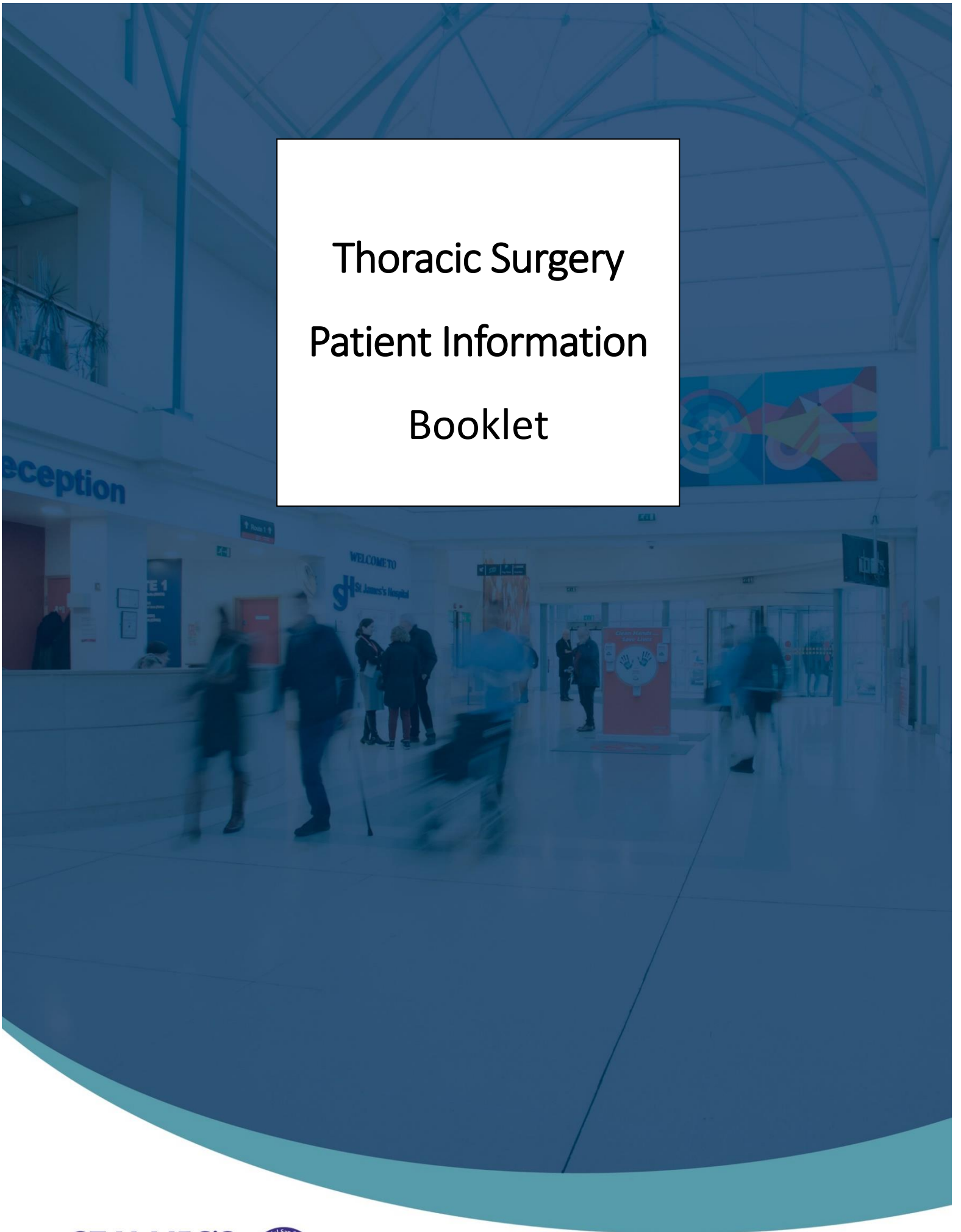

Thoracic Surgery Patient Information Booklet

ST JAMES'S HOSPITAL

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Your Lungs

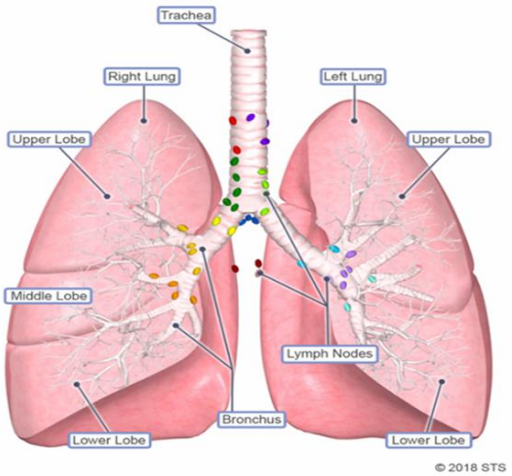
The main reason that you may need a lung operation is to remove a tumour or nodule from your lung. Other reason that you may need an operation include:

- An abnormal chest x-ray
- Treatment of infection or scarring of your lungs
- Removal of secretions from the diseased lung

Understanding Your Respiratory System

Your respiratory system is made up of a network of tissues and organs that help you breathe. When you breathe in, oxygen passes from your mouth and your nose through your trachea (windpipe) and then through to your right and left bronchus (two large airways) and then into your lungs. Oxygen passes through your bronchioles (small branches of bronchial tubes) and then to your alveoli (tiny air sacs), this is where gas exchange takes place. As you breathe out carbon dioxide leaves your lungs and then out through your mouth.

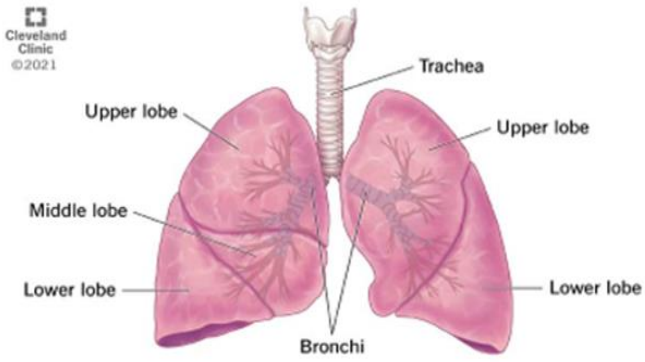
The right and left lungs are divided into lobes. The right lung has 3 lobes and the left lung has 2 lobes. There are also lymph nodes around your lungs. These are part of the lymphatic system. They are made up of a network of tubes and glands that filters body fluids and fights infections and cancers.



Understanding Your Operation

There are different approaches that your surgeon may use to remove the part of your lung that is affected. The approach is based on the location, the extent of disease and your overall health. Below, there is a description of the most commonly used surgical approaches. Please be aware the approach is patient specific and your surgeon will consult and discuss with you on what approach will be taken.

Normal Lung

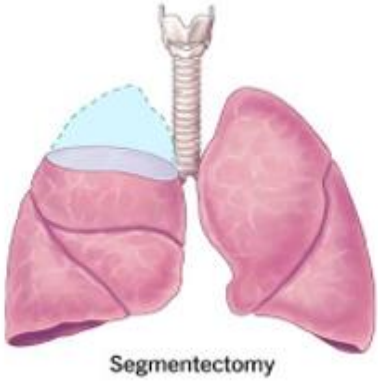


Wedge Resection

The removal of a wedged shape section of the diseased or damaged lung tissue

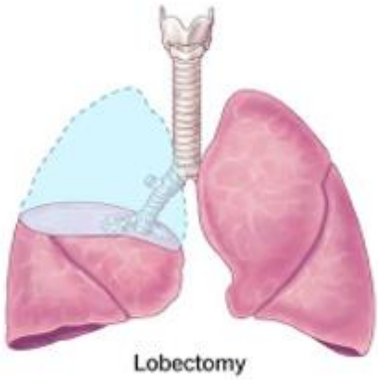
Segmentectomy

The lobes of your lungs are made up of segments. A segmentectomy is when the surgeon removes one or more segments of the lobe while aiming to preserve the rest of the lobe.



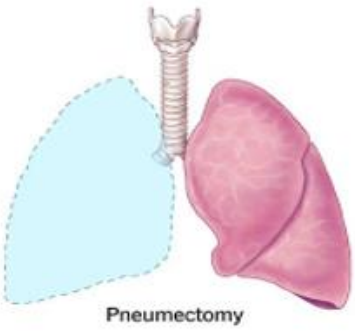
Lobectomy

A lobectomy is the removal of one of the lobes of your lung. A bilobectomy is the removal of 2 lobes in the same lung.



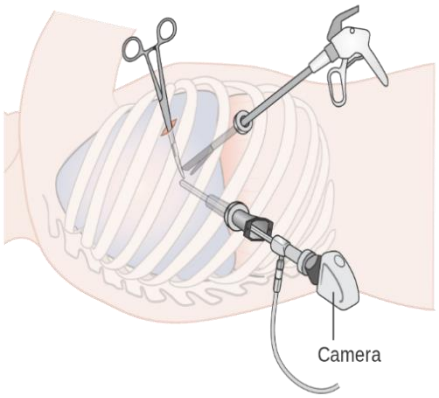
Pneumonectomy

A Pneumonectomy is the removal of the entire lung. The space will then fill with fluid.



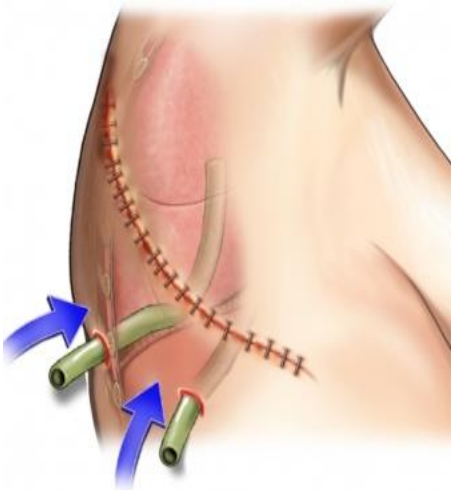
Your Operation –Surgical Approach

The choice of Video Assisted Thoracic Surgery (VATS), Thoracotomy or Robotic Assisted Thoracic Surgery (RATS) is dependent on the size and location of the tumour.



Video – Assisted Thoracic Surgery (VATS)

A VATS procedure is when there are 2-4 small incisions made in the chest where part of the lung needs to be removed. The incisions are about 1-3cm in length. A camera and other surgical tools are inserted through the incisions. The diseased part of the lung is then cut away.



Thoracotomy

A Thoracotomy is an open incision made on the side of your chest. The incision is made under your shoulder blade typically between the 5th and 6th ribs. It may extend from under your arm and around to your back. Some muscle is cut, and the ribs are spread apart. The diseased part of your lung is then removed and the incision is closed with dissolvable stitches.

Robotic Assisted Thoracic Surgery (RATS)

Robotic-assisted surgery is a minimally invasive technique to open the chest for lung cancer surgery. The robotic-assisted surgery uses computer enhanced robotic technology called the da Vinci surgical system. This system allows a surgeon to operate on the chest area using a 3D HD camera and tiny rotating instruments. These instruments move in a similar way to a human hand but with a greater range of movement and accuracy.

Preparing for Surgery

Preoperative Tests

There are a number of tests that you may need completed before your surgery. These tests will examine your lungs and check how your lungs are functioning, how severe the disease is and to check the overall health of your lungs. These tests will be organised by the Thoracic or Respiratory Team.

These tests include:

- Blood Tests
- Electrocardiogram (ECG)
- Chest x-ray
- Pulmonary Function Tests (PFTs)
- Bronchoscopy
- Scans such as PET Scan, CT Scan
- Lung CT Guided Biopsy
- EBUS

Blood Tests

Before your surgery some blood tests will be performed in order to check for any abnormalities and to obtain baseline blood work for your admission. Your bloods will be taken as needed while you are in hospital.

Chest X-ray

Chest x-rays are painless. With chest x-rays doctors look at your lungs and airways. Chest X-rays may reveal spots (nodules) or other abnormal areas or patches. An x-ray cannot determine whether these spots or other abnormal areas are cancerous. If your chest X-ray appears suspicious, more tests will be required.

Bronchoscopy

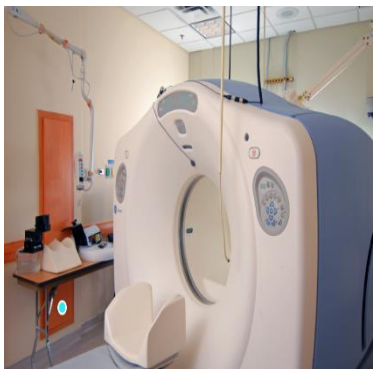
A bronchoscope is a thin, flexible tube that contains a tiny video camera. The tube is passed through your nose or mouth. It goes down through your windpipe (trachea) into your lungs. This allows the doctor, usually a pulmonologist or thoracic surgeon, to see inside your air passages. They can take small tissue samples (biopsies) and fluid samples. Samples are sent to a lab and checked for cancer.

Pulmonary Function Tests (PFTs)

PFTs determine how well your lungs are working. Your lung volume, capacity, flow rates and gas exchange are all measured by this test.

CT Scan

A CT scan, or computed tomography scan is a type of medical imaging that produces precised imaging of the chest from different angles using xray and computer processing. It provides more detail than standard xrays, it is frequently used to diagnose a wide range of illnesses including infections, tumours and traumas. CT scans are sometimes combined with a PET scan so that the team can have more detailed look at the area affected



PET Scan

A 'Positron Emission Tomography Scan' produces detailed images of inside the body. A small amount of radiotracer is injected into your arm. The scan measures the amount of tracer absorbed by organs and tissues. This type of scan helps to determine if cancer has spread or of the body is responding to treatments.

CT Guided Lung Biopsy

A biopsy or tissue sample is take by the Respiratory or Thoracic Team so it can be examined under a microscope. This will determine if the tissue is cancerous. A biopsy is sometimes done during a small operation. This will be decided by your team.

EBUS (Endobronchial Ultrasound)

This test is sometimes used during bronchoscopy. It not only diagnoses lung cancer, but it can also see if the cancer has spread to the lymph nodes (staging). The bronchoscope has a sound-wave probe at the end. Doctors can locate and see masses and lymph nodes next to the airway, but not within the lung. Doctors then use needles to sample the mass and/or lymph nodes to check for cancer.

Preparing for Surgery

What can you do?

There are a number of things you can do to prepare for your surgery. It is important that you are in good health before you come in for your operation. The next section of this booklet will discuss how you can prepare.

Quit Smoking

Smoking increases your risk of complications during and after your surgery. If you quit smoking 4 – 6 weeks before your operation, it will have positive effects on your post-operative outcome. It is NEVER too late to give up smoking. We strongly advise you to speak to a professional if you have decided to quit smoking. Quitting smoking can add years to your life and will improve your overall health.

A smoking cessation referral will be sent by the team to the Smoking Cessation Nurse in St James's Hospital. You can also avail of the following resources contact the HSE "QUIT" team if you need assistance

Freephone: 1800 201 203

Freetext: **QUIT** to **50100**

Email: support@quit.ie

Twitter: @HSEQuitTeam

Facebook: You Can Quit

Alcohol Intake

Before surgery, we encourage all patients to abstain from alcohol for at least 4 weeks prior to your surgery. A raised alcohol intake can increase your risk of post-operative delirium and other post-operative complications. Further information can be found on the HSE website https://www2.hse.ie/living-well/alcohol/

Nutrition

Nutrition is an important aspect of your preoperative preparation. A nutritious well- balanced diet is important for wound healing and your overall recovery. Aim for a blood sugar level of <10.0 mmol/L if you have diabetes.

You will be assessed at the preadmission clinic, if we think you need some guidance on diet and nutrition we will refer you to the hospital's dietician.

Exercise before your Surgery

Before your surgery you will be referred to the hospital's Physiotherapy team. The Physiotherapy team coordinate the Prehabilitation programme in the hospital. Prehabilitation or Prehab is the process of enhancing the function and fitness of an individual to help them recover well after surgery.

Prehab usually takes place 2 weeks before surgery. A referral is sent for you and you will receive a phone call within 48hours from a Physiotherapist. The Physiotherapist will discuss your overall fitness and health history with you. Depending on your location you will be advised to attend Prehabilitation classes in St. James's Hospital. These classes will include cardiorespiratory and strengthening exercises which aims to optimise a patient's functional capacity pre-operatively. If you cannot travel to St. James's Hospital the Physiotherapist will explain the exercises in detail over the phone and will follow up with you throughout the process. Building up your exercise tolerance before your surgery is beneficial for you post-operatively. It can enhance your lung function, increase exercise capacity and reduce your length of stay in hospital. Virtual classes are also held. A spirometer and an informational leaflet about spirometer practices will be given to you for after surgery.

Medications prior to surgery

You may be asked to stop some of your regular medicines prior to surgery. If you are prescribed medicines that need to be stopped pre op these will be highlighted to you at outpatient clinic. When a date for surgery has been planned you will be contacted by a member of the team and given a date to stop medicines if needed. In some incidences you will be asked to take an alternative medicine or injection in the days before surgery and a prescription will be sent to your pharmacy. If you are unsure about any of your medications it is important that you discuss your concerns with the pharmacist. You should bring your medications with you to hospital.

Personal Belongings

All patients are strongly advised not to bring valuables or sentimental belongings into the hospital. Valuables such as money, phones, jewellery and tablets/laptops will be sent to the Hospital Security Department. If you prefer, you can send your valuables home with family or relatives. Your luggage with clothes and toiletries will be kept in the property room on the ward. Please be aware that space and storage is limited on the ward for belongings. We do not accept any responsibility for any items of value left in your luggage.

Items that you need to pack for your hospital stay

- Pyjamas
- Loose fitting tops, t-shirts, shirts
- Loose fitting trousers
- Dressing gown
- Underwear/socks
- Footwear with good grip (slippers/trainers)
- Toiletries
- Towels
- Up to date medications list

Pre Admission Clinic

Before your surgery you may receive an appointment to attend the Pre-Admission Clinic. This clinic is run by the Advanced Nurse Practitioners (ANPs) from the Cardiothoracic Unit that you will be coming to for your surgery. The clinic runs twice a week in the Outpatient Department of St. James's Hospital. The clinic can last up to 4 hours.

Most patients are accommodated in the pre admission clinic. Please bear in mind that NOT all patient's will receive an appointment to attend the Pre-Admission clinic. If you do not receive an appointment, it does not have an effect on your waiting time for Surgery. Unfortunately, there are only a number of slots available for the Clinic so it's not possible to see every patient, however every effort is made to accommodate all patients.

What happens at the Pre Admission Clinic?

The Pre-Admission Clinic provides pre-operative health assessments for patients undergoing surgery. In the clinic, you will be seen by an Advanced Nurse Practitioners (ANPs), Pharmacist, Physiotherapist and if required Dietician. Some patients may need to be examined by an Anaesthetic Doctor if required.

Assessments undertaken in the preadmission clinic include:

- Medical/Surgical history
- Physical examination
- Medication history
- Post-operative arrangements
- Blood Tests
- ECG
- MRSA screening
- Anaesthetic review if necessary
- Chest X-ray
- Discharge Planning

- Other tests as needed

Your Surgery

Shower and Hygiene before Surgery

The day before your surgery you start your skin preparation with antibacterial shower from home. You will receive the skin preparation pack from preadmission clinic. Healthcare Assistant or Nurse will clip the hair in the area in which you will be having your surgery. We will then ask you to shower with a Chlorhexidine solution after hair removal. This is for infection control reasons. The day of surgery we will provide you with Chlorhexidine 2% cloths to wash yourself. Assistance if required will be provided when doing so. Your hair will be clipped and the nurse will inspect your skin to ensure it is clipped correctly. We will then give you a disposable gown and underwear before you go for Surgery. It is important that you inform the nurse if you have an allergy to chlorhexidine.

Eating and Drinking before Surgery

You will be fasting from food for at least 6 hours before your surgery. You will be able to sip water until you are called for surgery. If you are non-diabetic, we will ask you to drink a Carbohydrate Rich solution called “Preload” before your surgery. The Anaesthetic Team will decide what medication you can have on the morning of your surgery. It is very important that you **DO NOT** take any of your own medication whilst in hospital. You will receive some light food and drink after your surgery when you return to the ward.

Day of Surgery

On the day of your surgery you will be informed of an estimated time that you will go to theatre. You will be placed on a theatre list and may be listed as 1st, 2nd or 3rd. Sometimes your time may change due to circumstances outside of our control. The first patient typically goes to theatre between 7am and 7:30am. The operation can routinely take around 2-3 hours. However, time will be spent in the recovery room when you are recovering from the anaesthetic.

Person of Contact

We encourage your family or friend to call in the evening for an update as ward nurses do not receive an update on the surgery until you come back to the High Dependency Unit or the ward area. In addition to this, information is only provided to your nominated next of kin. We ask you to remind your family members of this as this can cause offence or upset to other family members who call the unit. Please ensure that you have given staff the correct phone number for your Next of Kin. If you call and your friend or relative is not back on the ward, please know that times in theatre vary and the operation list can change on the day of surgery.

Belongings

Please ensure you have all your belongings packed away the morning of your surgery. We encourage you not to unpack your belongings when you are admitted as you may return to a different bed space after your surgery. In some cases, you may return to the same bed space but we will pass on this information if so. Again, we do not take responsibility for any valuables which are not sent to Security. Please do not bring any valuables into hospital with you.

Day of Surgery Admission (DOSA)

Your surgeon may identify you as a suitable candidate for day surgery admission (DOSA). You will be advised if you are for this when you attend the preadmission clinic . You will be notified by the hospital if you will be coming in on the day of your surgery. You will receive guidance on what to do before you come to the hospital. Chlorhexidine 2% wash will be given to you to have your shower at home. Chlorhexidine skin cleanser is for external use only. If you are identified as a DOSA patient, you will be given information on the preload drink. When you arrive at the hospital you will be prepared for theatre in the DOSA suite and you will return to the ward once your surgery is complete.

Pain Management

Pain after surgery is normal. The amount of pain that you will experience is different for everybody. There are many ways to control your pain. It is known as acute pain and it can be lessened with pain medications. The Pain Team will see you after your surgery.

Pain relief can be provided in the following methods

- Patient Controlled Analgesia (PCA) this is a pump that contains strong pain killers.
- Epidural – Paravertebral Infusions
- Oral Painkillers

Patient Controlled Analgesia (PCA)

Patient controlled analgesia (PCA) This method of painkiller allows you to control your own pain relief. It allows you to only take the amount of painkiller required. A machine with a handset will provide a small, measured dose of pain killer when the handset is pressed. It is advisable to press the button before doing anything that you may think will prove to be painful, such as getting out of bed, coughing or deep breathing. A nurse will educate you on how to use PCA therapy.

Epidural – Paravertebral infusions

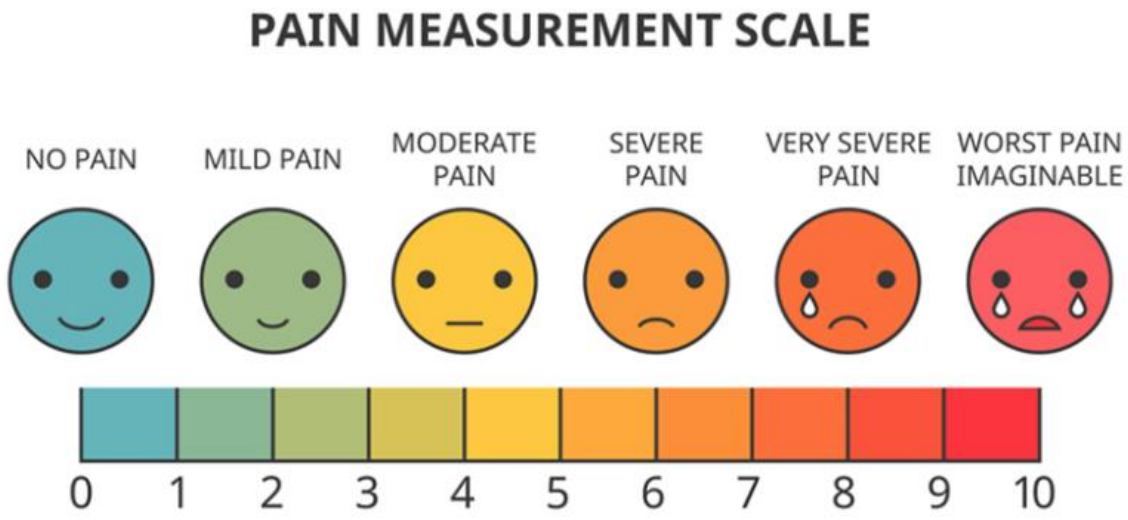
Your anaesthetist may recommend an epidural or paravertebral/ infusion following your surgery. An epidural/Paravertebral is a fine tube (catheter) that is placed into your back which delivers pain numbing drugs (local anaesthetic).

Oral Painkillers

You may be given 2 or 3 different types of pain killers together at regular intervals to help control your pain. This may include Paracetamol and a non-steroid anti-inflammatory such as Ibuprofen. When the PCA is stopped this is switched to a strong pain killer such as OxyNorm.

The pain team along with the ward staff will do their best to make sure your stay is as comfortable as possible. If you feel the painkillers are not effective in managing your pain, please discuss with your nurse/ doctor/pain team.

Whatever pain relief that you are taking please tell your nurse if it is not working. Your pain needs to be well controlled to enable you to cough, mobilise and do your physiotherapy. The nurse may ask you to score your pain score out of 10. A score of 10 is considered severe pain and 0 considered as no pain. Below is a visual representation of the pain scale.



Pain medications can cause some nausea, vomiting and constipation, please inform your nurse if you are feeling any of these symptoms as the nurse can administer medications to ease these symptoms. Drinking fluids, mobilising and a high fibre diet will help avoid constipation.

If you take painkillers regularly at home, have experienced any problems with pain management previously or have any allergies to any pain medications, please advise your pre-operative nurse or your team who will inform the anaesthetist/ pain team.

Chest Drains

You will return from surgery with a chest drain (tube) below the operation wound. This tube sits in the space where the part of your lung was removed so it can remove air and any excess fluid. The chest drain will be attached to a drainage bottle.

Your chest drain will be assessed by the Nursing Staff on the unit. You will be able to sit out and mobilise with the chest drain in place. The tube will be removed in the days after your surgery. Your drain may be connected to a suction unit on the wall. This will help your lung to expand quicker. The length of time your drain remains on suction will depend on your chest x-ray results which will show if your lung is expanding. You will have regular chest x-rays. Your chest drain will be removed when your lung has expanded and excess fluid has drained. The time varies from patient to patient.

The Thoracic Team will decide when the drain needs to be removed. Two nurse will remove your drain and the operation wound will be closed with a stitch that was put in during the operation. The nurses will provide you with pain relief and explain the process of the drain removal before removing the drain.

After Your Surgery

You will return to Keith Shaw Ward or High Dependency Unit or Private 3 after your surgery. You may feel tired and sleepy after your surgery. You will have different lines and tubes. This is normal. The nurse looking after you will be monitoring you closely.

Heart and Blood Pressure Monitoring

If you are in the High Dependency Unit (HDU) after surgery you will have small electrodes (small bandages hooked to wires on your chest) connected to a wall monitor. These are used to monitor your heart rate and blood pressure. You will also have an IV in your arm that the nurses will use to monitor your blood pressure and take bloods from.

Possible Post-Operative Side Effects

Sometimes after your surgery you may experience some complications. Some of the most common complications following lung surgery are explained below.

Bleeding

The amount of fluid you lose through your chest drain tubes will be monitored by the nurses. Sometimes you may require a blood transfusion. Your bloods will be monitored.

Urinary Catheter and Urinary Retention

A urinary catheter is a small tube which may be placed in your bladder during your operation. This will drain urine from your bladder into a urine catheter bag. The tube is removed on Day 1 after your operation. Once the tube is removed it is important to let the nurses know when you have passed urine. If you have trouble passing urine the nurse may do a scan of your bladder to see how much urine is there. If you have trouble passing urine, there are medications that you can take to help with normal urination. Also if you have had issues in the past with urinary catheters, please let your team know.

Problems urinating are more common in older men and when an epidural catheter was used to control pain. Sometimes the urinary catheter may need to be placed back for a short period of time.

Voice Hoarseness

The vocal cords are like 2 elastic bands of muscle located above the windpipe. Swelling or pressure can cause changes in your voice quality, hoarseness and difficulty swallowing. These problems are often treated with voice therapy but sometimes they may need to be examined by the Ear Nose and Throat (ENT) doctors.

Preventing Blood Clots

Blood Clots may occur due to spending long periods of time not moving during and after your operation. You will wear support stockings to help prevent blood clots forming. Getting up and walking early and as often as possible will help decrease your risk of developing blood clots. During your hospital stay you may receive an injection to prevent blood clots from forming.

Preventing Infection

Antibiotics will be given to you through an IV line in your arm before the operation to prevent an infection. Redness and swelling at the incision site along with fever can mean that there is a wound infection. You may need additional antibiotics if this occurs. Some patients may develop a chest infections and require antibiotics to treat this.

Confusion After Your Operation

After your operation you may feel confused. The confusion can range from mild memory loss or anxiety to fear, hallucinations, and sometimes combative behaviours. The behaviour can sometimes be worse at night. When the confusion is severe it is called postoperative psychosis. It is rare and is often seen in older patients. It can occur in patients who experience sleep deprivation.

Preventing Chest Infections

Pneumonia is an infection in the lungs and can sometimes occur after a lung operation. Signs of pneumonia include shortness of breath and fever. If pneumonia develops you will be prescribed antibiotics and sometimes you might need some additional oxygen until you recover.

Atrial Fibrillation

Sometimes a fast heart rate may occur after your operation known as atrial fibrillation. This is usually temporary and is treated with medications. It is important to inform the nurses and the surgical team if you have any chest pain, tightness or feeling of palpitations during your stay.

Post-Operative Goals

Goals – Operation Day

- ✓ Sit out of bed the same day of surgery if you feel well.
- ✓ Light diet and fluids.
- ✓ Achieve satisfactory pain control.

Goals -Days 1, 2, 3, 4

- ✓ Mobilise with the assistance of physiotherapists and independently once you feel confident.
- ✓ Eat and drink normally.
- ✓ Achieve satisfactory pain control.
- ✓ All lines and/or devices will be reviewed by the team on a daily basis and will be removed when deemed ready.
- ✓ Start planning and organising your discharge home.

Hygiene

You will be assisted to have a wash and get dressed into your own clothes.

Activity

From day 1 onwards you should sit in the chair for four hours, with rests on the bed in between. The nursing staff and the physiotherapists will help you to sit out. You will aim to walk short distances as soon as possible, with the aim of walking twice a day on day one. You will progress your walking each day aiming to walk further and more regularly.

The physiotherapy sessions will help you with deep breathing exercises to help you recover from the anaesthetic and help you clear any secretions that may be sitting in your chest. Mobilising is important as it helps your lungs return to normal function and improve your lung function. You should use your spirometer every hour.

Eating and Drinking

From day 1 you should aim to eat and drink unless you have been advised otherwise. Aim for at least 8 glasses of water (unless advised to fluid restrict) and try and eat something small at each meal. If you feel sick or nauseated let your nurse know, they can give you some anti-sickness medication to help relieve this. It is important that you let the nurse know if your bowels have not moved. Drinking fluids and a high fibre diet will help prevent constipation. If required, you may be given a laxative.

Day of Discharge

Hygiene

At this stage you will be independent with your hygiene and shower needs, but please ask should you require assistance.

Mobilising

You should be mobilising independently, sitting out of bed and have successfully completed the stairs assessment with the physiotherapists.

Eating and Drinking

You should continue to eat and drink normally today. Drinking fluids and eating a high fibre diet will help prevent constipation.

Dressings and Wound Care

Routinely your wound will be checked on the day of discharge. Your dressing will be removed before you are discharged. You will be given education on what to observe with your wound.

Patient Flow Lounge

The patient flow lounge (formally called the discharge lounge) is a safe, comfortable area with friendly staff willing to help patients on their journey through St James's Hospital. The aim of the patient flow lounge is to facilitate early discharge of patients. Discharge time from Keith Shaw Unit is 11am. The patient flow lounge is easily accessible by patients and their nominated contact person to allow patients to be easily collected by car if for discharge. Its location is also close to the Luas and bus stop. You will be given your discharge summary and prescription prior to discharge. The Pharmacist will discuss your medications with you. You will need to bring your prescription to your local pharmacy.

Now that you're going home

Getting home

You are not permitted to drive yourself home from hospital. You must organise a lift home before your day of discharge. Sometimes if you are waiting for your nominated person to collect you will be asked to wait in the Patient Flow Lounge. All paperwork including prescriptions will be given to you before discharge. A copy of your discharge summary will be posted to your GP.

When you get home

Ensure that you are resting when you get home. For many people it takes 6 weeks after their surgery for them to make a full recovery. There is considerable variation depending on how fit you were before your operation and the type of surgery that was performed.

Rest

It is recommended that you get adequate sleep per night. Sleep disturbance is not uncommon during your hospital stay, but it should resolve a few days after returning home.

Wounds

It is normal for your wounds to be sore, itchy and numb for the first few weeks after surgery. You will be prescribed pain killers, take these as prescribed. Occasionally there may be a slight discharge or ooze from the wound which requires a simple dressing. If you have any stitches from a chest drain these will be removed by a public health nurse or GP. Following discharge, if there is any redness, pain or leakage from the wound, it is important that this is reported to your GP so that it is treated quickly and appropriately.

Emotions

It is normal to have a change in mood following your surgery. Some of the most common feelings are anxiousness and depression. These feelings can present themselves in different ways such as altered sleep patterns, lack of concentration, irritability and inability to relax. You can discuss these feelings with any member of the team, the lung cancer co-ordinators or your GP.

Frequently Asked Questions

Will I need further treatment after my surgery?

Following your surgery, you may be referred to a medical cancer specialist (oncologist) for consideration for further treatments such as chemotherapy or radiotherapy.

The need for further treatment will depend on the type of cancer you have and the extent of the disease. The decision regarding further treatment is based on the further investigations carried out on the piece of lung that was removed during your operation.

Once these results are available your surgeon, oncologist and respiratory physician will discuss and a decision for further treatment will be made. The process can take up to two weeks to complete, therefore it is likely that you will be discharged home before this decision is made. If this is the case, you will be contacted at home by either the lung cancer co-ordinator or a doctor regarding your follow-up plan.

When will I see my surgeon again?

You will meet your surgeon at your outpatient's appointment in the outpatient's department approximately 6-8 weeks after your surgery. The appointment may be given to you before you are discharged home or sent to you by post.

When can I return to work?

Returning to work will be assessed on an individual basis. It will depend on a number of things, the type of work you do, the type of surgery that you had and also the possible need for further treatment following your operation. You will not return to work before the 6 week follow up appointment with your surgeon. If you have any questions about returning to work please discuss with your team.

When can I fly?

Patients are advised not to fly for at least 6 weeks following lung surgery. However, you may discuss with your doctor as sometimes there may be exemptions to this and advice will be given on an individual basis.

When can I drive?

You cannot drive for 6 weeks after your operation until you are moving comfortably and have stopped taking pain medications.

When can I resume sexual activity?

The time to resume sexual activity is when you and your partner feel both physically and emotionally ready. Many people worry that sex may be damaging to the wound. Provided you feel relaxed, rested and ready for sex, sexual activity can be resumed.

Feeling unwell?

If you have the following temperature, cough, signs of chest infection such as chills, shortness of breath, pain contact Cardiothoracic team in St James Hospital, contact number is provided on your discharge summary.

What happens next?

The following will occur over the coming weeks;

- Multidisciplinary (MDT) Team Meeting 2 weeks' post operatively, you will be informed of the outcome of this MDT meeting.
- You may be referred to oncology
- An Outpatients Appointment will be arranged approximately 6 weeks following your surgery.
- Acceptance onto surveillance programme

Useful Contact Numbers

St James's Hospital	01 4103000
Keith Shaw Ward	01 4103389/3390
Cardiothoracic Advanced Nurse Practitioners	01 4103338
Physiotherapists	01 4162503

Private 3	01 4103217/3218
Lung Cancer Co-ordinators	Bleep 101 via hospital switch
Mr Vincent Young's Secretary	01 4101311
Mr Ronan Ryan's Secretary	01 4102323
Mr Gary Fitzmaurice Secretary	01 4103534
Ms Rebecca Weedle's Secretary	01 4103091

Patient Experience Office

The Patient Experience Office in St James's Hospital welcomes feedback from patients, family members and other service users. We encourage those who wish to provide feedback in the form of concerns, compliments or complaints to bring this feedback to the local Manager to be responded to and resolved locally. If the matter cannot be dealt with locally the patient experience office is happy to receive the feedback. Compliments, concerns or complaints can be submitted in writing to /or by telephone to;

Email: patientfeedback@stjames.ie or Telephone to 01 4103361

The DAISY Award for Extraordinary Nomination Form

The DAISY Award is a recognition program to celebrate and recognize nurses by collecting nominations from patients, families, and co-workers. Nurses can be nominated by anyone - patients, family members, other nurses, physicians, clinicians, or staff - who experience or observe extraordinarily compassionate care being provided by a nurse. To nominate a staff member, you can scan the QR code below, complete the form via the link https://www.stjames.ie/eforms/daisyawards/ or alternatively you can ask a nurse for a nomination form and pop it into one of the dedicated nomination box around the hospital.

The BEE Award for Extraordinary HCAs

Being Extraordinary Everyday (BEE) Awards recognise and value our Healthcare Assistants (HCA). These awards run in conjunction with DAISY. Just like a daisy flower cannot survive without a bee, nurses rely on the outstanding teamwork of our HCA colleagues when caring for patients. The BEE award recipients exemplify quality service and extraordinary care to the patients and their families creating a great experience by promoting wellness, kindness and going above and beyond. Nominations can be submitted via the link https://www.stjames.ie/eforms/daisyawards/ or alternatively you can ask a nurse for a nomination form and pop it into one of the dedicated nomination boxes around the hospital.