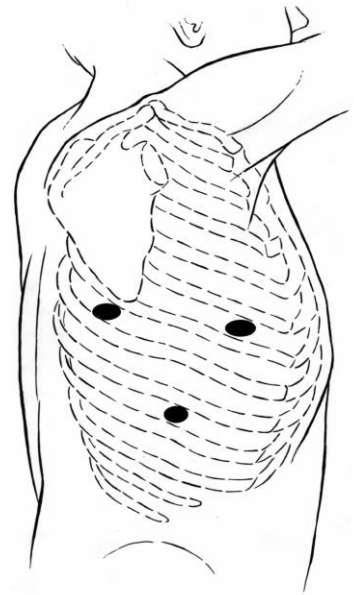


Thoracoscopy

Video-Assisted Thoracic Surgery (VATS) is a surgical procedure where 1-3 small incisions are made in your chest wall. A scope is inserted into the chest cavity so the surgeon can directly visualize the lining of the chest wall and the surface of the lungs. A biopsy can be taken to help with your diagnosis. A part of the lung may be removed in order to treat your disease. Your doctor may need to make a much bigger incision to safely remove the lung.

This procedure requires general anesthesia and the insertion of a chest tube, which re-inflates the lung after the procedure is done. You will remain in the hospital for 1 to 5 days after your surgery. Your doctor may know the preliminary results on the same day as the surgery. The final pathology report will take 3-5 working days and will be reviewed with you in the hospital or when you return for a postoperative visit.



How to Prepare for Your Procedure

- On the day before your surgery, the Ambulatory Surgery Center (3 West) will call you between 1 p.m. and 3 p.m. with your arrival time for the next day. If you do not receive a call by 3p.m. on the day before your procedure, please call **716-845-8476** for your arrival time.
- **Eating and Drinking**
 - **If you're having general anesthesia: Do not eat or drink anything after midnight the night before the procedure unless you are having an ERAS procedure and are instructed to drink the juice provided on the day of your procedure.**
 - **If you're having sedation, stop eating and drinking anything except water 8 hours before your procedure. Stop drinking water 2 hours before your procedure.**
- Some medications can interfere with normal blood clotting and should be stopped before surgery. You will receive information about if/when to stop these medication(s) from your doctor and/or from anesthesiology during your pre-op appointment. **It is important to follow these instructions or your surgery may be delayed or rescheduled.**

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 of these medications please contact the anesthesiology department at **845-1673**.
- The morning of your surgery, check in on 3 West (3rd floor) at the time assigned to you the day before.
- 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.
- You will be taken to a “holding area” which is located outside the operating room. The anesthesiologist will meet you here before you are taken into surgery. Your family will not be able to join you here. 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 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 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.
- You will be at risk for developing blood clots in your legs so we will put wraps around your legs that inflate and deflate. This helps keep the blood moving so blood clots do not form. You may be on a mild blood thinner medication as well.
- You also 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 will not harm you but 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

Thoracic Center

If you have any problems or questions, please call the Thoracic Center at **716-845-3167**. The Center is open Monday - Friday from 8:00 a.m. to 5:00 p.m.

After hours, your call will be answered by our Call Center. 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 reach Roswell Park 24/7 at **1-800-ROSWELL (1-800-767-9355)** or **716-845-2300**.

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