

Surgery for lung cancer

How will it be decided if I am suitable for surgery?

Successful surgery for lung cancer, with the chance of cure, may only be possible after the surgeon has considered the following points:

- You and your lungs must be fit enough generally to cope with surgery.
- Your tumour must not have spread to other parts of your body.

It is more common for non-small cell lung cancers to be surgically removed as they are generally slower growing. However, small cell lung cancer can occasionally be removed if the disease is at a very early stage of development. **An experienced thoracic surgeon will always try to operate when at all possible.**

Are there different types of surgery for lung cancer?

Yes, there are three common types of surgery for lung cancer:

- **Lobectomy** - Performed when lung cancer is confined to a single lobe of your lung.
- **Pneumonectomy** - Removal of an entire lung.
- **Wedge Resection** - Removes small nodules and is the procedure of choice if your physical condition will not allow more extensive surgery.

How long will I have to wait to have my surgery?

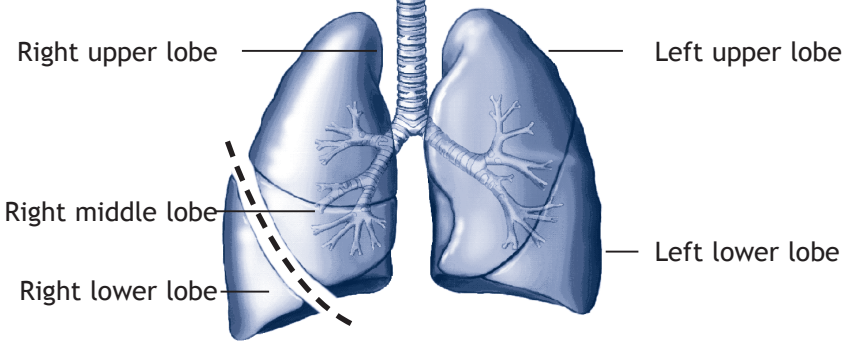
Surgery should be performed as soon as possible after completing the preoperative assessment.

Will I need any other type of treatment along with the surgery?

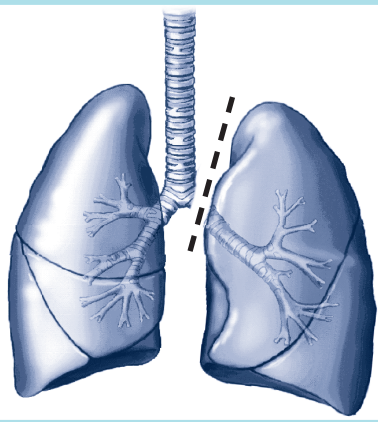
After your operation, you should be offered chemotherapy if the surgery has completely removed the cancer. This can destroy any cancer cells that might still be in the body. There are advantages and disadvantages of undergoing chemotherapy, which your doctor will explain fully to you.

If the surgery has not completely removed the cancer you may be offered radiotherapy or chemotherapy treatment. Your doctor will fully discuss this with you.

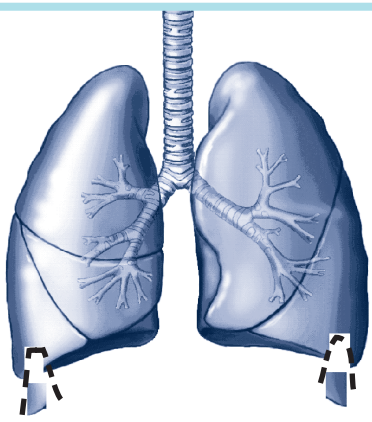
LOBECTOMY



PNEUMONECTOMY



WEDGE RESECTION



What happens when I arrive at hospital for my operation?

When you arrive in the ward a member of the nursing staff will meet you and show you to your bed. Occasionally, due to the large number of patients treated in the ward, you may have to wait a short time for your bed, and you will be asked to sit in the dayroom. On the very odd occasion you may be temporarily moved to another ward but will return to the thoracic ward after your operation.

Once you have settled in your bed, a nurse will come and ask you a range of questions. Your temperature, pulse, blood pressure and respiratory rate will then be taken and you will be asked for a specimen of urine. Your planned care will then be discussed, along with what to expect following your surgery. **This is an ideal time to ask any questions about your operation.**

Other members of the hospital team will also see you, perhaps including the surgeon, the anaesthetist and the physiotherapist. If you have concerns about your weight, the nursing staff will be able to contact a dietitian, who will give you helpful advice and information on how to improve your diet.

A doctor will also discuss your operation with you and get you to sign a consent form. It may also be necessary to take some blood and organise an ECG (a heart tracing).

The anaesthetist is the person who will put you to sleep during your operation and also prescribe medicine (pre-med) that will relax you and make you feel sleepy before surgery. You will receive this about one to two hours before going to theatre. You will be allowed nothing to eat or drink from midnight the night before. This is very important as it ensures you have no food in your stomach when the anaesthetic starts working. The anaesthetist will also discuss the best method of pain control for you.

The above may vary slightly from hospital to hospital.



What happens after my operation?

When you wake up after your operation you will be in a High Dependency Area.

You will have an oxygen mask on to help your breathing and you will be attached to a monitor that regularly measures your heart rate and blood pressure. It will also measure how much oxygen is circulating throughout your body.

A drip (small needle) will be inserted into the back of your hand, or arm, to provide your body with necessary fluids until you are eating and drinking properly. This is usually only for one day.

Another drip will measure your blood pressure and allow the nurse to take a small amount of blood to assess, more accurately, your oxygen levels.

You will also have one or two chest drains depending on what operation has been performed. These drains remove any old blood or air left over from surgery and may make a sound similar to rain falling - this is nothing to worry about. You may feel the area surrounding your chest drain is uncomfortable, but painkillers will help to control this.

“When I woke up from the operation I couldn’t remember a thing about it.”

Chest x-rays are carried out daily for the first three to five days and thereafter on medical grounds.

The drains remain in until the surgeon is happy that the lung is fully inflated or drainage is minimal. Occasionally the drains are put on suction to help the lung expand. Drains will not prevent you from moving - in fact getting up and about will be actively encouraged.

You may also have a plastic tube called a catheter inserted into your bladder, which has a bag attached to the end to collect urine. This allows the medical staff to ensure that you do not become dehydrated. Do not worry if you don't have a catheter. The nurse will offer you a bedpan/urinal regularly.

Will I have pain?

Hopefully not, as your anaesthetist will have discussed what type of painkiller will work best for you. An epidural (a very fine tube inserted into your back) or a patient controlled analgesia device (PCA), which allows you to take pain relief when you need it, will be used to control any pain.

If you have an epidural, it will normally be in for 48 hours (this may vary from hospital to hospital). If you are able, you can move about the bed freely and get up to sit on a chair. The nurse will regularly ask you if you are sore and increase your painkillers if required. **When you have an epidural you should not feel any pain. If you do feel any pain, make sure that you tell a nurse.**

If you have a PCA, it is given through a needle in the back of your hand and is usually removed after 48 hours. You will be given a handset, which should be pressed if you feel sore. It is a good idea to use it before doing anything physical like moving up the bed or doing your breathing exercises with the physiotherapist. The PCA is set so that you can't overdose, no matter how often you push the button. If you are still sore despite using the PCA regularly, other pain relieving medication can be given.

Am I allowed visitors?

Yes, although visitors on your theatre day are usually discouraged, as most patients are usually fairly sleepy. However, close family will be allowed to visit. Your family can contact the ward regularly by phone to check on your progress. If there is change in your condition at any time, a member of the nursing staff will contact your family.

What will happen on the first day after my operation?

The doctor will visit to discuss your operation with you and will decide whether drips can be discontinued and order any new tests. You will also be seen by the physiotherapist, who will encourage you to deep breathe, cough, move around and exercise your arms and shoulders (especially on your operation side to prevent frozen shoulder). The nurse will continue to check you regularly and will also occasionally listen to your chest. This is to ensure air is moving in your lungs and you are not wheezy. If your chest becomes tight and wheezy, the doctor will prescribe a nebulised drug. Nebulisers (air compressors) give drugs that are inhaled and open up the breathing tubes. This will encourage you to cough and clear your chest.

“I was surprised that the day after my operation I was up and walking about.”

What will happen on the second day after my operation?

The junior doctors and registrar will visit you. They will decide whether the Epidural/PCA should be stopped, whether one of the chest drains can be removed and will order further chest x-rays. Normally, at this stage the heart monitoring equipment will be stopped and the catheter will be removed (may vary from hospital to hospital).

When will I know how successful my operation was?

Everybody wants to know whether the whole tumour was successfully removed. Although the surgeon will be able to tell you straight away how well the operation went, the results of any samples taken from the immediate surrounding area (lymph nodes) will usually take about seven days. When your results are available, your doctor will meet with you to discuss whether any further treatment is required. If so, you will be referred on to an appropriate cancer doctor.

When will I be able to go home?

You will be able to go home when your chest drains are removed, you are eating and drinking well, and any problems identified before discharge are addressed. It is usually anything from five to ten days if there are no complications.



What happens when I am discharged from hospital?

Any medication you need will be prescribed by the doctor and given to you before you leave. A letter, giving details of your operation and follow-up care, will be sent to your GP. Your post surgery hospital check-up is usually six to eight weeks after your operation and will be sent to you.

Sometimes the nursing staff may feel that you need a district nurse to visit you at home. If so, the hospital will arrange and discuss this with you and your family.

You should arrange for someone to take you home. If this is difficult, the nurse in the ward will help you to make arrangements. The nurse will also give you a contact telephone number should you run into any difficulties within the first few days of being home.

What should I do when I get home?

When you return home you should take things easy for a number of weeks, usually about a month.

Remember you have undergone major surgery and it takes time and rest for your wound to heal completely. You may feel a bit flat or depressed for a few days. This is quite normal. You will probably be very tired. This too is quite normal and may last longer than you think.

Although your wound will have healed within a few months, it is not unusual to sometimes have numbness or pain around the scar. Take oral painkillers regularly and perhaps try a heating pad against the scar. Warm baths and showers may also help any pain. See your doctor if pain persists.

In the longer term, will life return to normal?

After the initial recovery period your recovery will depend upon several things including: how much lung you had removed, your general fitness before surgery and your own ability to take regular gentle exercise. Many people enjoy a good quality of life after surgery for lung cancer, however some do experience long term problems such as breathlessness and discomfort around the chest area.

Recovering at home - helpful hints

- Don't drive for about a month.
- Avoid physically demanding activities, for example, carrying heavy shopping, for about two months.
- If you are able, aim to return to work 10 to 12 weeks after surgery. However, you might need to reassess the type of work you do, if it makes you too tired or breathless.
- Comb your hair to strengthen movement in your shoulder muscles.
- If you are off your food, try and eat small meals regularly. If this does not improve ask to see a dietitian, either at the hospital or via your GP practice.
- Try to avoid becoming constipated by moving around and increasing the amount you drink. If this becomes a problem ask your GP to prescribe laxatives.
- Try to walk a little further every day. This will improve your breathing.
- If you are having problems sleeping, try to get back into a regular sleep routine, by getting more fresh air and involving yourself in usual day to day tasks.
- Sexual activity can get back to normal whenever you feel able.
- Once you feel up to it, getting involved in a support group can help you as well as others. A cancer support nurse can give you details of local groups.

What we do?

The Roy Castle Lung Cancer Foundation is wholly dedicated to defeating lung cancer. We fund unique research into the early detection of lung cancer, health promotion work and lung cancer patient support.

Support

Roy Castle Lung Cancer Information and Support Groups meet monthly and provide an opportunity for people affected by lung cancer to come along and chat with others in a similar position, learn more about lung cancer issues and meet with local lung cancer nurse specialists.

Information

The Roy Castle Lung Cancer Helpline provides people affected by the disease with lung cancer information and access to local lung cancer support services.

Free Telephone Helpline: 0800 358 7200

A variety of patient-focused information booklets, covering a variety of lung cancer issues are available free of charge to people affected by lung cancer.

The Roy Castle Lung Cancer Foundation website provides detailed on-line lung cancer information and discussion forums.

Website: www.roycastle.org

Advocacy

The Roy Castle Patient Involvement Programme provides a voice for lung cancer by supporting people affected by the disease, enabling them to help influence and improve lung cancer services.

The information on lung cancer is taken from booklets produced by the Foundation “Lung Cancer - Answering your Questions” and “Lung Cancer - A practical guide to Breathlessness”

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