, you were still doing well, then you can change from taking Tylenol around the clock to only as needed. For gabapentin, finish the bottle.

WHAT ARE STRATEGIES TO ACHIEVE THE BEST PAIN CONTROL AFTER CHEST SURGERY?

- **Mobilize.** Although it seems counterintuitive, most patients report better pain relief when they are sitting up in chairs or walking. Try not to stay in one position for too long. Walking a few times a day not only helps with pain/stiffness, but also prevents blood clots from forming in your legs.
- **Stay ahead of the pain.** Do not wait until the pain feels out of control before taking oxycodone. At this point, it is more difficult to bring down the pain level.
- If you have too much pain to take deep breaths and cough, then consider calling the office to discuss your pain medication regimen. It is very important that you can take deep breaths and fully participate in breathing exercises after surgery in order to avoid respiratory complication like pneumonia. If you are not comfortable enough to do so, please let us know.
- **Know what to expect.** In the immediate postoperative periods, you will have some degree of soreness/discomfort despite pain medications. However, these should not be severe enough that they limit your ability to breathe, cough, and sleep. You might notice that you have more pain on the 2nd or 3rd day after surgery or in the first few days after going home. This usually happens because some of the drugs you were given during surgery are wearing off, and because you are moving around a bit more. This is not concerning unless accompanied by significant worsening shortness of breath, fever/chills.
- **For patients with chronic pain or on Opioids prior to surgery.** Prior usage of opioids makes some patients more sensitive to pain compared to others. Pain medications after surgery will be adjusted accordingly. However, the benefits of the pain meds must be weighed against the risks of overuse, which include trouble breathing, nausea, vomiting, constipation and substance dependence. Some patients will have to accept that the pain control may not be to their satisfaction. We will work hard to maximize pain control benefits while minimizing negative effects.

Breathing Exercises

- Breathing exercises are essential to your recovery. Use your incentive spirometer frequently. This will help prevent pneumonia and support the healing process.
- You should continue using the incentive spirometer at home until you have regained your full level of activity.
- Use the incentive spirometer at least 10 times every hour that you are awake – especially if you are in bed. An easy way to remember is during TV commercial breaks.

Activity

- Walking boosts blood flow and helps prevent pneumonia, blood clots, and constipation as soon and as frequently as possible; however, pace yourself. Do what you can to the comfort of your ability and then a little more each day
- Divide your walks throughout the day to stay active. Only perform activity in short amounts of time until you feel better. Do not exercise until exhaustion.
- Avoid stretching, twisting, or straining your chest muscles until you have been cleared by your doctor or NP.

Rest

- It is normal to have low energy for 6-8 weeks while you heal from surgery. It is normal to tire easily and need frequent naps.
- Rest when you feel tired. Getting enough sleep will help you recover.
- Although sleeping after surgery is difficult for many reasons, having enough sleep allows you to better cope with pain, have energy to mobilize, and participate in breathing exercises. Do not use pain medications for sleep. These do not serve the same purpose and you may experience unwanted side effects. Try to limit daytime napping to only 1-2 hours, even if you did not sleep well the night before. It is important that your sleep cycle is not disrupted.

Lifting

- No lifting anything over 10 pounds (1 gallon of milk) or anything that would make you strain for 4 weeks.
- This may include a child, heavy grocery bags, a heavy briefcase or backpack, cat litter or dog food bags, or a vacuum cleaner.

Driving-

- Remember to always wear a seatbelt. If the belt bothers your incision, you can cushion it with a soft towel or pillow.
- You can begin driving when:
 - You're not taking prescription narcotic pain medication.
 - You feel comfortable riding as a passenger and can imagine yourself safely and comfortably behind the wheel and able to control your vehicle in the event of an emergency.
- For the first time - go on a short trip & have a licensed driver in the car with you