After Your Thoracic Surgery

This excerpt from About Your Thoracic Surgery (www.mskcc.org/pe/about_thoracic_surgery) describes what to expect after your thoracic surgery at Memorial Sloan Kettering (MSK), both during your hospital stay and after you leave the hospital. You will learn how to safely recover from your surgery.

Write down any questions you have and be sure to ask your doctor or nurse.

In the Post Anesthesia Care Unit (PACU)

When you wake up after your surgery, you will be in the Post Anesthesia Care Unit (PACU).

A nurse will be monitoring your body temperature, pulse, blood pressure, and oxygen levels. You will get oxygen through a thin tube that rests below your nose called a nasal cannula. You will also have compression boots on your lower legs.

You may have a urinary catheter in your bladder to monitor the amount of urine you’re making. You will also have a chest tube that goes into a drainage device (see Figure 1).
Your visitors can see you briefly in the PACU, usually within 90 minutes after you arrive there. A member of the nursing staff will explain the guidelines to them.

You may stay in the PACU for a few hours or overnight, depending on when an inpatient bed becomes available.

**In Your Hospital Room**

After your stay in the PACU, you will be taken to your hospital room. There, you will meet one of the nurses who will care for you while you’re in the hospital recovering from your surgery. Tell the nurse if you drink alcohol every day or if you have recently stopped drinking alcohol. **Tell the nurse if you smoke or if you have recently quit smoking.** They will offer you a nicotine replacement therapy to make you more comfortable while you’re in the hospital.

Your nurse will explain the best way to recover from your surgery. Below are examples of ways you can help yourself recover safely.

- Try to walk around after surgery. Walking every 2 hours is a good goal. This will help prevent blood clots in your legs and lower your risk of developing pneumonia. **You will have tubes and an IV line, so make sure you have help while you’re walking.**
- Use your incentive spirometer. This will help your lungs
expand, which prevents pneumonia. For more information, read our resource *How to Use Your Incentive Spirometer* (www.mskcc.org/pe/incentive_spirometer).

- Do your breathing and coughing exercises every 1 to 2 hours while you’re awake.
- Read the pathway handout that your nurse gives you to see what to expect and how to help your recovery while you’re in the hospital.

Read our resource *Call! Don't Fall!* (www.mskcc.org/pe/call_dont_fall) to learn about what you can do to stay safe and keep from falling while you’re in the hospital.

**Commonly Asked Questions: During Your Hospital Stay**

**Will I have pain after my surgery?**

You will have some pain after your surgery. Your doctor and nurse will ask you about your pain often and give you medication as needed. If your pain isn’t relieved, tell your doctor or nurse. It’s important to control your pain so you can cough, breathe deeply, use your incentive spirometer, and get out of bed and walk.

You may get a prescription for pain medication before you leave the hospital. Talk with your doctor or nurse about possible side effects and when you should start switching to over-the-counter pain medications.
Pain medication may cause constipation (having fewer bowel movements than what’s normal for you). For more information, read the “How can I prevent constipation?” section below.

**What is a chest tube?**
A chest tube is a flexible tube that drains blood, fluid, and air from around your lung after surgery. The tube enters your body between your ribs and goes into the space between your chest wall and lung (see Figure 1).

**When will my chest tube be removed?**
Your chest tube will be removed when your lung is no longer leaking air and the drainage from your tube has decreased enough. Usually, this is when there’s less than 350 cubic centimeters (cc) of drainage per 24 hours.

After the tube is removed, the area will be covered with a bandage. Keep the bandage on for at least 48 hours, unless your nurse gives you other instructions.

Most people go home the same day that their chest tube is
removed. Sometimes, your doctor may want you to stay in the hospital for another day after your chest tube is removed.

Look at your incisions with your nurse before you leave the hospital. This will help you notice any changes once you’re at home.

**Why is it important to walk?**
Walking helps prevent blood clots in your legs. It also lowers your risk of having other complications such as pneumonia. Walking 1 mile each day, which is 14 laps around the unit while you’re still in the hospital, is a good goal.

**Will I be able to eat?**
You will gradually start eating your normal diet again when you’re ready. Your doctor or nurse will give you more information.

**When can I have visitors?**
You can have visitors between 8:00 AM and 10:00 PM every day.

**When will I leave the hospital?**
How long you stay in the hospital depends on many things, such as the type of surgery you had and how you’re recovering. You will stay in the hospital until your doctor feels you’re ready to go home. Your nurse or doctor will tell you what day and time you can expect to be discharged.

Your doctor will talk with you if you need to stay in the hospital
longer than planned. Examples of things that can cause you to stay in the hospital longer include:

- Air leaking from your lung
- Having an irregular heart rate
- Having problems with your breathing
- Having a temperature of 101° F (38.3° C) or higher

**Commonly Asked Questions: At Home**

Read our resource *What You Can Do to Avoid Falling* ([www.mskcc.org/pe/avoid_falling](http://www.mskcc.org/pe/avoid_falling)) to learn about what you can do to stay safe and keep from falling at home and during your appointments at MSK.

**Will I have pain when I am home?**

The length of time each person has pain or discomfort varies. You may still have some pain when you go home and will probably be taking pain medication. Some people may have soreness around their incision, tightness, or muscle aches for 6 months or longer. This doesn’t mean that something is wrong. Follow the guidelines below.

- Take your medications as directed and as needed.
- Call your doctor if the medication prescribed for you doesn’t relieve your pain.
- Don’t drive or drink alcohol while you’re taking prescription
pain medication.

- As your incisions heal, you will have less pain and need less pain medication. A mild pain reliever such as acetaminophen (Tylenol®) or ibuprofen (Advil®) will relieve aches and discomfort.

  - Don’t stop taking your pain medication suddenly. Follow your doctor or nurse’s instructions for stopping.
  - Don’t take more acetaminophen than the amount directed on the bottle or as instructed by your doctor or nurse. Taking too much acetaminophen can harm your liver.

- Pain medication should help you resume your normal activities. Take enough medication to do your exercises comfortably. However, it’s normal for your pain to increase slightly as you increase your level of activity.

- Keep track of when you take your pain medication. Pain medication is most effective 30 to 45 minutes after taking it. Taking it when your pain first begins is more effective than waiting for the pain to get worse.

Do the stretching exercises described in the “What exercises can I do?” section below. These will help to relieve the pain on the side of your surgery.

Pain medication may cause constipation (having fewer bowel movements than what’s normal for you). For more information,
read the “How can I prevent constipation?” section below.

How do I care for my incisions?

You will have more than 1 incision after your surgery. The location of your incisions will depend on the type of surgery you had. There will be incisions from the surgical site and the chest tube. You may have some numbness below and in front of your incisions. You may also have some tingling and increased sensitivity around your incisions as they heal.

**Surgical incision(s)**

- By the time you’re ready to leave the hospital, your surgical incision(s) will have started to heal.
- Look at your incision(s) with your nurse before you leave the hospital so you know what it looks like. This will help you know if there are any changes later.
- If any fluid is draining from your incision(s), write down the amount, color, and if it has a smell.
- If you go home with Steri-Strips™ or Dermabond® on your incisions, they will loosen and fall off on their own. If they haven’t fallen off within 10 days, you can gently remove them.

**Chest tube incision**

- You may have some thin, yellow or pink-colored drainage from your incision. This is normal.
• Keep your incision covered with a bandage for 48 hours after your chest tube is removed, unless the bandage gets wet. If it gets wet, change the bandage as soon as possible.

• After 48 hours, if you don’t have any drainage, you can remove the bandage and keep your incision uncovered.

• If you have drainage, keep wearing a bandage until the drainage stops. Change it at least once a day or more often if the bandage becomes wet.

• Sometimes, the drainage may start again after it has stopped. This is normal. If this happens, cover the area with a bandage. Call your doctor’s office if you have questions.

**Can I shower?**

You can shower 48 hours after your chest tube is removed. Taking a warm shower is relaxing and can help decrease muscle aches. Remove your bandages and use soap to gently wash your incisions. Pat the areas dry with a towel after showering, and leave your incisions uncovered (unless there is drainage).

Don’t take tub baths until you discuss it with your doctor at the first appointment after your surgery.

**What should I eat at home?**

Eating a balanced diet high in protein will help you heal after surgery. Your diet should include a healthy protein source at each meal, as well as fruits, vegetables, and whole grains. For more
tips on increasing the amount of calories and protein in your diet, read our resource *Eating Well During and After Your Cancer Treatment* (www.mskcc.org/pe/eating_cancer_treatment).

If you have questions about your diet, ask to see a dietitian.

**How can I prevent constipation?**

Your usual bowel pattern will change after surgery. You may have trouble passing stool (feces). Talk with your nurse about how to manage constipation.

- Drink 8 (8-ounce) glasses (2 liters) of liquids daily, if you can. Drink water, juices, soups, ice cream shakes, and other drinks that don’t have caffeine. Drinks with caffeine, such as coffee and soda, pull fluid out of the body.

- Both over-the-counter and prescription medications are available to treat constipation. Start with 1 of the following over-the-counter medications first:
  - Docusate sodium (Colace®) 100 mg. Take 3 capsules once a day. This is a stool softener that causes few side effects. Don’t take it with mineral oil.
  - Senna (Senokot®) 2 tablets at bedtime. This is a stimulant laxative, which can cause cramping.

- If you feel bloated, avoid foods that can cause gas, such as beans, broccoli, onions, cabbage, and cauliflower.
If you haven’t had a bowel movement in 2 days, call your doctor or nurse.

For more information, read our resource *Constipation* (www.mskcc.org/pe/constipation).

**How can I help my recovery?**

- Exercise for at least 30 minutes each day. This will help you get stronger, feel better, and heal. Make a daily walk part of your routine.
- Keep using your incentive spirometer and do your coughing and deep breathing exercises at home.
- Drink liquids to help keep your mucus thin and easy to cough up. Ask your doctor how much you should drink each day. For most people, this will be at least 8 to 10 (8-ounce) glasses of water or other liquids (such as juices) each day.
- Use a humidifier in your bedroom during the winter months. Follow the directions for cleaning the machine. Change the water often.
- Avoid contact with people with colds, sore throats, or the flu. These things can cause infection.
- Do not drink alcohol, especially while you are taking pain medication.
- Don’t smoke. Smoking cigarettes is harmful to your health at any time. It is even more so as you’re healing after your...
surgery. Smoking causes the blood vessels in your body to become narrow. This decreases the amount of oxygen that reaches your wounds as they’re healing. Smoking can also cause problems with breathing and regular activities.

It’s also important to avoid places that are smoky. Your nurse can give you information to help you deal with other smokers or situations where smoke is present.

Remember, if you need help quitting, MSK’s Tobacco Treatment Program can help. Call 212-610-0507 to make an appointment.

**Can I resume my activities?**

It’s important for you to resume your activities after surgery. Spread them out over the course of the day.

- Walking and stair climbing are excellent forms of exercise. Gradually increase the distance you walk. Climb stairs slowly, resting or stopping as needed.
- Do light household tasks. Try dusting, washing dishes, preparing light meals, and other activities as you’re able.
- Use the arm and shoulder on the side of your surgery in all of your activities. For example, use them when you bathe, brush your hair, and reach up to a cabinet shelf. This will help restore full use of your arm and shoulder.
• You may return to your usual sexual activity as soon as your incisions are well healed and you can do so without pain or fatigue.

Your body is an excellent guide for telling you when you have done too much. When you increase your activity, monitor your body’s reaction. You may find that you have more energy in the morning or the afternoon. Plan your activities for times of the day when you have more energy.

**Is it normal to feel tired after surgery?**

It’s common to have less energy than usual after your surgery. Recovery time is different for everyone. Increase your activities each day as much as you can. Always balance activity periods with rest periods. Rest is a vital part of your recovery.

It may take some time until your normal sleep pattern returns. Try not to nap during the day. Taking a shower before bed and taking your prescribed pain medications can also help.

**When is it safe for me to drive?**

You can begin driving again after you have:

• Regained full movement of the arm and shoulder on the side of your surgery

• Stopped taking narcotic pain medication (pain medication that may make you drowsy) for 24 hours.
Can I travel by plane?
Don’t travel by plane until your doctor says it’s okay. You will talk about this during your first appointment after your surgery.

When can I go back to work?
The time it takes to return to work depends on the type of work you do, the type of surgery you had, and how fast your body heals. If you need a letter to go back to work, contact your doctor’s office.

When should I start doing arm and shoulder exercises?
Start doing arm and shoulder exercises as soon as your chest tube bandage is removed. This will help you to regain full arm and shoulder movement. To do the exercises, follow the instructions below.

Axillary stretch
1. Sit in a straight-backed chair with your feet flat on the floor.
2. Clasp your hands together (see Figure 2).
3. Lift your arms up and over your head.
4. Slide your hands down to the back of your neck.
5. Slowly twist the upper part of your body to the right side. Hold this position for 5 seconds while bringing your elbows as far back as possible.
6. Return to the starting position.
7. Slowly twist the upper part of your body to the left side. Hold this position for 5 seconds while bringing your elbows as far back as possible.
8. Return to the starting position.

Repeat _______ times
Towel stretch

Figure 3. Stretching up
1. Stand comfortably with your feet about 6 inches (15 centimeters) apart.

2. Put your arms in front of your body and hold one end of a hand towel in each hand (see Figure 3).

3. Bring your arms over your head, straighten your elbows, and stretch toward your upper back. Do not arch your back and do not force the movement if it is difficult. Try to hold the position for 5 seconds.

4. Relax and return to the starting position.

5. Stand as in Step 1.

6. Grasp the towel behind your back and lift upward as far as possible (see Figure 4). Be sure to stand straight. Try to hold the position for 5 seconds.

7. Return to the starting position.

Repeat ______ times

**When can I start doing other kinds of exercise?**

The best exercise is walking, climbing stairs, or doing another kind of aerobic exercise for at least 30 minutes each day. You can start doing this again right after your surgery, unless your doctor or nurse gives you other instructions.
Don’t do heavy exercise or play contact sports until your doctor tells you it’s safe. When you start again, remember that it will take time for you to return to your previous level of activity. Start out slowly and increase your activity as you feel better.

**When can I lift heavy objects?**
Check with your doctor before you do any heavy lifting. Normally, you shouldn’t lift anything heavier than 10 pounds (4.5 kilograms) for at least 3 weeks. Ask your doctor how long you should avoid heavy lifting. This depends on the type of surgery you had.

**How can I cope with my feelings?**
After surgery for a serious illness, you may have new and upsetting feelings. Many people say they felt weepy, sad, worried, nervous, irritable, and angry at one time or another. You may find that you can’t control some of these feelings. If this happens, it’s a good idea to seek emotional support.

The first step in coping is to talk about how you feel. Family and friends can help. Your nurse, doctor, and social worker can reassure, support, and guide you. It’s always a good idea to let these professionals know how you, your family, and your friends are feeling emotionally. Many resources are available to patients and their families. Whether you’re in the hospital or at home, the nurses, doctors, and social workers are here to help you and your family and friends handle the emotional aspects of your illness.
When is my first appointment after my surgery?

Your first appointment after surgery will be 1 to 3 weeks after you leave the hospital. Your nurse will give you instructions on how to make this appointment, including the phone number to call.

During this appointment, your doctor will discuss the pathology results with you in detail. You may also have appointments with other doctors after your surgery.

Call your doctor or nurse if you have:

- New or worsening shortness of breath
- Swelling in your chest, neck, or face
- A sudden change in your voice
- A faster heartbeat than usual
- A temperature of 101°F (38.3°C) or higher
- Pain that doesn’t get better with your medications
- Redness or swelling around your incision
- Drainage from your incision that is smells bad or is thick or yellow (like pus)
- No bowel movement for 3 days or longer
• Any new symptom or physical change
• Any questions or concerns

After 5:00 PM, during the weekend, and on holidays, call 212-639-2000. Ask to speak to the thoracic surgeon on call.

MyMSK

MyMSK (my.mskcc.org) is your MSK patient portal account. You can use MyMSK to send and receive messages from your healthcare team, view your test results, see your appointment dates and times, and more.

If you don’t already have a MyMSK account, you can sign up by going to my.mskcc.org. For more information about signing up for a MyMSK account, watch our video How to Enroll in the Patient Portal: MyMSK (www.mskcc.org/pe/enroll_mymsk). You can also contact the MyMSK Help Desk by emailing mymsk@mskcc.org or calling 800-248-0593.

Additional Resources

• How to Use Your Incentive Spirometer (www.mskcc.org/pe/incentive_spirometer)
• Call! Don't Fall! (www.mskcc.org/pe/call_dont_fall)
• What You Can Do to Avoid Falling (www.mskcc.org/pe/avoid_falling)
If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.