

Welcome to the Wellington Regional Heart and Lung Unit.

This brochure will give you and your family some general information about your lung surgery, and what to expect during your stay with us on Ward 6 South, Wellington Hospital.

Thoracic surgery

Thoracic surgery is used to describe any operation within the thorax or chest area. This is usually lung operations.

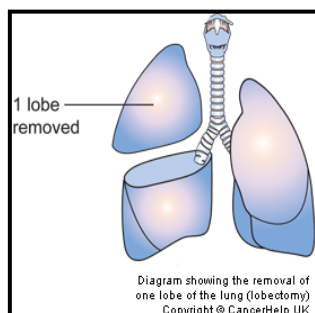
The most common types of lung operations are:

- Lobectomy
- Pneumonectomy
- Pleurodesis
- Decortication
- Videoscopic Lung Surgery (VAT's)
- Lung Biopsy

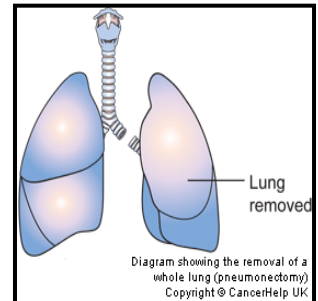
To get to the lungs the surgeon needs to spread the ribs, usually in the back of the chest. These are closed again at the end of the procedure and will take several weeks to heal.

These operations usually take between two and four hours. This may vary from person to person according to the difficulty of operation.

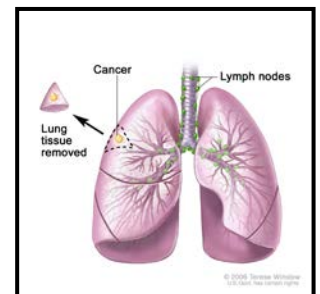
Lobectomy: A lobectomy is where one of the lobes of the lung is removed.



Pneumonectomy: Surgical removal of the whole lung, leaving the other lung intact.



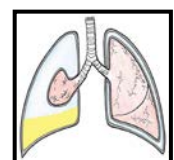
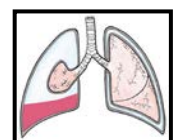
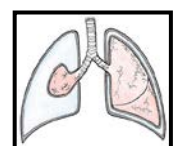
Wedge Resection: Surgical Removal of part of the lung.



Not all Lung Surgery is for Cancer. Sometimes lungs collapse (pneumothorax) or there is a build up of fluid around the lung. These can also be corrected with surgery.

These can be due to:

- **Pneumothorax** (collapsed lung) corrected with a Pleurodesis.
- **Haemothorax** is a collapsed lung with blood in it.
- **Pleural Effusion** is a collection of fluid around the lung. If this solidifies then is called an Empyema which is also surgically removed.



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What do I need to bring into hospital?

Bedside lockers are small, so please bring just the essential items.

We suggest:

- Wash bag containing toothbrush, toothpaste, soap, etc.
- Pyjamas
- Dressing gown and slippers
- Book
- Any medicine that you take regularly
- Comfortable clothes to go home in

We recommend that any valuables are left at home. We can lock wallets and phones in your bedside lockers but please be aware that all items are brought into the hospital at your own risk.

Admission to the ward

Once you have arrived on the ward and completed your check in paperwork, you will need to have some pre-operative tests and assessments. These will include:

- Blood tests
- Chest X-ray
- An assessment by your doctor
- An assessment by the anaesthetist. They will explain your General Anaesthesia and the importance of pain relief.
- An assessment by your surgeon. You will have the chance to ask any questions you may have about your operation.

If you have any questions at any time during your stay then please do not be afraid to ask the nursing or medical staff. We are happy to help.

Please let us know if you have any social concerns about:

- going home; including financial assistance
- living alone

- needing some help at home on discharge
- work, travel or family needs

Please inform your nurse on admission. This allows the social worker to be contacted as soon as possible.

Day of Surgery

Your nurse or doctor will be able to give you an approximate time you will go for your operation. You will go down to theatre on your bed and your family are able to accompany you to the theatre check in area if you wish.

Your operation will be under general anaesthetic and depending on the procedure take between 2 and 4 hours. You will go to the post anaesthesia care unit (PACU) where you will remain for 2-4 hours until you are awake and your pain is well controlled. The surgeon will contact your family and let them know that you have gone to PACU.

Your family are welcome to contact the ward about your recovery but will not be able to go to PACU. The ward staff will contact you once they have returned to the ward.

When you are awake and stable we will transfer you to Ward 6 South to continue your post-operative care. You will be sometimes be attached to a heart monitor over-night and we will do regular checks of your blood pressure and pulse.

After Surgery tubes, drains and care

Intercostal Tubes (Chest drains)

These tubes are used to drain fluids or air that often collect around the lungs after an operation.

An apical drain in the top of your chest will remove any air. A basal drain in the bottom of your chest will remove any fluid.

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These drains will stay in place until they stop draining fluid or no more air is in the chest.

Pain Relief

Pain management is very important post-surgery and was discussed with you by the anaesthetist before your operation. There are many different types of pain relief available and include:

- Epidural
- PCA – Patient Controlled Analgesia
- Wound Catheter
- Paravertebral Catheter
- Oral Analgesia

It is important to have your pain well controlled so you are able to do your deep breathing exercises and cough.

Urinary Catheter

A small tube (catheter) is placed into your bladder and is used to monitor your urine output. Epidural anaesthesia interferes with the emptying of the bladder. The catheter will be removed once you no longer require your epidural. Bladder emptying will return to normal once the epidural and catheter are removed.

Intravenous Lines (IV's)

These are used to give fluids and medications (including some pain relief), into your veins during and after surgery as needed. You may have 2 or 3 IV's after your surgery.

Leg compression devices

After the operation you will wear special leg massage devices to help blood flow and prevent blood clots from forming.

Recovering from your surgery

You will be in hospital for approximately 4-7 days. It will be dependent on when your Chest Drains are removed and how well your pain is controlled.

You will need to take regular pain medication. You should be able to deep breathe and cough with little discomfort. If this is not possible ask your nurse to see if additional pain medication is available.

You might be short of breath after your operation. If you have had a part or your whole lung removed then your lung volume has been reduced. The feeling of breathlessness will improve over time as your body adjusts.

To help your recovery it is important that you continue with the exercises that the physiotherapist has explained to you. These exercises help to maintain good breathing, shoulder and arm movements and help healing after your operation.

Going Home

Care at Home

For your own safety and comfort you will need someone to care for you at home, or somewhere to stay for at least a week after your discharge.

Wound care

It is important to keep your wound clean and dry. You can shower normally and pat your wound dry with a clean towel. Do not rub any soaps, cream, moisturiser or talc into your wound until it has completely healed.

If you notice any redness, swelling or discharge coming from your wound please see your own family doctor (GP).

Stitches

The stitches in your wound are dissolvable. You will have 2 or 3 stitches in place from your chest drains. These will need to be removed your own family doctor (GP) one week after you are discharged from hospital. The GP can also assess your wound

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and review your medicines and pain relief at this time.

Medication

A prescription for pain relief medication will be given to you on discharge from the hospital for you to take to a local pharmacy.

Activity

This varies with the type of operation you have had. Your nurse and physiotherapist will give you information before you go home.

Diet and Fluids

You can eat and drink normally once you go home.

Driving

You will not be allowed to drive for approximately one month after your operation. You will need to arrange for someone to collect you from hospital on discharge and to drive you to appointments etc.

Work certificate

Depending on the work you do, you will need to take about 4-6 weeks off work while you are recovering. If your job is physically demanding you may require longer. If you need a work certificate then please ask your doctor prior to discharge and they will be happy to arrange this.

Transport home

If you require on-going hospital level care, then you will be transferred to your local hospital. If you are well enough to go home, then you will need to make your own transport arrangements.

Flying

Flying is not recommended for at least 6 weeks after lung surgery except for flying home domestically (e.g. if you live in the South Island). International flying is best avoided until after your 6 week check-up and you should discuss this with your surgeon.

Follow-up appointment

On your discharge home you will be given a discharge summary explaining what has happen during your time with us and the plan for follow up appointments.

A follow up appointment will be sent to you in the post. It is usually 6 weeks after your operation at either Wellington Hospital with the Cardiothoracic Surgeon or your local hospital with the Respiratory team.

When will my test results be available?

We aim to inform you as soon as possible of your results. Biopsy and pathology results take time as they need to be carefully analysed by the pathologist.

If you have had a biopsy or a part of your lung removed the results may be available before you go home. Otherwise you will be contacted by your own family doctor (GP) once your results are available. Any further treatments will not start until 4-6 weeks after your operation to allow you time to fully recover from your operation.

We appreciate that waiting for results can be a very stressful time. Please feel free to discuss your concerns with the nurse or social worker.

Information for Families

Getting information about your loved one

Two people can be listed as Next of Kin (NOK). As NOK you may call the hospital switchboard on (04) 385 5999 at any time and ask to be put through to Ward 6 South for information about your relative.

It is often easiest if you nominate one spokesperson who will communicate with the wider family in order to reduce the number of enquiries.

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Taking a break

We know that you are concerned about your family member or friend; however you need to look after yourself and take regular breaks.

There is a Whanau waiting room located just outside the ward. Tea and coffee is available for all visitors and relatives.

Meals

You can buy meals for yourself from Wishbone or Fuel. Fuel coffee bar is by the purple lifts outside the Children's Ward on level 3. Wishbone is in the atrium of the hospital, level 2.

There are also restaurants and cafes nearby in Newtown (5-10 minutes walk). The hospital shop is located in the hospital atrium and is open 7.30am – 5.30pm Mon-Fri, 9am-3pm Sat and Sun.

Telephones

If you have a cell phone, please ensure that you have adequate credit for use whilst you are in hospital. We encourage people to communicate directly with their families in the interests of privacy.

Rooms

The ward has a combination of single, double and four bedded rooms. There is also a 6 bed 'Step-down' Unit. Priority for a single room is given to patients with specific medical needs.

There is a TV available at each bed space. Pay to view cards are available from the machine at reception desk, approximately \$2 = 2hours viewing, \$8 = 24 hours viewing. The machine only accepts the correct cash amount.

Visiting times

Visitors are welcome between 10am to 1pm and 3pm to 8pm.

The ward is **closed to visiting between 1pm and 3pm for a patient rest period**. If you have specific visitor restrictions please tell us.

Smoking

Wellington Hospital is a smoke free site, which means that there is no smoking within the hospital grounds at all.

Parking

Limited paid parking is available in the hospital car park accessed from Riddiford Street. Free parking may be found on streets around the hospital.

Overnight accommodation

There are no facilities for family members to stay overnight on the ward after lung surgery. Motels are available in Newtown if you wish to stay near the hospital.