

## Introduction

Thoracotomy is an incision made in the chest wall to gain access to organs within the chest cavity. The rib cage is separated to expose the lungs for observation. The right lung has three lobes and the left has two. Lobectomy is the removal of one or more lobes of the lung, sometimes together with nearby lymph nodes.

## The Operation

1. General anaesthesia.
2. Surgical cut is made between two ribs, going from the front of the chest wall to the back, passing just below the armpit. The ribs will be separated.
3. During surgery the lung on the operated side will be deflated while the lung on the other side will be used for breathing.
4. A lobe of the lung and adjacent affected tissues are then removed.
5. One or two drains are placed in the operated area to allow drainage of blood, residual fluid and air for 2-7days.
6. The wound is closed with stitches.

## Preoperative Preparation

1. Admit 1 day before or on same day of this “elective” operation.
2. Anaesthetic assessment before operation. Inform your doctors about drug allergy, regular medications or other medical conditions.
3. Keep fast for 6-8 hours before operation.
4. Empty bladder and change to operation clothes before transfer to operating room.
5. Pre-medication, antibiotic prophylaxis and intravenous line may be required.

## Postoperative Instruction

### A. General

1. The patient may be closely monitored for a day or so.
2. Mild throat discomfort or pain because of intubation.
3. Mild discomfort or pain over the operation site. Inform nurse or doctor if pain severe.
4. Nausea or vomiting are common; inform nurses if symptoms severe.
5. Inform nurses if more analgesics are required.
6. The patient should use a semi-recumbent position to facilitate lung expansion and change position regularly to facilitate drainage from the chest cavity.
7. Early mobilization with deep breathing and coughing exercise, to recuperate lung function and prevent chest infection.
8. The hospital stay is usually for 5-7 days.

### B. Wound care

1. Keep dressing clean and dry.
2. Ensure the drainage tube is in right place. Do not pull, twist, clamp or apply pressure.
3. The drains will be removed in 2-7 days.

### C. Diet

Resume diet, usually 4-6 hours after anaesthesia, and when taking sips of water well.

## Common Risks and Complications (not all possible complications are listed)

### A. Anesthesia related

1. Cardiovascular: myocardial infarction or ischaemia, stroke, deep vein thrombosis, pulmonary embolism, etc.
2. Respiratory: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease.
3. Allergic reaction and shock.

### B. Procedure related

1. Bleeding / Infection.
2. Shortness of breath.
3. Pneumothorax (Presence of air in the chest cavity).
4. Subcutaneous emphysema (the presence of air or gas in subcutaneous tissues).
5. Damage to other organ(s).

\*\* In the event of other organ(s) damage or post-operative haemorrhage or air leakage, further operations may be required.

## Things to take note on discharge

1. Contact your doctor or a nearby Accident & Emergency Department if you find increasing discharge, pain or redness around the wound, high fever over 38°C or 100°F, etc.
2. Take analgesics prescribed by your doctor as necessary.
3. Keep the wound dressing clean and dry, change the dressing if necessary.
4. The breathing exercises should be continued to help recovery.
5. Resume daily activity gradually. Heavy lifting and strenuous exercises should be avoided for 1-2 months.
6. Attend follow-up consultations as scheduled.

### Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

### Reference

Oncolink: "Surgical Procedures: Lobectomy" (2022)

<https://www.oncolink.org/cancers/lung/non-small-cell-lung-cancer-nscl/treatments/lobectomy> (25-07-2023)