

Wedge and Segmentectomy Resection Surgery

- Wedge and Segmentectomy resection surgery are treatments to remove cancerous tumors from your lung. These types of surgeries remove the tumor plus a small portion of your lung.
- Your doctor will recommend these surgeries if your tumor is less than 2 inches, and in the outer parts of the lung, and is in stage 0 or 1.
- Wedge resection surgery removes the tumor, as well as a wedge-shaped section of the lung around the tumor.
- Segmentectomy, also known as segmental resection surgery, removes the tumor and a part of the lung larger than a wedge section.

Wedge Resection



Segmentectomy



Video-Assisted Thoracic Surgery

Your doctor will be performing these surgeries using **Video-Assisted Thoracic Surgery (VATS)**. In VATS, 1-3 small incisions are made in your chest wall. A scope is inserted into the chest cavity so the surgeon can directly look at your lungs and remove the tumor and a small part of your lung.

This procedure is done under general anesthesia. You will have a chest tube inserted, which re-inflates the lung after the procedure is done. You will remain in the hospital for 1 to 5 days after your surgery.

Preparing for Your Surgery

Before your surgery, you will have an appointment with our Anesthesia and Evaluation Perioperative Center (APEC). The APEC appointment is to “clear” you for surgery. You will meet with a staff member from Anesthesiology and discuss how you can prepare and what to expect during and after surgery.

You may have:

- blood work.
- chest x-ray. A
- and/or an EKG

Let them know if:

- you have allergies
- you have taken antibiotics or pain medication in the last 3 months
- you or family members have had problems with anesthesia in the past

Medications

The APEC team will review your medications with you during your preoperative visit. They will let you know if and when you need to stop any of your medications before surgery. If you do not need a preoperative visit, you will get a call from your healthcare team to review your medications. Be sure you tell them about all of the medications you take – prescription, over-the-counter, vitamins, supplements, etc.

What to Expect – Day Before Your Surgery

On the day before your surgery, the Ambulatory Surgery Center (3 West) will call you between 1:00 p.m. and 3:00 p.m. with your arrival time for the next day. If you do not receive a call by 3:00 p.m. on the day before your procedure, please call **716-845-8476** for your arrival time. Follow any other instructions for preparing for your surgery given to you by your nurse.

What to Expect – Day of Your Procedure

- On the day of your surgery, take only the medications approved by your anesthesiologist, with a sip of water. If you are unsure, please contact the anesthesiology department at **716-845-1673**.
- Check in on 3 West at the time assigned to you the day before.
- You will be taken to the pre-op area and an intravenous catheter (IV) will be placed in a vein in your arm. We will use it to give you medications and fluids for the procedure.
- The anesthesiologist will meet you before you are taken into surgery.
- Your family will not be able to join you in the pre-op area. They can wait in the surgical waiting area, and the doctor will talk to them there, after your operation.

What to Expect – After Your Procedure

- You will be transferred to a general surgical floor for your stay. You may be in an IMCU (intermediate care unit) bed.
- You may be attached to a cardiac monitor that shows your heart rate and rhythm, blood pressure, and oxygen level.
- You will have a chest tube in your side for at least overnight, longer if necessary. Sometimes there is an “air leak” or excessive drainage that may delay removal of the chest tube. Your chest tube will be removed as soon as your lung has fully expanded and there are no air leaks.
- You may have pain from the incisions and chest tube. You will receive pain medication through an intravenous (IV) line, by mouth, and through your chest tube.
- To prevent pneumonia after surgery, you must do your coughing and deep breathing exercises. The nurses and respiratory therapists will show you how to use an “incentive spirometer.” **It is VERY important that you cough up secretions and take deep breaths to prevent pneumonia.** We will take chest x-rays to monitor you.
- Compression stockings on your legs help prevent blood clots. These stockings help keep the blood moving so blood clots do not form. You may be on a mild blood thinner medication as well.
- You need to walk as early as possible to prevent blood clots from developing, to help get your bowels working again, and to exercise your lungs. Your ability to get around helps us determine when you can safely go home.

What to Expect – When Discharged Home

We will give you additional instructions when you are discharged.

Continue to use your spirometer- 10 breaths every 1-2 hours.

You may be discharged with oxygen. This may be temporary or permanent and cannot be determined until after the surgery.

- You may shower, unless instructed otherwise. Showering may cause fatigue, shortness of breath, or pain. You may need someone to help you. Do not scrub the incisions - allow soap and water to run over them. Pat them dry.
- Keep your incisions clean and dry. Leave them open to air as much as possible to promote healing. Restrictive clothing may irritate your incision.
- Take off the initial dressing 48 hours after the chest tube is removed. The chest tube site may drain straw-colored (yellow) or slightly bloody drainage. This is normal. It may come and go, or drain once as a large gush after you cough, sneeze, or move a certain way. You can protect your clothing by covering the incision with gauze, if needed, until it dries up.
- You will be sent home with pain medications. Since pain medication can be constipating, we will give you a prescription for a stool softener to use while you are on the pain medications if needed.
- If you have stitches, they will be removed when you return for a postoperative visit.

- You may not drive until your doctor gives you the OK. You should have someone with you the first time you do drive. Pain may prevent you from being able to turn your head to drive safely.
- You may do physical activity as tolerated. Heavy lifting for the first 1-2 weeks may irritate your incisions and cause increased pain.
- No flying for one (1) month.
- You will be seen for a postoperative visit 1-2 weeks after the surgery.

When to Call the Doctor

Call your doctor immediately if you have:

- increased shortness of breath or increased difficulty breathing
- chest pain that gets worse and/or is not controlled by your medication
- **fever of 100.4°F (38°C) or higher**
- increased redness, drainage, or swelling around the incisions or chest tube sites
- pus-like or foul-smelling drainage from incisions
- a bubbling or sucking air sound from an incision

If you have any problems or questions, please call the Thoracic Center at **716-845-3167**. If you are a patient in our Amherst Center, call **716-845-2900**.

Our offices are open Monday – Friday from 8:00 a.m. to 5:00 p.m.

After hours, your call will be handled by our Call Center staff. If it is determined you need to be seen, you may be asked to come to our Assessment & Treatment Center (ATC), which is open 24/7. You need to be referred to the ATC by a provider; it is not a walk-in clinic.

You can also call Roswell Park 24/7 at **716-845-2300**.

For more information on wedge and segmentectomy resection surgery, call **716-845-3167**.