

Lobectomy Pathway (VATS or Robotic)

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

Surgery date: _____ Expected discharge date: _____

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

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

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 |
|--|--|--|--|
| Walking 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"/> |
| Incentive Spirometer 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 |
| Lung Exercises 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"/> |
| Bowel Movements 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 |
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| Walking 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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