

# Care after your chest and/or lung surgery

## Thoracic Surgery

Information for Patients

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### Introduction

You have had surgery on your chest and/or lung(s). The types of surgery this leaflet relates to are detailed in leaflet 975 'Chest and lung surgery'.

This leaflet aims to explain:

- what to expect when you go home (discharge) after surgery.
- what is considered 'normal' and when to seek help.
- where to go for advice or support after you go home.

### Being discharged home

Whilst in hospital you will be seen every day by our doctors. This is usually during a morning ward round. The doctors will explain when you are well enough to go home- this will usually happen later that same day.

**Please note that most discharges do not happen until the afternoon.** This gives us time to make sure everything is ready for you to have a safe discharge

- Once the doctor has completed the paperwork for your discharge, any medication you need will be ordered from the hospital pharmacy. The hospital pharmacy can be very busy. They do try to give medications quickly, but you may have a 2 to 4 hour wait.
- If you are in employment, please ask your doctor how long you should expect to be off work.

**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

Visit [www.leicestershospitals.nhs.uk](http://www.leicestershospitals.nhs.uk) for maps and information about visiting Leicester's Hospitals  
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## You will be given

- Medication and letters for your GP and/ or community nurse if you need stitches or clips removing. A copy of this will also be posted to your GP.
- Sometimes patients go home with a chest drain. If this happens, you will be given the chest drain information and equipment. Further information can be found on page 8 & 9 of this leaflet.
- A spare pair of stockings, if needed. These should be worn to help prevent blood clots in your legs (deep vein thrombosis). These should be worn for 6 weeks or until your mobility is back to **your** normal level.
- Please ask for a 'fitness to work' certificate if you need one **before leaving the ward**.
- Most patients will be worried about going home – your confidence will soon return.

**Remember** - you are an individual and you will get better in your own time - try not to compare yourself with others.

Listen to your body. Exercise is **vital** to your recovery but must be balanced with rest.

## Getting out and about/ exercising

It is very important that you keep active after lung surgery.

The worst thing you can do after going home is take to your bed and not move. This increases the risk of health problems (complications) developing after surgery such as chest infections, blood clots (deep vein thrombosis) and pressure sores.

- You should get up and go to bed at your normal time. Have an afternoon nap if needed, but for no longer than 1 hour. Set an alarm to wake you up. Do not stay in your bed. Even if sat upright in bed your lungs do not expand properly and the risk of complications such as chest infections increases.
- Aim for a brisk walk, 2 times a day, gradually increasing distance and pace. You should aim to feel a little short of breath (able to walk and talk). This level of exercise will help your recovery without making you too tired.
- Get out and about. Often patients can feel low in mood after surgery so it is important to spend time with your family and friends.
- Go shopping with family or friends, lean on the trolley if you need to!
- Remember that we are all individuals and all heal at different rates.
- Aim to get back to **your** normal levels of activity within around 6 weeks of surgery.
- By the time you go home you will be able to wash and dress yourself. You will be walking around the ward and hospital.

## Looking after yourself

- Women: bras can be uncomfortable for a while. Non-wired bras tend to be more comfortable while your wounds are healing.
- You can cook but avoid lifting heavy pots or pans. Ready meals are often ideal for the first few days after going home.
- Light dusting is acceptable, but avoid vacuuming or moving heavy objects for several weeks until you can carry out these movements without a lot of discomfort.
- Some shortness of breath is to be expected - this will depend on the type of surgery you have had and your general fitness.
- Remember to keep as mobile as you can to aid your recovery. It is okay to go up and down stairs, and go out for walks even when the weather is cold - just wrap up warmly.
- You need to be slightly breathless when exercising/being mobile. This proves that you are working hard enough! It will help your lung to fully expand and will reduce the risk of chest infections.
- Rebuild your stamina/endurance to what is **normal for you** – this is not always a quick process and can take weeks or months.

## Pain or discomfort

- You should expect to have some soreness but you should not be in so much pain that your day-to-day activities are restricted. Being active reduces the risks of chest infection, pressure sores and blood clots.
- Patients often report some numbness or change in feeling (sensation) to the front of the chest on the side of their surgery. This is normal and relates to the nerve pathways under the ribs.
- It is normal to have shooting or stabbing pains as any nerves damaged at the time of surgery repair themselves. These sensations can last for several months.
- You should take your painkillers as prescribed. Paracetamol should be the last painkiller to be stopped. Paracetamol is very effective if you take 2 tablets, 4 times a day.
- Please contact the Thoracic Nurse Specialists if you need advice about reducing your painkillers. You can also ask the doctors at your follow-up appointment.
- Your painkillers are highly likely to make you constipated. You **must** take the laxatives prescribed for you - usually Lactulose or Senna. They only work if taken regularly.

## Eating and drinking

Sometimes appetite is reduced after an operation and you may lose some weight. You should try to eat small meals that contain more calories than you would normally eat. You can achieve this by including full-fat milk, spreads and high calorie additions to your normal diet. For more advice see leaflet 963: [Eating enough to support your recovery at home](#) (available on our online store).

## Looking after your wounds

- Try not to touch the wounds, this helps to reduce the risk of infection.
- Your wound should be left without dressings if clean and dry. This will help it heal more quickly.
- You can shower but do not scrub the wound and avoid using perfumed products until completely healed. If having a bath please do not sit with the wound submerged in water as this can delay healing.
- You may have stitches (sutures) or clips that need to be removed by the practice nurse at your local GP surgery. The nurses on the ward will give you a letter and a date for these to be removed. These stitches are normally removed 7 to 10 days after drain removal.
- The scabs from the chest drain site can take several weeks to fall off. Please do not pick them as doing so may cause infection.

## Going to the toilet

Sometimes having surgery and coming into hospital can have an effect on your usual toilet routine

Drink plenty of water. Eating 2 to 3 pieces of fruit and 3 portions of vegetables a day can help reduce constipation.

You will be sent home with a supply of laxatives that can help minimise constipation.

Consult your GP if this problem carries on.

## Stockings

You may have been given special stockings to wear after surgery. These help to improve circulation and reduce the risk of developing blood clots in your legs (deep vein thrombosis or DVT).

You should wear the stockings until you return to your normal level of activity, usually up to 6 weeks after you have gone home. You should wear these day and night and ask for a spare pair to allow for washing.

## Posture and shoulder movement

- Try and maintain an upright position – you can check how upright you are in a mirror.
- Gentle side stretches away from your operated side may help your posture.
- Keep your shoulders moving.
- If you have shoulder movement problems that do not go away ask your surgeon or GP for a physiotherapy assessment.
- When sleeping at night you should find whatever position is comfortable for you—you no longer need to sleep upright like you did in hospital, unless you want to.

## Emotions

Any sort of operation can affect people emotionally and mentally, so it is usual to have feelings of anxiety or depression.

Try talking about your feelings; remember your friends and family need to talk things over as well. Try to have realistic goals. Remember you can telephone the thoracic nurse specialists if you are finding this difficult.

## Sex

Sexual relationships can be resumed when your wounds are healed, within the limits of your comfort and when you and your partner are ready. This may take several weeks. Remember your partner may be worried about hurting you. Try taking less active role.

## Driving

It is essential that you can perform an emergency stop without pain when you start driving again. This can vary from 2 to 6 weeks after surgery. We recommend that you discuss when you can start driving again with the doctor at your outpatient check up or with your GP.

**Remember to tell your insurance company that you have had chest surgery. This should not affect your policy, but if you do not phone to check it could affect your insurance cover.**

## Work

Please ask the medical staff for advice at your outpatient check up or discuss with your GP. You can return to work when you feel well and comfortable. This might depend on your occupation and the operation you had, but generally patients return after 1 to 3 months.

## Flying

You can normally fly 3 months after lung surgery, please check at your outpatient appointment.

## Medications to take home

### Do:

- Always read the label and follow the instructions given by your nurse, doctor or pharmacist. If you don't understand - **Ask**
- Ideally take at the same time each day. If this is a problem then contact your pharmacist.
- If you have pain that doesn't get better, talk to your GP and never take more than the maximum dose stated on the container.
- Store medications safely away from children and pets and protect from heat and light.
- Always keep tablets in their original labelled packaging.
- Swallow tablets whole with a glass of water, unless told otherwise.
- Tell your pharmacist what tablets you are taking if buying other medications from the pharmacy.
- If you need more ask your GP for a further supply.
- Medicines can be confusing as the same one can have different names. **Please ask if you are at all unsure.**
- Any concerns please contact the Thoracic Specialist Nurse on 0116 250 2552.

### Don't:

- **Never** share medicines with others or use theirs.
- If you miss a dose, take it as soon as you remember but **never** double up, as this can be dangerous.

Medication can cause drowsiness. Do not drive your car unless advised otherwise by your doctor.

## Painkillers (analgesics)

Normally after surgery you are given a supply of painkillers.

### • Paracetamol:

Most patients are given a supply of paracetamol to go home. Unless told otherwise, paracetamol is very effective if taken regularly. A normal dose is:

- 2 tablets, every 4 hours,
- with a maximum of 8 tablets in 24 hours.

When taken as prescribed this painkiller has very few side effects. Please be aware that other painkillers and cold remedies may have paracetamol in them, so if in doubt please check with your pharmacist. You should **never** take anything else containing paracetamol whilst taking paracetamol tablets.

- **Co-codamol:**

Co-codamol contains both paracetamol and codeine in 1 tablet. It is available in a variety of strengths (eg codeine 8mg and paracetamol 500mg is called 8/500). **Never** take other medicines containing paracetamol whilst taking co-codamol. If you have any concerns please see your pharmacist.

- **Tramadol:**

Tramadol should not be taken if you have a history of epileptic seizures. For some patients tramadol can cause hallucinations or confusion.

- **Dihydrocodeine:**

This can be taken alongside paracetamol. **Never** take other medicines containing codeine whilst taking dihydrocodeine.

## Common side effects of painkillers

Co-codamol, tramadol and dihydrocodeine are stronger painkillers that can cause some side effects such as feeling or being sick, and constipation. You may need to use a 'laxative' if taking these painkillers regularly.

**Please remember never to take paracetamol and co-codamol together.**

**Do not** take extra painkillers without checking with your GP or pharmacist. You may stop taking your painkillers when you feel you no longer need them. **Remember paracetamol should be the last painkiller to be stopped unless told otherwise.**

A variety of painkillers are available both on prescription and on sale in pharmacies and shops. You must check that your doctor knows what you are taking before giving you another prescription. If you are unsure please ask the pharmacist for advice.

Some patients may be sent home on **non-steroidal anti-inflammatory agents (NSAIDs)** such as ibuprofen. This type of painkiller is used to reduce stiffness and inflammation. They should be taken with food or straight after food. Possible side effects include indigestion or stomach pains - taking your tablets with food helps this.

## Anti-ulcer drugs

Sometimes if you are taking a certain painkillers or have a history of stomach problems you may be given an anti-ulcer drug.

This may have been prescribed to protect the lining of your stomach. It works by reducing the amount of acid made by the stomach.

Common anti-ulcer drugs are: **Lansoprazole, Omeprazole, Esomeprazole**

**Possible side effects are:** Changes to your usual toilet routine (constipation/diarrhoea) and tummy pain. If you are worried about any possible side effects or if you have any problems please see your GP or pharmacist.

## Laxatives

- **Senna** is a laxative that works by helping the bowel to contract helping you to poo. So that you bowel works well, a healthy diet containing fibre is important. Whole grain breads and cereals, bran, fruit and green leafy vegetables should be eaten everyday along with drinking water. Daily exercise is important too.
- **Lactulose** is an effective laxative that softens poo (faeces) by increasing the amount of water in the large intestine. It is quite common for senna and lactulose to be prescribed together as they both work in different ways.

**Common side effects of laxatives** include stomach cramps and farting.

Laxatives can be stopped once your normal toilet routine has been re-established.

## Your follow-up appointment

You are usually sent an outpatient appointment by post 2 to 4 weeks after you have been discharged.

Your first follow-up with your surgeon will usually be a face to face appointment in clinic.

You will usually have a chest X-ray, your wounds will be checked and the doctor will ask how you have been recovering. You may also be told results from the operation. You may want to bring a friend or family member with you to this appointment.

After this appointment you may be given another appointment to see the lung surgery team; this may be a telephone appointment

You may also be referred to another consultant or you may be discharged from follow-up appointments.

## Going home with a chest drain (if applicable)

Your doctor may decide that you are well enough to go home but you still need to have your chest drain. This is usually due to fluid still draining into the bag or due to a small air leak caused by the lung surface taking a while to heal.

### You will be shown how to look after the drain.

You will be referred to a district nurse. They will be asked to visit you every few days to keep an eye on the drain site. They will change the site dressing approximately every 2 to 3 days if the dressing is dry. They will change it more often if needed.

The doctors and Thoracic Nurse Specialist will want to see you again 1 week after you go home. This is to check if the drain is ready to be taken out.

They will want to know roughly how much fluid has drained each day. It is a good idea to record the amount of fluid drained every night. You should then empty the bag to prevent spillage overnight.



You will be given full instructions, written information and clamps. You will also be referred to the community (district) nurses for support.

## **There are some simple rules to remember:**

### **Do:**

- read the leaflet provided.
- empty your chest drain bag every night.
- look for changes in the amount and type of drainage.
- continue to exercise.
- seek advice if your breathing becomes difficult.
- if you have any concerns contact the Thoracic Nurse Specialist or ward 26.
- if you have a chest drain record the amount of fluid in the bag each night before you empty it.

### **Don't:**

- disconnect your drain.
- pull at the drain or stitches.
- allow the bag to lie flat, as it may spill.
- block the one way valve for emptying the bag.
- forget the bag is connected to you.

## **Contact details**

If you need further help, please contact:

- **Thoracic Nurse Specialist** - 0116 250 2552
- **Ward 26** - 0116 258 3666 / 2484 (evenings/ weekends)
- **For non-urgent medical advice** - call the NHS helpline on 111
- **For urgent medical attention** - call 999

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