

## BMDA Thoracic Discharge Instructions

These **Discharge instructions** are provided to guide you as you recover quickly after chest surgery. These instructions are a guide. These **General Instructions** include, but are not limited to:

- You have had a big operation. Your incisions are likely small which decreases the pain and soft tissue trauma, but the operation still caused stress on your body. You will be tired. This tiredness is normal. The fatigue comes from the recovery from the operation itself, the anesthesia medications used, any blood loss during the operation, and your body's attempt to repair itself.
- No smoking – ever! No cigarette, cigar, pipe, marijuana, vaping, electronic cigarettes, or other smoking or non-prescription inhalation material. Take care of your lungs. Like you, they have been through a big operation. No smoking in the house. If family members or guests arrive, have them quit too or smoke outside. Smoking can delay healing.
- If you are tired, it is OK to rest. If you rest in a chair, elevate your legs so your legs won't swell.
- No heavy exercise. No heavy lifting - no more than a gallon of milk for the first 2 weeks, then advance as tolerated.
- Be bold! It is good to get up and move! Walking is good - generally, you cannot walk too much. You can increase your speed and distance as you recover.
- OK to ride in a car, sit, stand, go to and from chair / bed / toilet, kitchen, living room, etc., and get dressed and undressed, and to walk up a flight of stairs.
- OK to be in public places, malls, grocery stores, etc.
- Keep your hands clean – wash them frequently to prevent colds or flu, or other respiratory diseases.
- Use your incentive spirometer every two hours or so while awake or until you are comfortable with your recovery.
- Do not drive an automobile or operate heavy or dangerous machinery if taking opioid pain pills (like Lortab, Percocet, OxyContin, hydrocodone, oxycodone) or if there is incisional pain with movement. With these situations, your reflexes and your decision-making will be slowed.
- Please call (see telephone numbers below) if you develop any
  - chest pain,
  - irregular heartbeat,
  - productive cough (yellow/green sputum or coughing up blood),
  - lightheadedness,
  - shortness of breath
  - fever  $\geq$  101 degrees F.
  - general feeling of illness, or
  - if you or your family have other questions or concerns

**Diet:** Resume pre-hospital diet. Eat healthy - include complex carbohydrates, vegetables, fruits, and lean meats. Stay hydrated with water. OK for your usual coffee or tea. It is OK to use a laxative and / or a stool softener if needed. Avoid alcohol.

**Pathology:** Your pathology results are likely to take Your provider will review your pathology with you at your post-operative appointment.

**Pain medications:** After any operation, you will have some discomfort or pain. You may identify some soreness or pain with new activity. Be sensitive to your body, and how your body is recovering. If there is too much pain, stop what you are doing and rest. Sometimes deep breathing or coughing can cause some pain in the chest area where the operation is performed. This is normal.

Most patients will not need any narcotic (opioid) or synthetic-narcotic medications. Your treatment very likely included our Enhanced Recovery After Thoracic Surgery (ERATS) protocol. Our ERATS protocol patients usually go home with the following medications for a few days. A prescription will be sent to your pharmacy.

- **Gabapentin:** [example: Neurontin] to decrease the sensitivity and activation of physical nerves in the area of the operation (not psychological 'nerves' or anxiety).
- **Acetaminophen:** [example: Tylenol] to decrease fever and pain.
- **Methocarbamol:** [example: Robaxin] to help with pain management via muscle relaxation

**Mood:** Sometimes after operations, which require hospital care for a few days (which are stressful both to the patient and family), some patients may feel "blue" or sad or depressed, or experience mood swings. These feelings can be normal and should resolve quickly. Please call if you or your family have any concerns about your feelings or your mood.

**Follow-up / postop appointment:** The location of the follow-up appointment will be at the Baptist MD Anderson Cancer Center at 1301 Palm Avenue, Jacksonville, FL, 32207. Please take the elevators from the lobby to the 6<sup>th</sup> floor and check in at clinic desk 3 for Thoracic and Esophageal Surgery.

**Note:** A chest X-ray front view and side view will be obtained on the day of clinic appointment; and just prior to the clinic appt. This is done in our Baptist MD Anderson radiology department on the 2<sup>nd</sup> floor as a walk in appointment only. Our Medical Assistant will call to remind you. We all want your follow-up appointments to be as convenient as possible.

**Incision and chest tube site care:** Your incisions may have some bruising which is normal. All your sutures are internal and do not need to be removed.

Incisions may have small 'butterfly' support strips called Steri-Strips to support healing of each incision. If they begin to curl up, please remove them. Otherwise, remove them 7 (seven) days after the operation.

Incisions may have surgical glue at the surgical site. Glue will come off over the course of about 3 weeks. Please do not scrub your incisions to remove as this may cause irritation.

If your incision begins to swell, becomes red or tender, or begins to open or drain any liquid, please call for additional instructions.

As you remember, your chest tube was removed a few hours before you were discharged from the hospital. If the dressing covering that area becomes saturated with fluid (serum), then change the dressing. Just remove the tape and the damp / wet gauze, clean with warm water and mild soap, and recover with dry gauze.

To care for all incisions please keep clean with mild soap and warm water. You can leave them open to air. Please no creams or ointments on the incisions.

OK to shower 48 hours after chest tube removed. Just remove the dressing, shower with mild soap and water, pat dry, and cover the chest tube site with a Band-Aid if desired.

Do not submerge incision in water for approximately 4 weeks or until incisions completely heal after chest tube removal. Avoid swimming, hot tubs, lakes, rivers, and oceans.

### **Contact information for other questions or concerns:**

1. In case of any emergency, call 911 or go to the nearest emergency center. For non-emergencies during business hours, call our triage line at 904-202-7300, option 4.
2. If you need to talk to the Baptist MD Anderson Cancer Center on-call provider after hours, please call 904-202-7300. A message is then sent to the assigned provider directly to contact you.
3. Please continue to see your regular physicians for your ongoing health care.
4. Appointments: 904-202-7300

*Thank you for your trust and confidence in our team here at the Baptist MD Anderson Cancer Center and the Baptist Medical Center – Jacksonville.*

### **Resources for Thoracic Surgery Patients and their Families**

Alliance for Lung Cancer Advocacy, Support, and Education <https://go2foundation.org/>

American Cancer Society <http://www.cancer.org>

Lung Cancer <http://www.lungcancer.org>

Lung Cancer Online <http://www.lungcanceronline.org>

MD Anderson Cancer Center <http://www.mdanderson.org>

MedlinePlus Lung Cancer <http://www.nlm.nih.gov/medlineplus/lungcancer.html>

National Cancer Institute <http://www.cancer.gov>

National Lung Cancer Partnership <http://www.nationallungcancerpartnership.org>

Reviewed 10/1/2024