

A guide to your lung surgery



This booklet will help you understand and prepare for your surgery.
Bring this booklet with you on the day of your surgery.

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McGill University
Health Centre

PRET SURE
Parcours de rétablissement chirurgical du CUSM
MUHC Surgery Recovery Program

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IMPORTANT

Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.



What is a care pathway?

When you go to the hospital for lung surgery, you will be part of a **Care Pathway** program. The Care Pathway program helps you get better quickly and safely. Your health care team worked together to create this pathway.

This booklet will:

- Help you understand and prepare for your surgery
- Explain what you can do to get better, faster
- Give you goals for every day that you are in the hospital
- Give you information for when you return home

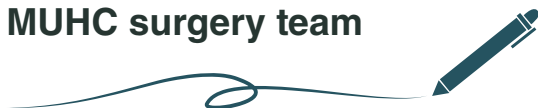
Research shows that you will recover faster if you do the things explained in this booklet. There are instructions about eating and drinking, physical activity, and controlling your pain. These will help you feel better faster and go home sooner.

Bring this booklet with you on the day of your surgery. Use it as a guide during your hospital stay. Hospital staff will review it with you as you recover and before you go home.

Having surgery can be stressful for patients and their families. The good news is that you are not alone. We will support you each step of the way.

Please ask us if you have questions about your care.

Your MUHC surgery team



If you are not comfortable with French or English, try to have someone with you during your clinic visits and hospital stay who can help you understand.

What are your lungs?

You have **2 lungs** inside your chest: 1 on the left side and 1 on the right side.

The lungs are covered by a double-layered envelope called the **pleura**.

The pleura is made of 2 thin sheets of tissue, also called membranes.

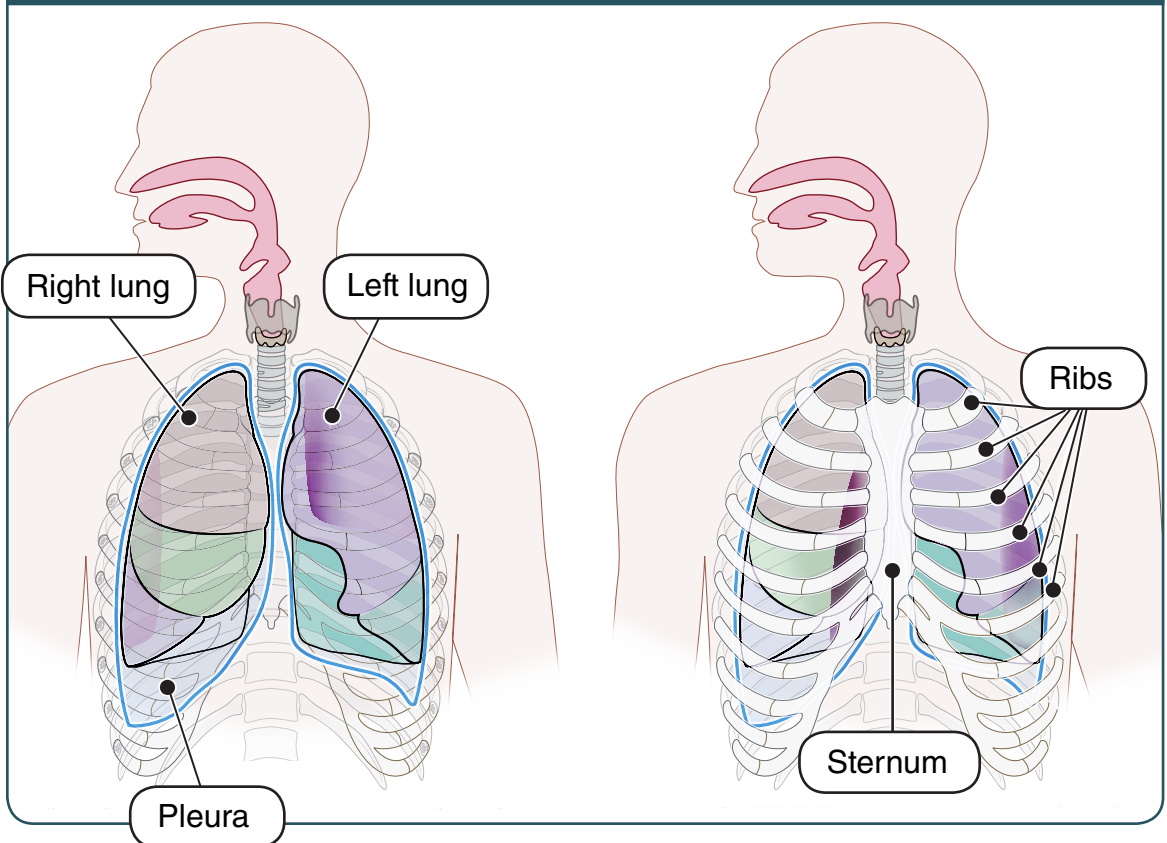
There is a small amount of fluid between these 2 membranes. This fluid acts as a cushion and prevents them from rubbing together when we breathe in and out.

The lungs are soft like a sponge and so they are protected by bones.

These bones include the **ribs** (also called the rib cage) and the **sternum**, the bone at the front of your chest. The **ribs** go all the way back to your spine.

When we talk about **chest wall** we mean everything that surrounds and protects your lungs including these bones and the **pleura**.

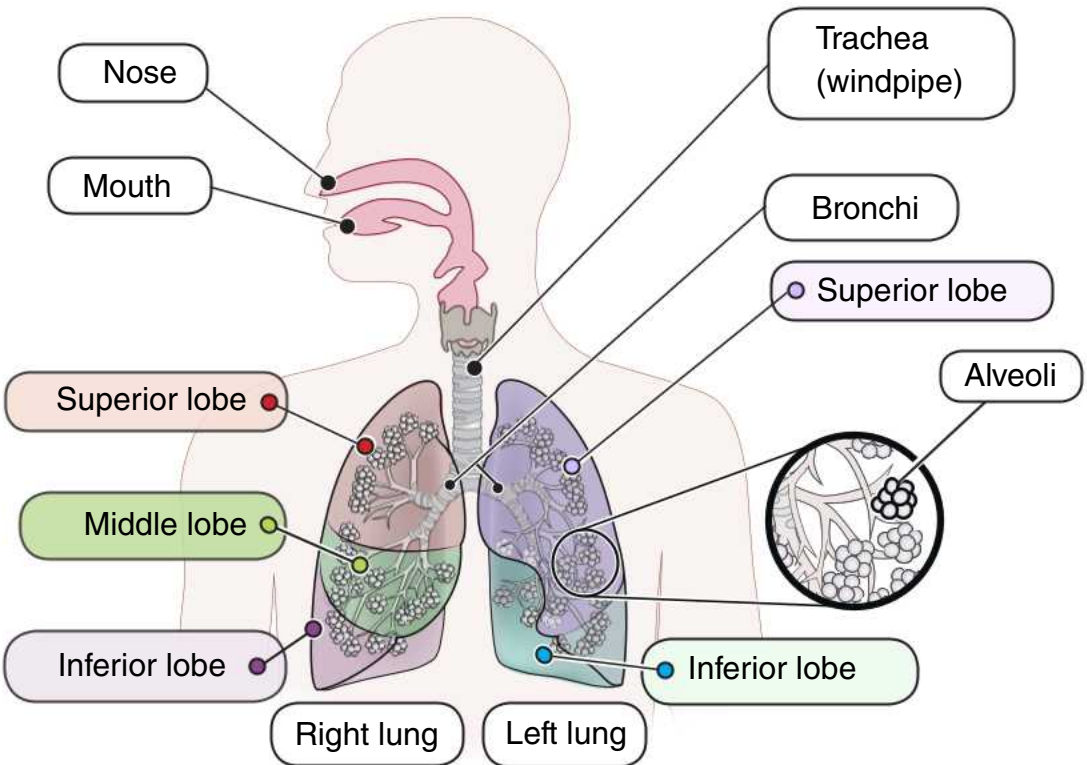
The chest wall



What are your lungs?

The **left lung** has 2 different sections, called **lobes**: the area on the top is called **superior** and the area below is called **inferior**.

The **right lung** has 3 different sections, called **lobes**: the area on top is called **superior**, the area in between is **middle**, and the area at the bottom is called **inferior**.



Each lobe is composed of smaller parts called '**segments**'.

Air enters your body through your **nose or mouth**. It then moves through a tube called the **trachea** (windpipe).

The trachea divides into 2 large pipes or airways that are called the **bronchi**. The bronchi then connect to the lungs. Here they divide into even smaller tubes that connect to small pockets called **alveoli**.

Our lungs have millions of **alveoli**. Oxygen passes from the alveoli into the bloodstream.

What is lung surgery?

Thoracic surgery (also called lung surgery) means that the surgery is in the area of the chest.

This booklet will explain the main way that the surgery is done, called **open surgery**. Having open surgery means that the surgeon will make 1 incision (cut) on the side of your chest.

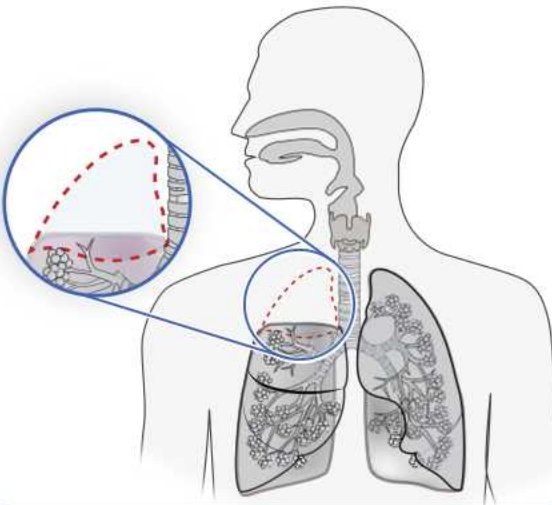
A few surgeries may be done in a way that is called **minimally invasive**. Having minimally invasive surgery means that the surgery is done through tiny cuts instead of 1 large one.

These surgeries are done under general anesthesia.

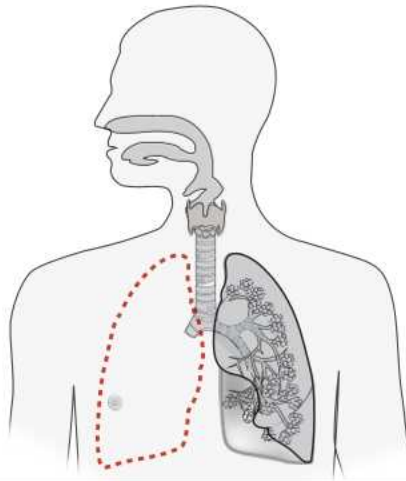
This means you will be asleep and pain free during the surgery.

The surgeon will remove only the unhealthy or damaged portion of the lung. Depending on how much of the lung is removed, some patients might feel short of breath after the surgery. This feeling can last for life.

- Removing one of the lobes of the lung is called a **lobectomy**



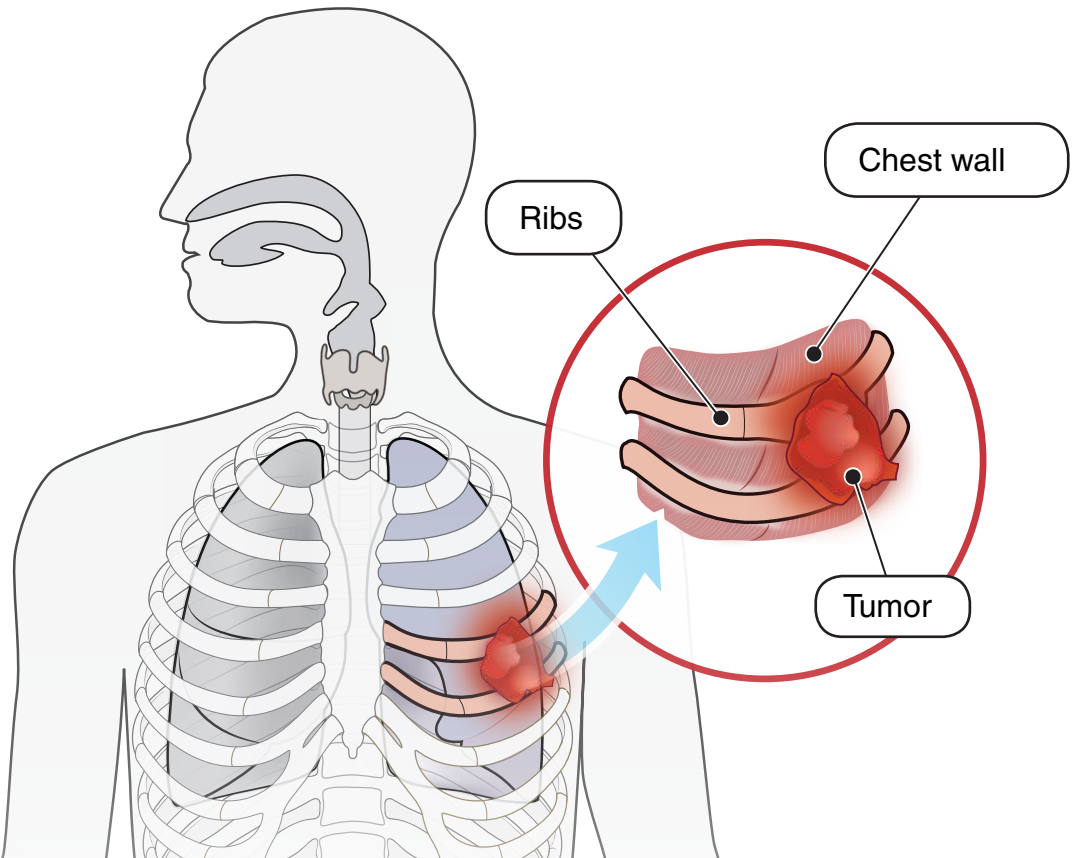
- Removing a whole lung (left or right side) is called a **pneumonectomy**



What is lung surgery?

The surgeon may also need to **remove other unhealthy parts that are in the chest wall.**

- Removal of rib(s) is called a **chest wall resection**.

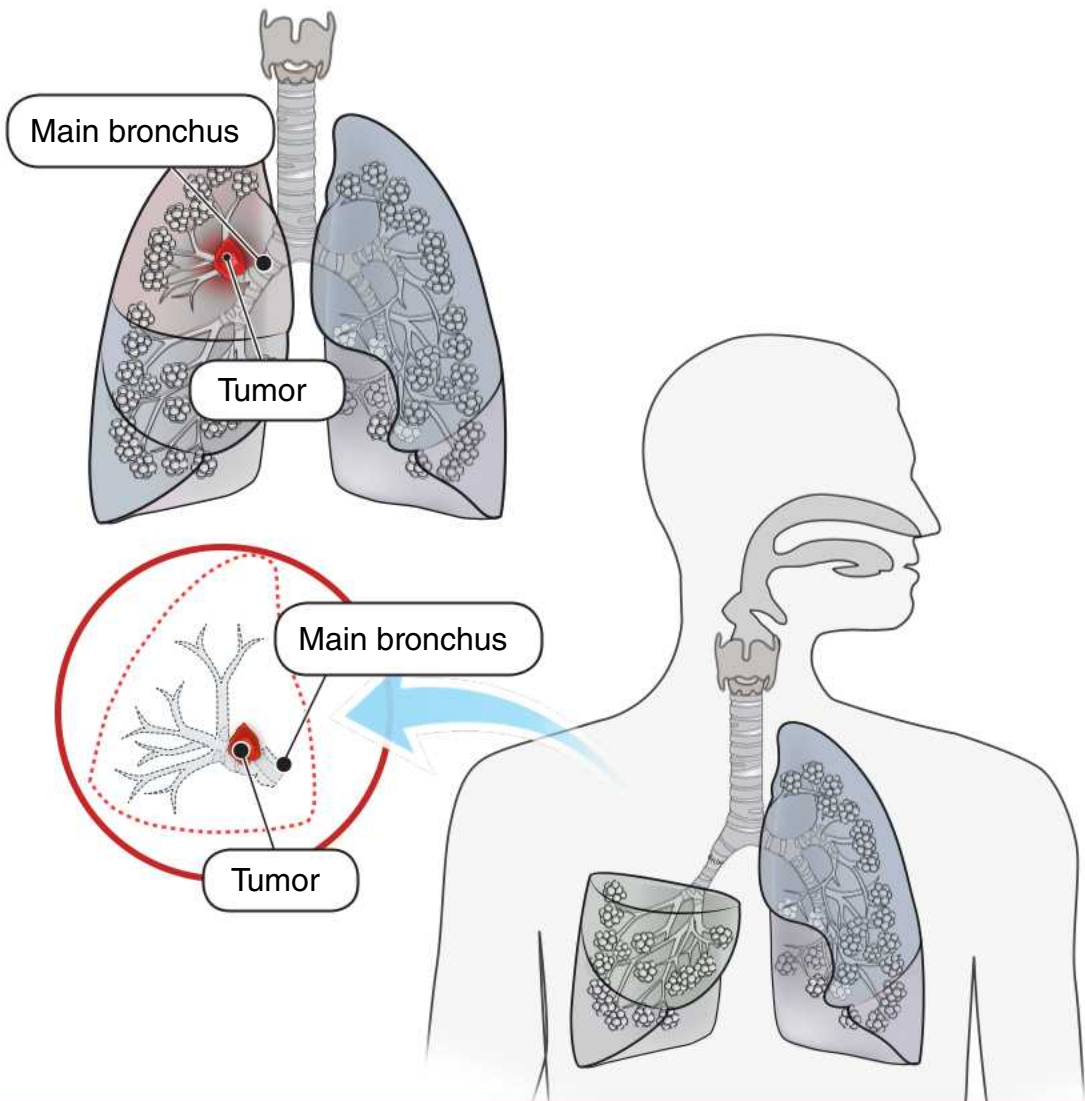


- If you have several ribs removed, you may need to have something put in to replace the ribs. This is called **a reconstruction**. The reconstruction may be done with a special product (mesh). Your surgeon will tell you if you need a reconstruction.

What is lung surgery?

The surgeon may also need to **remove other unhealthy parts that are in the chest wall.**

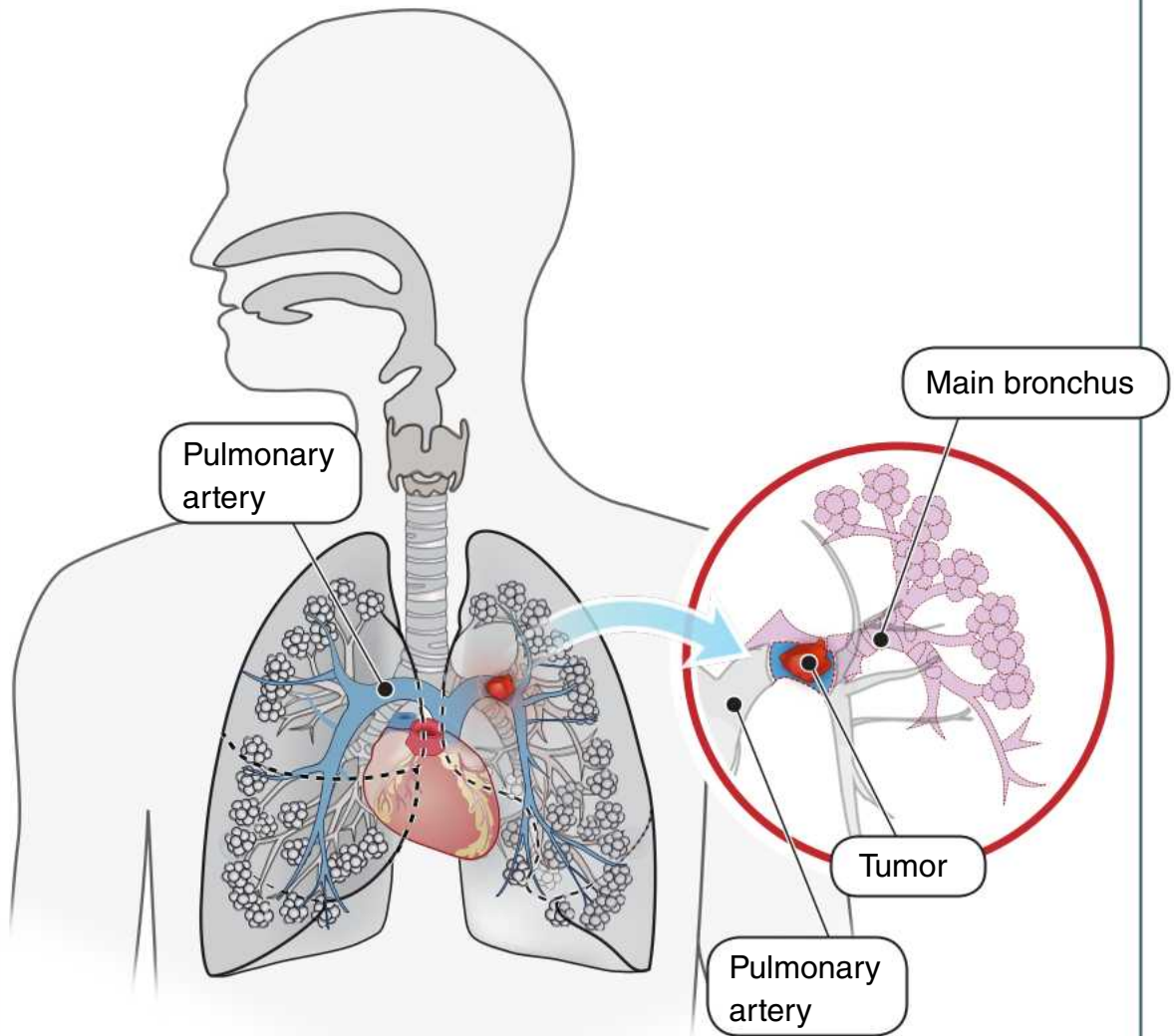
- **Part of main bronchus (airway):** Removing a lung tumor in a lobe of the lung and a part of the main bronchus is called a **sleeve resection** or a **sleeve lobectomy**. This is done if the tumor has grown into the bronchus.



What is lung surgery?

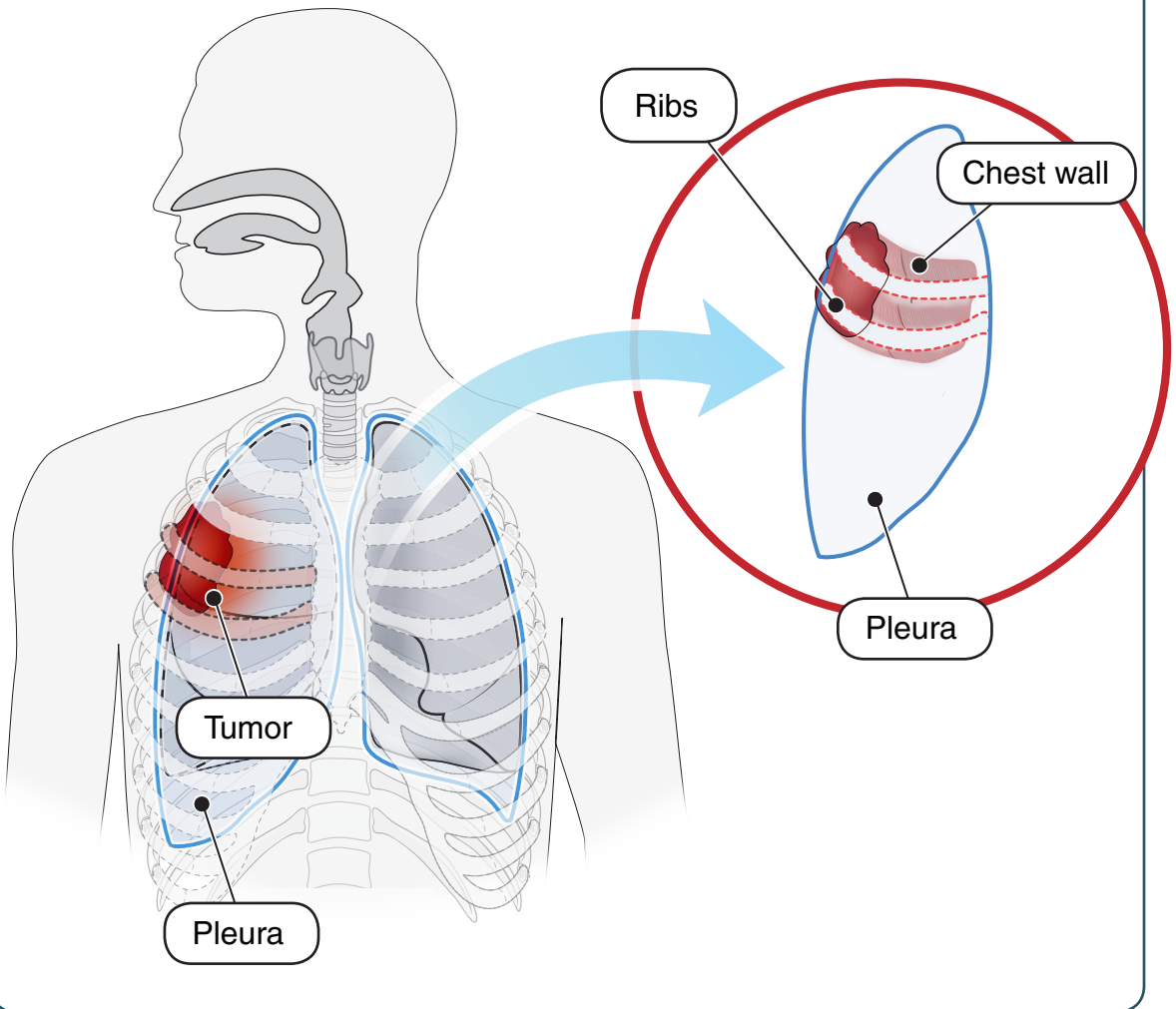
A sleeve resection can also be done to remove an unhealthy part of the:

- **Blood vessel of the heart**, if the tumor has grown into it.
- **Pulmonary artery** (the blood vessel that brings blood from your heart to your lungs), if the tumor has grown into it.



What is lung surgery?

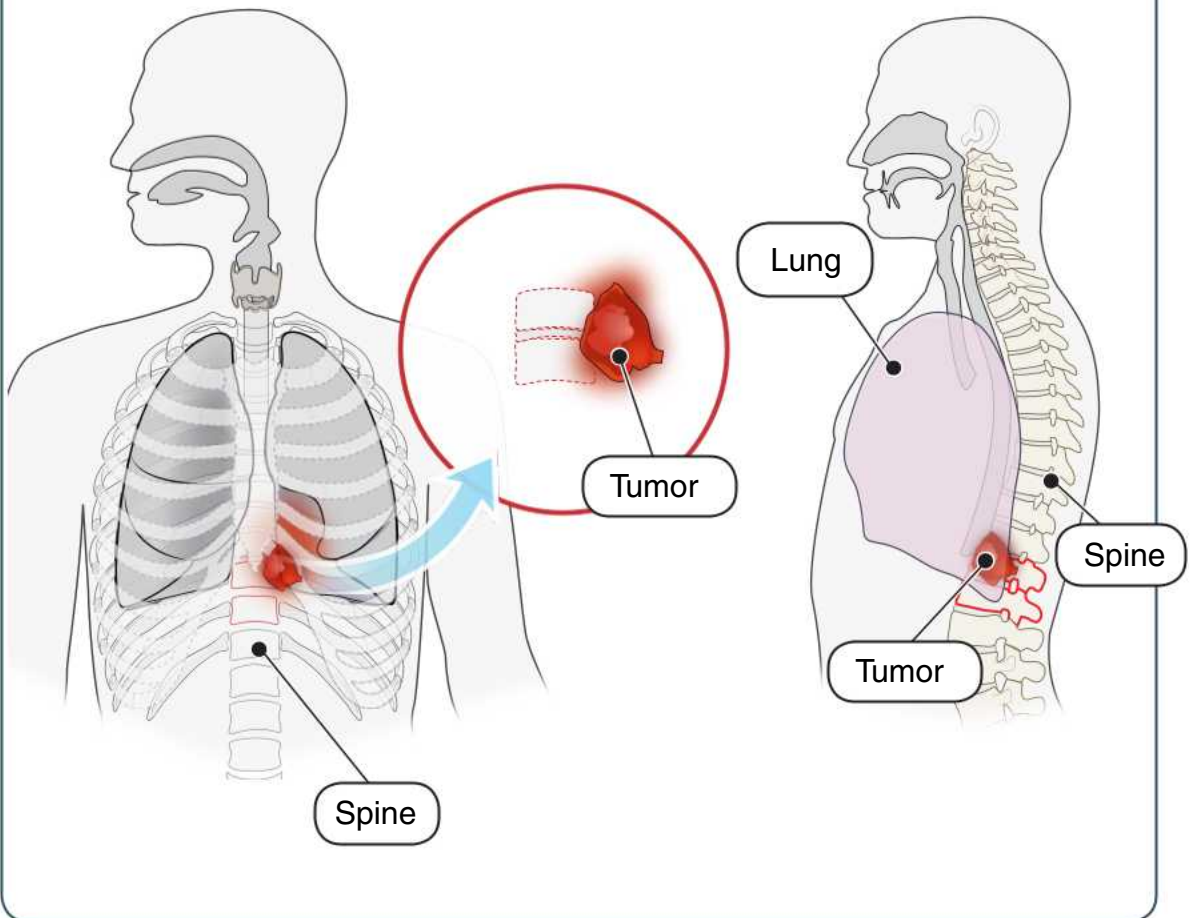
- A **Pleurectomy decortication** is when a tumor or infection along the **pleura** requires surgery. This surgery requires the complete removal of the lining of the lung and chest wall.



What is lung surgery?

The surgeon may also need to **remove other unhealthy parts that are in the chest wall.**

- **Part of the spine:** If the tumor has also grown into the **spine**, your surgeon will operate with a spine specialist to remove the unhealthy part of the spine. Your spine is made up of small bones, called vertebrae, which are stacked on top of one another along your back.



For more information about the spine go to this link;

www.muhcpatienteducation.ca/DATA/GUIDE/

[457_en~v~back-surgery-montreal-general-hospital.pdf](http://www.muhcpatienteducation.ca/DATA/GUIDE/457_en~v~back-surgery-montreal-general-hospital.pdf)

Preparing for your surgery

Be active

Try to exercise every day. Your fitness level before surgery can make a big difference in how you recover. Keep your weight under control. If you are already exercising, keep up the good work. If you are not, start slowly adding exercise into your day. Exercise does not need to be hard to make a difference. A 10 minute walk is better than no exercise at all.



Stop smoking

You should quit smoking before your surgery. Patients who smoke until their surgery have more complications than those who quit at least for 1 month before surgery. Quitting before surgery can help you recover faster. Quitting is possible even if you are a long time heavy smoker and have tried many times before.

It is never too late to stop!

Your doctor can help you stop smoking. Speak with your doctor about the different ways to stop.

See page 47 to learn more.



Stop drinking alcohol

Do not drink alcohol for 4 weeks before your surgery. This could affect how you recover. Tell us if you need help cutting down on your alcohol use.



Preparing for your surgery

Plan ahead

You might need some help at home after your surgery. Ask your family and friends for help with meals, bathing, laundry, or cleaning. Make sure you have food in the fridge or freezer that is easy to prepare.

If you don't think that you can manage at home after your surgery, talk with your CLSC. They might offer services such as housekeeping or meals on wheels.



Preparing for your surgery

Arrange transportation

The day of surgery is called Day 0. You should be able to go home from the hospital on Day 3 or Day 4 after your surgery. Your surgeon will let you know when to expect to go home.

Tell your nurse if you are worried about going home.

Remember to plan a ride back home.



If you are coming from outside the Montreal area, you might need to book a room for 1 night after you leave the hospital. This is to make sure that you are managing well outside of the hospital before returning home. Ask us for a list of accommodations close to the Montreal General Hospital.

See page 48 for information on parking rates.

Insurance forms: CNESST, SAAQ and salary insurance

If you have insurance forms to be filled out, bring them to your surgeon's office.

Some forms will need to be sent to the Registrar Office (L6.120) and some your surgeon will complete. Your surgeon's office will let you know. They can only be filled out after the surgery.

Note: There are fees to have these forms filled out.

Pre-operative Clinic visit

The reason for this visit is to check your health, plan your care and make sure you are ready for surgery.

During your Pre-operative Clinic visit, you will meet with a nurse and a doctor.

They will:

- Ask you about your health and any medical problems you have
- Ask you about any medication that you are taking
- Tell you how to get ready for your surgery, for example, what activities to do and what to eat
- Tell you what to expect while you are in the hospital and what to expect after your surgery

If you have medical problems, you might have to see another doctor (a specialist) before surgery.



Pre-operative Clinic visit

You might also:

- Have blood tests
- Have an electrocardiogram (ECG) to check how your heart is working
- Need to stop taking some medication and natural products before surgery

The Pre-operative Clinic doctor will tell you which medications you should stop and which ones you should keep taking.



If you have any questions, call **the Pre-operative Clinic nurses** at:

Phone: 514 934-1934, ext. 43778

Days: Monday to Friday

Hours: from 1 p.m. to 3 p.m.

Pre-operative Clinic: L10-509 (L wing, 10th floor, room 509).

If you have your pre-op appointment at the Gatineau clinic:

The Montreal General Hospital Pre-operative clinic nurse will phone you to review the information in this booklet and answer questions you might have.

Phone call from Admitting

The day before your surgery, the Admitting Department will call to tell you when to come to the hospital. If your surgery is scheduled on a Monday, the hospital staff will call the Friday before.

They will ask you to come 2 to 3 hours before your surgery. The time of surgery is not exact. It can happen earlier or later than planned.

Exception: If your surgery is at 7:30 a.m., we will ask you to come at 6:00 a.m.



Date of surgery:

Time of arrival at the hospital:

Room: Surgical Admission Services D10-124 (D Wing, 10th floor, room 124)



If you do not get a call by 2 p.m. the day before your surgery, call the Admitting Department at 514 934-1934 ext. 42190.

Cancelling your surgery

If you are sick, pregnant, or for any reason cannot come to the hospital for your surgery, call as soon as possible to tell us.

You should call both:

- Your surgeon's office

and

- The Central Operating Room Booking (CORB)
514 934-4460 (between 9 a.m. – 11 a.m.
and 1 p.m. – 3 p.m.).



If you call after 3 p.m., leave a message on the answering machine stating:

- Your full name
- Date of surgery
- Your telephone number
- Your hospital card number
- The surgeon's name
- The reason you are cancelling your surgery
- For how long you will not be available to have the surgery

If you need to cancel your surgery the day before, after 3 p.m.:

- Call the Admitting Department at 514 934 - 1934 ext. 42190.



The Montreal General Hospital is a Trauma Centre.

This means that your surgery might need to be delayed or cancelled because of an emergency.

Your surgeon will reschedule you as soon as possible.

Washing

The night before your surgery:



Use regular soap and shampoo for your face and hair.



Take a shower with 1 of the sponges.



Wash your body from the neck down. Also wash your belly button and your genital area.

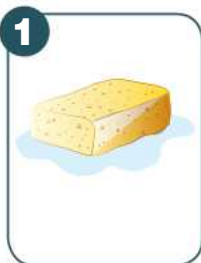


Do not shave the area where the surgery will be done.



Wear clean clothes to bed.

The morning of your surgery:



Take a shower with the 2nd sponge.



Do not put on lotion, perfume, makeup, nail polish. **Do not** wear jewelry or piercings.



Do not shave the area where the surgery will be done.



If you wear contact lenses, wear your glasses instead.



Put on clean, and comfortable clothes.

Diet

Before a marathon, runners do not stop eating and drinking. Instead, they prepare their bodies with the right nutrition to make sure they have the energy they need. Like marathon runners, patients going for surgery should also prepare and feed their bodies. The Pre-op Clinic nurse will explain what to eat and drink before your surgery.

Day before surgery

Until midnight:

- Eat and drink normally until midnight (unless told otherwise).



After midnight:

- Do not have any food, dairy products, or juice with pulp.
- Drink clear fluids up to 2 hours before your surgery. You can drink any clear juice (juice that you can see through) and have jello or popsicles.

Drink clear fluids up to 2 hours before your surgery.



Exception: If you are asked to come at 6 a.m. stop drinking any clear fluids at 5:30 a.m.

Remember: Some people should not drink at all after midnight. Your nurse will tell you if you need to stop drinking at midnight.

Diet

The morning of surgery:

Drink 1 PREcovery® beverage. This drink has special sugars and salts that will give you energy.

When?

- **Drink it 2-3 hours before surgery.**
- This is usually the same time that you are asked to arrive at the hospital.
- If you are asked to come at 6 a.m., drink it between 5 and 5:30 a.m.

How?

1. Measure 400 mL (1 and $\frac{3}{4}$ cups) of cold water.
2. Add all of the content of the powder pouch to the water and stir until fully dissolved.
3. Drink all of it right away after mixing, in 5 minutes. Do not sip it.



Want to know more about PREcovery®? Follow this link:

www.enmednut.com/products/precovery

What to bring to the hospital

- ☐ This booklet
- ☐ Medicare and hospital cards
- ☐ The list of all the medication you take
Ask your pharmacist to give you a list
- ☐ Private insurance information (if you have any) for private and semi-private rooms
- ☐ Bathrobe, non-slip slippers or shoes, loose comfortable clothing for your return home
- ☐ Toothbrush, toothpaste, mouthwash, comb, deodorant, soap, tissues, and perhaps earplugs



If needed

- ☐ Your CPAP machine if you have sleep apnea
- ☐ Your glasses, contact lenses, hearing aids, dentures, and their storage containers labeled with your name
- ☐ Your cane, crutches, walker, labeled with your name



Bring these items in a small bag with your name on it. There is very little storage space.

Do not bring anything of value. Do not bring credit cards or jewelry. The hospital is not responsible for lost or stolen items.

Note: To rent a TV in your room, you will need to pay with a credit card or cash. Ask someone to take the credit card home after paying or have them arrange the payment for you.



At the hospital

Admitting area

Go to the Surgical Admission Services **D10.124 (D wing, 10th floor, room 124)** at the time given. The admitting clerk will ask you to sign an admission form and ask you what kind of room you prefer. It is not always possible to have a private or semi-private room.

At the Surgical Admission area, your nurse will:

- Ask you to change into a hospital gown
- Fill out a pre-operative checklist with you
- Make sure your personal items are in a safe place
- Give you some Tylenol® and an anti-inflammatory pill before you leave for your surgery.



You might have to put on tight elastic stockings. This will help your circulation and prevent blood clots. Wear them until the nurse says you can take them off.

In the Operating Room

A patient attendant (orderly) will take you to the Operating Room.

In the Operating Room, you will meet your surgical team and the anesthesiologist. The anesthesiologist is the doctor who will give you medication so you will be asleep and pain-free during your surgery.

At the hospital

Waiting room

Family or friends can wait for you in the waiting room located in **D10-117 (D wing, 10th floor, room 117)**. The space is small, so limit the number of people you bring with you.

Internet access

There is free WiFi available at the hospital.

Connect to:

Network: CUSM-MUHC-PUBLIC

Username: public

Password: wifi



Post-Anesthesia Care Unit (PACU)

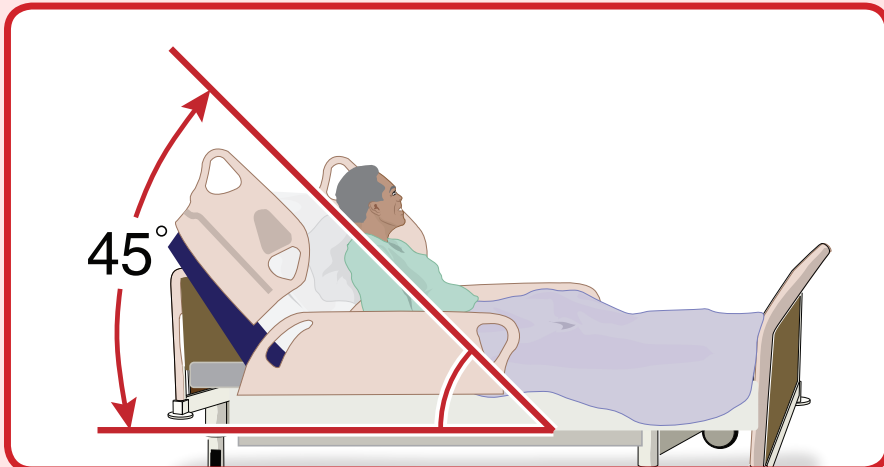
After your surgery, you will wake up in the **Post-Anesthesia Care Unit (PACU)**. This is also called the **Recovery Room**. You will stay here for a few hours before being moved to your hospital room.

There are no visitors allowed in the PACU.

After your surgery, a nurse will call the family member or friend you have chosen to tell them how you are doing. Your family and friends can visit you when you are in your room.



The head of your bed needs to stay slightly elevated until you go home. This helps with your breathing.



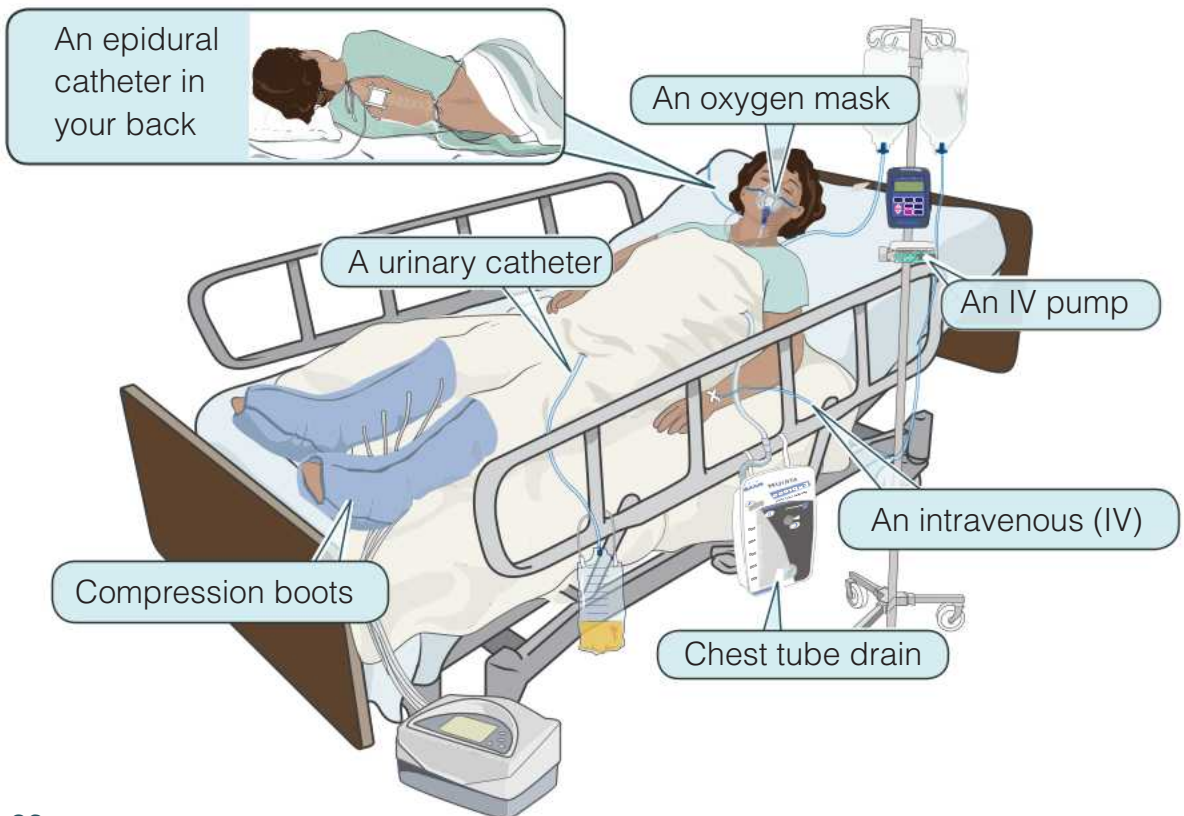
The nurse will:

- Check your pulse and blood pressure
- Check your bandage(s)
- Ask you if you have pain
- Make sure you are comfortable

Post-Anesthesia Care Unit (PACU)

You might have:

- An oxygen mask, giving you oxygen
- An intravenous (IV), giving you fluids and medication
- A urinary catheter (tube), draining urine out of your bladder
- Compression boots on your legs to help circulation and prevent blood clots
- A drain (chest tube) on the side of your chest. This tube drains away fluid and air that may have built up during the surgery. In some cases, 2 or more drains might be kept in place. Some patients might go home with this drain. If you leave the hospital with the chest tube drain, you will be given written instructions. A nurse will teach you how to care for it before you leave the hospital
- An epidural catheter (small tube in your back), giving you pain medication



Pain control

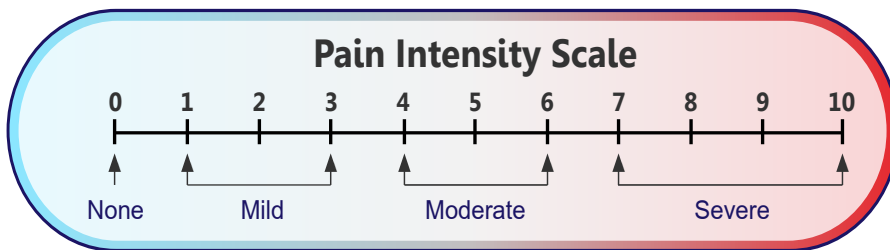
Our goal is to keep your pain low so you can:

- Breathe better
- Move better
- Eat better
- Sleep better
- Recover faster

Your nurse will ask you to rate your pain on a scale from 0 to 10.

Pain intensity scale

0 means no pain and 10 is the worst pain you can imagine. Giving a number to your pain will help your nurse decide how to best manage your pain.



Do not wait to let us know if you have pain. Having pain can make you not want to move around. This can slow down your recovery.

Pain control

The different ways to control your pain

Your anesthesiologist will talk to you about the best ways to control your pain.

Epidural infusion

A small tube (catheter) will be placed in your back at the start of surgery. This will give you continuous pain medication through a pump. It is removed a few days after your surgery.



Pills

We will give you pain medication pills so to keep you comfortable and able to move around.



Exercises

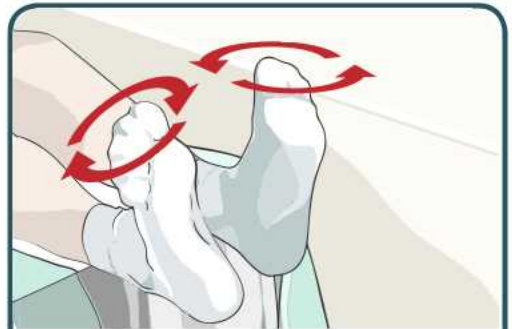
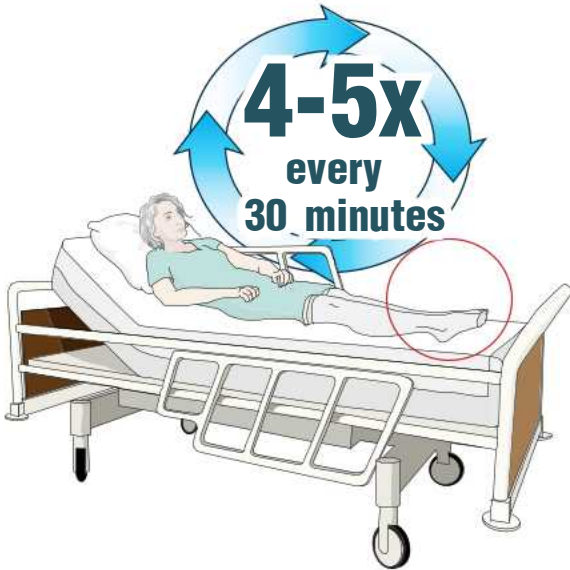
You must move around after surgery. This will help prevent blood clots, muscle weakness and lung problems like pneumonia.

Start these exercises when you wake up. Continue them while you are in the hospital.

Leg Exercises

These exercises help your blood flow in your legs.

Repeat each exercise 4 to 5 times every 30 minutes while you are awake.



Rotate your feet to the right and left.



Wiggle your toes and bend your feet up and down.



Stretch your legs out straight.

Exercises

Deep breathing and coughing exercises

An spirometer is a machine that helps you breathe deeply to prevent pneumonia.

It is important to control your pain so that you can produce a strong cough.

If you have too much pain to cough, your pain is not being control well enough and you should ask your health care team to adjust your medications.

To use your spirometer:



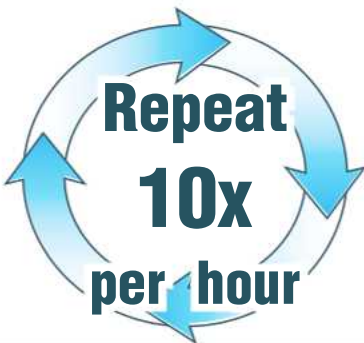
Put your lips around the mouthpiece.
Breathe in deeply for 2 to 4 seconds.

Try to hold the yellow ball where
you see the happy face (©).



Remove the mouthpiece and
breathe out.

Rest for a few seconds.



Repeat this exercise 10 times
every hour while you are awake.



Take a deep breath and cough. If you
have some secretions, cough them up.
To produce a strong cough after lung
surgery, it is helpful to hug a pillow
against your chest on the side where
your had surgery as you try to cough.

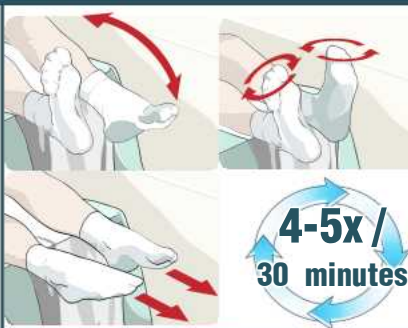
Goals for Day 0: Day of surgery

After your surgery

Activities



- Do your breathing exercises (see page 32).

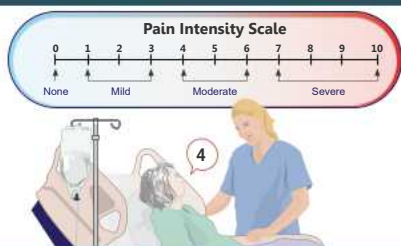


- Do your leg exercises (see page 31).



- Get out of bed. Sit in a chair or go for a walk with your nurse's help (in the evening). You can walk as often as you like. Staying in bed and not moving is not good after surgery.

Pain control



- Tell your nurse you have pain greater or equal to 4 out of 10 on the pain scale.

Diet



- Eat regular foods / Drink liquids (unless your doctor tells you not to) and include your protein drink with your meal.
- You should always have your meals outside of bed while sitting in a chair.



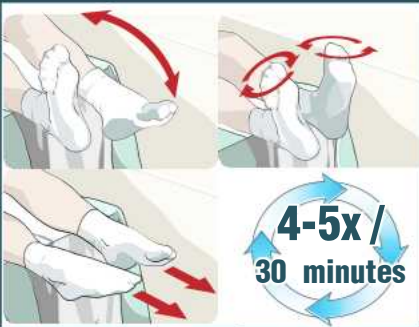
Always have your call bell at your side when in bed or sitting in a chair.



Goals for Day 1

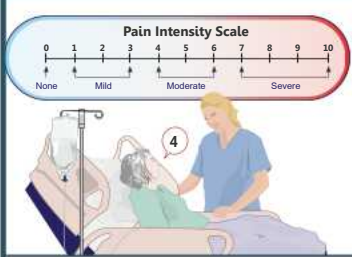
After your surgery

Activities



- Continue your breathing exercises (see page 32).
- When in bed, do your leg exercises (see page 31).
- Walk in the hallway at least 3 times and try to stay out of bed as much as possible.

Pain control



- Tell your nurse you have pain greater or equal to 4 out of 10 on the pain scale.

Diet



- When you start eating regular food include foods with fiber (fruits, vegetables, whole grains).
- Continue to drink liquids, including your protein drinks.
- Always have your meals outside of bed while sitting in a chair.

Tubes



- Your urinary catheter might be removed.
- Your nurse will measure how much fluid comes out of your chest tube.



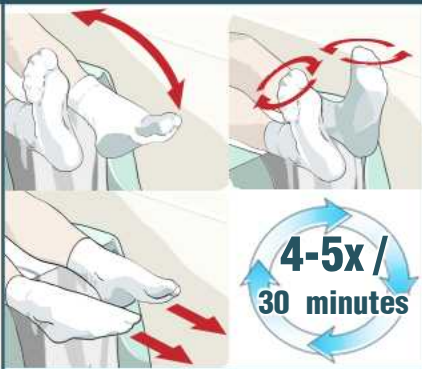
Always have your call bell at your side when in bed or sitting in a chair.



Goals for Day 2

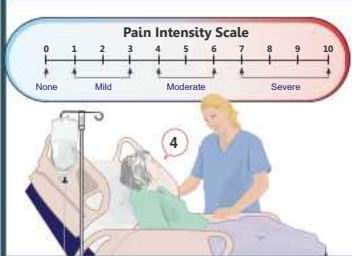
After your surgery

Activities



- Continue your breathing exercises (see page 32).
- When in bed, do your leg exercises (see page 31).
- Walk in the hallway and try to stay out of bed as much as possible.

Pain control



- Tell your nurse you have pain greater or equal to 4 out of 10 on the pain scale.

Diet



- Eat and drink whatever you want. Include foods with fiber (fruits, vegetables, whole grains).
- Continue to drink liquids including your protein drinks.
- Always have your meals outside of bed while sitting in a chair.

Tubes



- If you have an epidural: You will have a “stop test” today. This is to see if your pain can be controlled only with pills.



You might go home from the hospital on Day 3 after your surgery. **Remember to arrange your ride.** Tell your nurse if you are concerned about going home.

Goals for Day 3 and 4: Going home

Some patients go home on Day 3 and others on Day 4. You might go home from the hospital on Day 3 after your surgery. If you do, plan to go home before 11 a.m. You must arrange to have a ride home since you cannot drive.

Before leaving the hospital, make sure you have information for your follow-up appointment with your surgeon and a prescription for your medication. Tell your nurse if you have any concerns about going home.



Read the next section of the booklet called “At home.”
Ask any questions before you leave the hospital.



Pain control

You might have pain for several weeks or even months after the surgery.

This pain is not usually strong enough to need medication to control it. But, many patients worry because the area of the pain is often different than the area of the incision. In fact, most patients will have pain around the breast and/or front of the chest, away from where their incisions were made.

This happens because there are nerves that send signal sensations that run under each rib. During the surgery, the instruments used by your surgeon can irritate these nerves and this irritation can sometimes take months to get better.

This discomfort can be unpleasant. But it is not usually a sign of a complication or that your cancer has returned. It will go away over time and should not limit your activity. Very rarely, we may need to try some special medications to treat this nerve pain or consult a pain specialist to help manage this problem.

Your surgeon will prescribe pain medication for you. This is to help you get back to your activities as quickly as possible. These medications may include Acetaminophen (Tylenol®) and anti-inflammatory medications for mild to moderate pain.

If the Tylenol® and the anti-inflammatory pills do not control your pain well, then you can **add** the stronger pain medication called an opioid or a narcotic. Do not stop taking the Tylenol® and anti-inflammatories.

You must follow the instructions on the bottle. It is important to understand the risks and benefits of using an opioid.

If you have questions about pain medications, speak with your pharmacist or your surgeon.



Pain control

Not sure what questions to ask? Want to know about how to use pain medication safely when you get home? Visit this link:

www.ismp-canada.org/download/MedRec/MedSafety_5_questions_to_ask_poster.pdf



If you have severe pain that is not helped by the medications you have been prescribed, call your surgeon's office or go to the Emergency Department (ED).



**Did you know that pain medication can cause constipation?
To help your bowels stay regular:**



Drink more liquids.



Eat more whole grains, fruits and vegetables.



Get regular exercise (a 10-minute walk every day is a good start).



Take stool softeners if your doctor prescribed you one.

Incisions

Your incision(s) (cut(s)) may be slightly red and uncomfortable for 1-2 weeks after surgery.

You can take a shower

- 2 days after the chest tube is removed and a bath 7 days after the chest tube is removed.
- Let the water run over your incision(s)
- Wash around the incision but **do not scrub**
- Pat dry



Do not take a bath, swim or use a hot tub for at least 7 days after your chest tube drain has been removed, or if any of the cuts are not completely healed.



Your nurse will ask for the CLSC to remove your clips or stitches about 7-10 days after your surgery. The CLSC will call you at home.

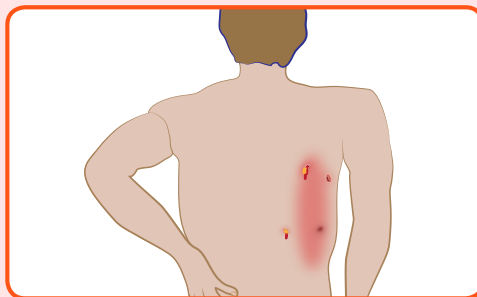
Some patients might have melting stitches and steristrips (narrow sticky pieces of tape) applied to the skin instead of clips. Steristrips usually fall off by themselves but if they are still there after 10 days you can peel them off yourself.

Incisions



**If any of these happen call your surgeon's office.
If you cannot reach your surgeon or nurse,
go to the Emergency Department (ED).**

- Your incision becomes warm, red, or hard.
- You see pus or drainage coming from it.
- You have a fever higher than 38 °C/100.4 °F.
- You feel very weak.



If you have a chest tube drain:

- Shower just before the CLSC nurse changes your bandage (every 3 days). Otherwise the bandage should stay dry.

Once the chest tube drain has been removed by the surgeon:

- The CLSC nurse will also remove the bandage where the chest tube drain was, about 72 hours (3 days) after the surgeon has removed the chest tube.
- The CLSC nurse might put on a new bandage if the incision is not completely closed.

After the chest tube drain is removed, sometimes fluid will drain out from the area. This can be frightening for patients, but it is rarely a serious problem.

Contact our nurse clinician at

514 934-1934 ext. 44339

or the 11 East floor at

514 934-1934 ext. 46100

and tell us what happened so we can decide if any medical treatment is needed.

Chest tube drain diary

A nurse will show you how to take care of your chest tube and how to use this diary.

Record of fluid from the chest tube drain		
Date	Amount	Total for the day

Diet

Eat and drink whatever you want unless your doctor, nurse, or nutritionist tells you differently. Eat foods with fiber (fruits, vegetables, whole grains).

Drink plenty of fluids to help prevent constipation.

Eat foods that have protein to help your body heal. Meat, fish, chicken and dairy products are good sources of protein. Eat foods that have protein to help your body heal. Meat, fish, chicken, legumes, nuts, tofu and dairy products are good sources of protein.

If you get full quickly, try eating smaller amounts at each meal and add nutritious snacks between meals. Try high protein, high calorie shakes or commercial supplements.



If you have nausea that doesn't go away and you can't keep anything down, call your surgeon's office. If you cannot reach your surgeon or nurse, go to the Emergency Department (ED).

Exercises and activities

You can slowly go back to all your usual activities when you are pain free and feel like it. Continue to increase your activities each day. It is normal to feel tired after your surgery. Remember to rest between activities.

Family and friends can usually help with:

- Transportation
- Meal preparation
- Grocery shopping
- Cleaning house
- Laundry



- Walk every day. It is good exercise (shopping malls are good places to walk in the winter and summer).
- **Patients who had open surgery (1 cut)** should not lift anything heavier than 5 kg for 6 weeks after the surgery.
- **For patients who had minimally invasive surgery (meaning tiny cuts)** there are no limits on physical activity after surgery, including sex.
- Your surgeon will let you know if there are any limits.
- Do not drive while you are taking narcotic pain medication.
- Your surgeon will recommend when you are able to return to your job. This will depend on your surgery, recovery and your type of work.



When to get help

Phone your surgeon or the thoracic nurse (514 934-1934 ext. 44339) or go to the ED if any of these happen:



You have trouble breathing.



You have a fever greater than 38°C (100.4°F).



You feel extremely weak.



You have more pain and your pain medication does not help.



You have redness, swelling, warmth or pain in either leg.



Your incisions become warm, red, and hard or you see pus coming out.



If your chest tube gets disconnected, reconnect it and go to the nearest ED.

The Thoracic Nurse: 514 934-1934 ext. 44339

Dr. Jonathan Cools-Lartigue:

Dr. Lorenzo Ferri:

Dr. Christian Sirois:

Dr. Jonathan Spicer:

Dr. Mathieu Rousseau:

514 934-1934 ext. 43050

Gatineau Clinic: 819 966-6200 ext. 1170

Montreal General Hospital 11 E floor: 514 934-1934 ext. 46100

Info-Santé: 811

Contact a nurse for non-urgent health issue, 24 hours a day, and 365 days a year.

Follow-up

If you leave the hospital with NO chest tube drain, we will:

- Contact your CLSC to have your bandage changed within 48 hours of your discharge home
- Give you a follow-up appointment 4 weeks after surgery.

If you leave the hospital with your chest tube drain, we will:

- Arrange for bandage change by your CLSC within 48 hours of your discharge home.
- Give you a follow-up appointment 1 week after surgery.

If you have any questions, phone us

Name of your surgeon:

Phone number of your surgeon:

Other phone numbers:

MUHC Appointment and Referral Centre:

514 934-8488

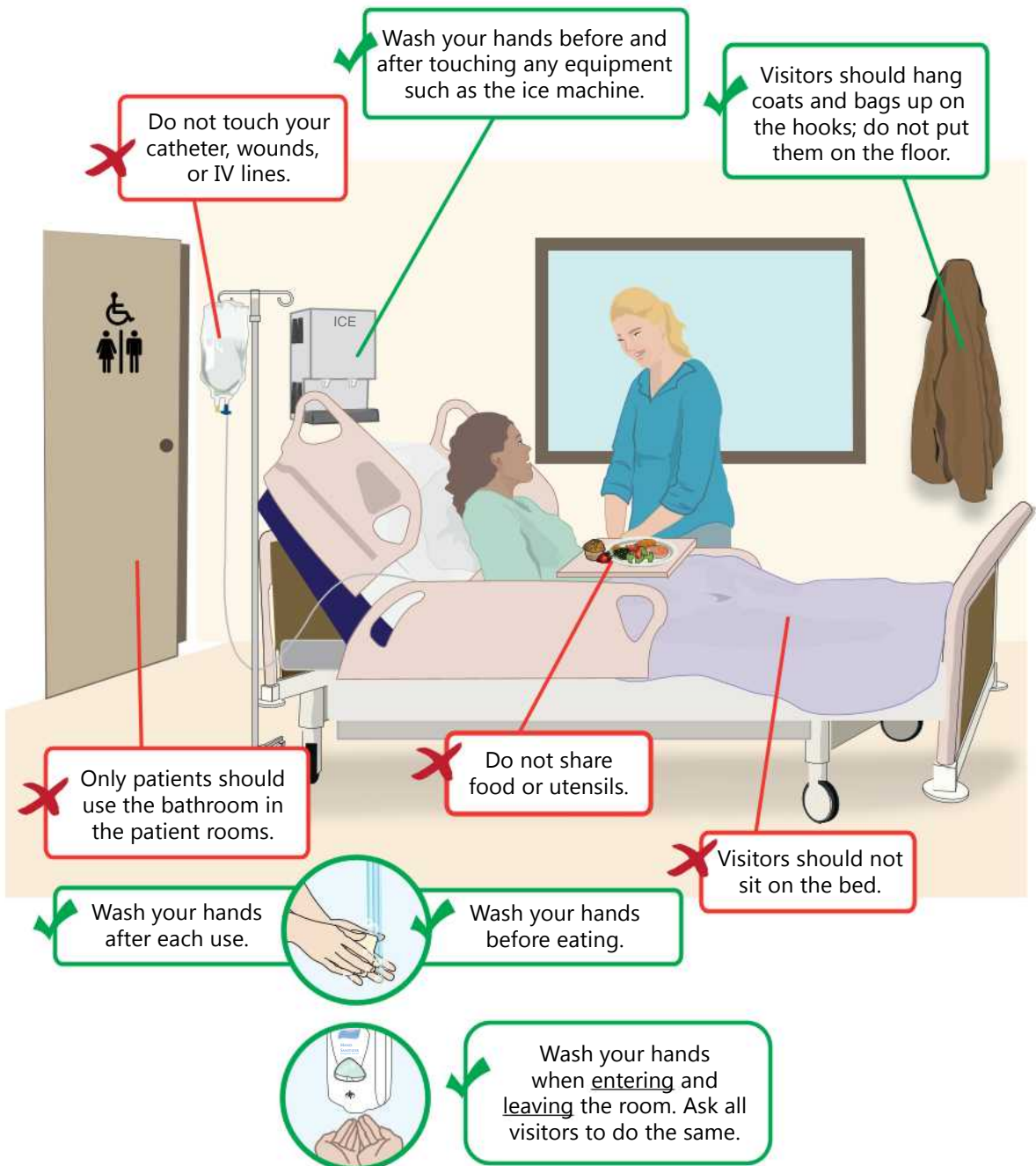
(Monday to Friday from 8 a.m. to 5 p.m.)

Info-Santé: 811

(Contact a nurse for non-urgent health issue.
24 hours a day, and 365 days a year)



Tips for preventing infection in the hospital room



Websites of interest

Resources to help you stop smoking:

- **Quit line:** 1-866-527-7383 (free) or
www.iqitnow.qc.ca
- **Quit Smoking Centers, ask your CLSC for information**
- **The Quebec Lung Association:**
1-888-768-6669 (free) or:
www.pq.lung.ca
- **Smoking cessation clinic at the MUHC: send the consultation by fax:**
514 934-8488 (requires referral from your doctor).



Looking for more information on your surgery:

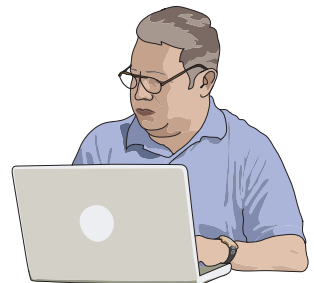
- **Canadian Cancer Society:**
www.cancer.ca/en/cancer-information/diagnosis-and-treatment/tests-and-procedures/thoracoscopy/?region=sk
- **MUHC Libraries-Patient portal:**
Health information for patients and their caregivers
www.muclibraries.ca/patients/

If you would like to know more about anesthesia:

www.cas.ca/english/patient-information

Montreal General Hospital parking information:

www.muhc.ca/patient-and-visitor-parking





McGill University
Health Centre

Centre universitaire
de santé McGill

Montreal General Hospital

1650 Cedar Ave. Montreal, QC H3G 1A4

Legend

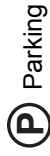


Entrances



D10.124

Surgical admission
services



Parking



L8.505

Thoracic clinic



L10.509

Pre-operative clinic

