

Lung Wedge Resection Pathway

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	After Discharge
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. <p>The night before surgery:</p> <ul style="list-style-type: none"> Wash with Hibiclens® Make sure you have a ride home after discharge. Your expected discharge date is written above. 	<p>Before surgery:</p> <ul style="list-style-type: none"> Wash with Hibiclens <p>In your hospital room 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 1 mile (14 laps) around the nursing unit. Learn about caring for your incisions. 	<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?	<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. 	<ul style="list-style-type: none"> Intravenous (IV) line placed before surgery Compression boots Chest tube may be removed after surgery 	<ul style="list-style-type: none"> Chest x-ray Weight measurement Chest tube may be removed IV line will be removed before discharge 	
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. 	<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, as needed Blood thinner injections 	<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"> 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, don't eat or drink anything else. 	<ul style="list-style-type: none"> Follow your healthcare team's instructions. 	<ul style="list-style-type: none"> Follow your healthcare team's instructions.

Activity and Recovery Log

Use this log to track your recovery after your surgery.

	Day of Surgery	1 Day After Surgery (Day of Discharge)
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"/>
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
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"/>
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"/>

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