

# Lobectomy Pathway (Thoracotomy)

Surgery date: \_\_\_\_\_ Expected discharge date: \_\_\_\_\_

These are goals for your recovery. Your experience may not follow this pathway exactly. Your doctor or nurse will tell you what to expect.

	Before Surgery	Day of Surgery	1 Day After Surgery
What should I do?	<ul style="list-style-type: none"> <li>From now until surgery, exercise 30 minutes (such as walking 1 mile) every day.</li> <li>Stop smoking 2 or more weeks before surgery.</li> <li>Plan your ride home after surgery.</li> </ul> <p>The night before surgery:</p> <ul style="list-style-type: none"> <li>Wash with Hibiclens®</li> </ul>	<p>The morning before surgery:</p> <ul style="list-style-type: none"> <li>Wash with Hibiclens</li> </ul> <p>After surgery:</p> <ul style="list-style-type: none"> <li>Use your incentive spirometer 10 times each hour you're awake.</li> <li>Do coughing and deep breathing exercises.</li> <li>Sit in your chair.</li> <li>Walk 10 laps around the nursing unit.</li> </ul>	<ul style="list-style-type: none"> <li>Use your incentive spirometer 10 times each hour you're awake.</li> <li>Do coughing and deep breathing exercises.</li> <li>Sit in your chair.</li> <li>Walk 10 laps around the nursing unit.</li> <li>Learn about caring for your incisions.</li> </ul>
What tests, procedures, and medical devices should I expect?	<p>Presurgical testing appointment:</p> <ul style="list-style-type: none"> <li>Bring a list of all medications you take.</li> <li>Your nurse practitioner may order more tests or appointments.</li> </ul>	<p>Placed before surgery:</p> <ul style="list-style-type: none"> <li>Intravenous (IV) line</li> <li>Compression boots</li> <li>Epidural catheter may be placed</li> </ul> <p>Placed during surgery:</p> <ul style="list-style-type: none"> <li>Chest tube(s)</li> <li>Urinary (Foley®) catheter</li> <li>Arterial line</li> </ul>	<ul style="list-style-type: none"> <li>Chest x-ray</li> <li>Weight measurement</li> <li>Blood tests, if needed</li> <li>Urinary catheter may be removed</li> <li>Chest tube(s) may be removed</li> </ul>
What medications will I take?	<ul style="list-style-type: none"> <li>Ask your doctor when to stop taking blood thinners such as aspirin, nonsteroidal anti-inflammatory drugs (NSAIDs), and herbal supplements.</li> <li>Men over 50: You may be instructed to take Tamsulosin (Flomax®) for 3 days before surgery.</li> </ul>	<p>The morning before surgery:</p> <ul style="list-style-type: none"> <li>Take only the medications that you were instructed to take at presurgical testing. Take them with a small sip of water.</li> </ul>	<ul style="list-style-type: none"> <li>Oral pain medication</li> <li>Epidural pain medication (if you have an epidural catheter)</li> <li>Blood thinner injections</li> </ul>
What can I eat and drink?	<ul style="list-style-type: none"> <li>Don't drink alcohol.</li> <li>Eat a healthy diet.</li> </ul> <p>The night before surgery:</p> <ul style="list-style-type: none"> <li>Do not eat or drink after midnight.</li> </ul>	<ul style="list-style-type: none"> <li>2 hours before your scheduled arrival time, drink the Clearfast® drink your nurse gave you.</li> <li>After you finish the Clearfast, do not eat or drink anything else.</li> </ul>	<ul style="list-style-type: none"> <li>Follow your healthcare team's instructions.</li> </ul>

	2 Days After Surgery	3 Days After Surgery Until Discharge	After Discharge
What should I do?	<ul style="list-style-type: none"> <li>• Use your incentive spirometer 10 times each hour you're awake.</li> <li>• Do coughing and deep breathing exercises.</li> <li>• Sit in your chair.</li> <li>• Walk 14 laps (1 mile) around the nursing unit.</li> <li>• Learn about caring for your incisions.</li> <li>• Make sure you have a ride home after discharge.</li> </ul>	<ul style="list-style-type: none"> <li>• Use your incentive spirometer 10 times each hour you're awake.</li> <li>• Do coughing and deep breathing exercises.</li> <li>• Sit in your chair.</li> <li>• Walk 14 laps (1 mile) around the nursing unit.</li> <li>• Learn about caring for your incisions.</li> <li>• Make sure you have a ride home after discharge.</li> </ul>	<ul style="list-style-type: none"> <li>• 48 hours after chest tube is removed, remove the bandage and take a shower.</li> <li>• Walk 1 mile every day.</li> <li>• Increase your physical activity as much as you can every day.</li> <li>• Don't drive until your doctor tells you it's okay.</li> <li>• Don't lift more than 10 pounds (4.5 kilograms) for 6 weeks.</li> <li>• Call your doctor if you haven't had a bowel movement in 48 hours.</li> </ul>
What tests, procedures, and medical devices should I expect?	<ul style="list-style-type: none"> <li>• Weight measurement</li> <li>• Chest tube(s) may be removed</li> </ul>	<ul style="list-style-type: none"> <li>• Weight measurement</li> <li>• Chest tube(s) may be removed</li> <li>• IV line will be removed before discharge</li> </ul>	
What medications will I take?	<ul style="list-style-type: none"> <li>• Oral pain medication</li> <li>• Epidural pain medication (if you have an epidural catheter)</li> <li>• Blood thinner injections</li> </ul>	<ul style="list-style-type: none"> <li>• Oral pain medication</li> <li>• Blood thinner injections</li> <li>• Your doctor will give you prescriptions for oral pain medication and stool softeners.</li> </ul>	<ul style="list-style-type: none"> <li>• Oral pain medication, as needed</li> <li>• Stool softeners, as needed</li> </ul>
What can I eat and drink?	<ul style="list-style-type: none"> <li>• Follow your healthcare team's instructions.</li> </ul>	<ul style="list-style-type: none"> <li>• Follow your healthcare team's instructions.</li> </ul>	<ul style="list-style-type: none"> <li>• Follow your healthcare team's instructions.</li> </ul>

**Notes:**

# Activity and Recovery Log

Use this log to track your recovery after your surgery.

	Day of Surgery	1 Day After Surgery	2 Days After Surgery
<b>Walking</b> Check 1 box each time you walk 1 lap around the nursing unit.	Goal: 10 laps <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: 10 laps <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: 14 laps <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Incentive Spirometer</b> Check 1 box for each hour you use your incentive spirometer 10 times.	Goal: 10 times each hour <input type="checkbox"/> 6AM <input type="checkbox"/> 7AM <input type="checkbox"/> 8AM <input type="checkbox"/> 9AM <input type="checkbox"/> 10AM <input type="checkbox"/> 11AM <input type="checkbox"/> 12PM <input type="checkbox"/> 1PM <input type="checkbox"/> 2PM <input type="checkbox"/> 3PM <input type="checkbox"/> 4PM <input type="checkbox"/> 5PM <input type="checkbox"/> 6PM <input type="checkbox"/> 7PM <input type="checkbox"/> 8PM <input type="checkbox"/> 9PM <input type="checkbox"/> 10PM	Goal: 10 times each hour <input type="checkbox"/> 6AM <input type="checkbox"/> 7AM <input type="checkbox"/> 8AM <input type="checkbox"/> 9AM <input type="checkbox"/> 10AM <input type="checkbox"/> 11AM <input type="checkbox"/> 12PM <input type="checkbox"/> 1PM <input type="checkbox"/> 2PM <input type="checkbox"/> 3PM <input type="checkbox"/> 4PM <input type="checkbox"/> 5PM <input type="checkbox"/> 6PM <input type="checkbox"/> 7PM <input type="checkbox"/> 8PM <input type="checkbox"/> 9PM <input type="checkbox"/> 10PM	Goal: 10 times each hour <input type="checkbox"/> 6AM <input type="checkbox"/> 7AM <input type="checkbox"/> 8AM <input type="checkbox"/> 9AM <input type="checkbox"/> 10AM <input type="checkbox"/> 11AM <input type="checkbox"/> 12PM <input type="checkbox"/> 1PM <input type="checkbox"/> 2PM <input type="checkbox"/> 3PM <input type="checkbox"/> 4PM <input type="checkbox"/> 5PM <input type="checkbox"/> 6PM <input type="checkbox"/> 7PM <input type="checkbox"/> 8PM <input type="checkbox"/> 9PM <input type="checkbox"/> 10PM
<b>Lung Exercises</b> Check 1 box each time you do your coughing and deep breathing exercises.	No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Bowel Movements</b> Check 1 box each time you have a bowel movement.	No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Notes:

	3 Days After Surgery	4 Days After Surgery	5 Days After Surgery
<b>Walking</b> Check 1 box each time you walk 1 lap around the nursing unit.	Goal: 14 laps <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: 14 laps <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: 14 laps <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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