ENDOSCOPIC OPERATION OF THE THORACIC CAVITY
Division of Pleural Cavity Disorders

The endoscopic operation of the thoracic cavity is performed to investigate or treat illness of the pleura, lungs or mediastinum. The benefits of endoscopic operation include smaller tissue damage, less pain after the operation, improved respiration, better cosmetic results and shorter periods of hospital treatment and recovery.

OPERATION OF THE WARD

Thorax and Esophagus Surgery Ward M11 is located in Meilahti Tower Hospital on the 11th floor. Access to the ward is through the main entrance of Meilahti Hospital.

Take with you your personal items (toothbrush, shaver, indoor shoes/slippers) and any current prescriptions, asthma sprays and insulin.

Each bed has a locker for storing personal items. We will give you the locker key and ask you to keep it safe. During your procedure or at your request the staff will take the key for safekeeping. We recommend that you do not bring any valuables (jewellery/studs) or large sums of money to the hospital. The treatment bill will be posted to your address.

On the day of the operation, family members can enquire after the patient in the afternoon by telephone, calling the ward directly on 09 471 72289. In order to minimise calling times, we ask that only one family member be appointed as a contact person. The best time to contact the operating surgeon is in the morning before the operations at 9 a.m. or after 2 p.m.

Patients often feel tired when they return to the ward. We ask for your consideration in keeping visits and other contacts to a moderate level. Patients can use their own mobile phones normally. Each bed also has a landline telephone with a direct number.

The ward visiting hours are between 1 p.m. and 7 p.m. every day. Visitors are not allowed to bring flowers to the ward. Persons with coughs and colds may not visit the ward. Visitors should wash their hands and rinse them using the disinfectant liquid (found by the ward corridor door and by each room door) before entering.
Preparing for the operation

After the operation time has been confirmed, you will be asked to attend a laboratory appointment for blood tests and ECG. You can eat before the tests.

You will be asked to attend a preoperational appointment where you meet a nurse, physiotherapist, surgeon and anaesthesiologist. You can bring a family member to the appointment if you wish. The appointments are held on Mondays and Wednesdays on the 14th floor of the Meilahti Tower Hospital. Please reserve sufficient time for the appointment, preferably the whole day. Fill in the forms you were sent with the waiting list letter and bring them with you.

- Your will be informed by telephone on your laboratory appointment and preoperational appointment times.

Some patients will meet the surgeon, anaesthesiologist and physiotherapist only after they have been admitted to the ward. Please fill in the forms you received with the letter and return them at this time.

Most patients are admitted to the hospital on the morning of the operation day. In the morning, take a shower at home and wash yourself carefully. Do not eat or drink anything after 2 a.m before your arrival at the hospital. Please avoid smoking and alcohol over a few days before your operation.

Your anaesthesiologist will prescribe the medication for your operation day. You can take them normally with water.

- If you are using any products affecting blood coagulation (such as Marevan®, Plavix®, Primaspan®, Disperin®), please inform the nurse when your surgery appointment is confirmed. You may have to temporarily suspend your medication before the operation. The nurse will give you the instructions regarding the suspension.

At the hospital

On arrival at the hospital, the nurse will check the condition of your skin, and you are given hospital clothes and suitable antiembolic stockings, which will prevent the occurrence of venous thrombosis and pulmonary embolisms.

About an hour before we take you to the operating unit, you may be given a preoperative sedative prescribed by your anaesthesiologist. If you are using dentures, please remove them at this time. After you have taken the sedative, you may not get up from bed by yourself.

Postoperative care

After the surgery, you will be moved to the recovery room. Depending on your condition, a few hours after the operation, you will be moved back to the ward. During the operation, you will be fitted with 1-2 drains, which remove any air and secretions from the operated areas. The drains are connected to a suction device next to your bed. The drains are usually removed 1-3 days after the operation.

Your liquid and food requirements will be met by intravenous liquid feed on the day of the operation.
Breathing and moving

Intensive breathing exercises, blowing into a bottle and coughing ensure sufficient oxygen intake, keep your lungs open and prevent lung infections. You will begin with these exercises on the day after the operation, guided by your physiotherapist. You will perform the exercises both independently and with assistance several times a day. A day after the surgery we will help you to sit up and get out of bed. You will first need assistance when moving about.

Hygiene and wound care

You must take good care of your normal hygiene and hand washing. You can take a shower as soon as you feel well enough to do so, assisted by a nurse. You can shower the wounds with warm water but avoid rubbing them. Dressings will be changed daily for secreting wounds. Except for the wound area, you can use body lotions normally.

Pain management

Your anaesthesiologist will choose the pain management methods with you. The options are epidural pain management, a PCA pump and the traditional pain medication injected into the muscle. You will also be given an anti-inflammatory analgesic to support these methods.

We use the scale of 0-10 for monitoring your pain management. This individual monitoring of the strength of the pain you feel will help the nursing staff assess the effectiveness and effects of pain management and decide the dosing of pain medication. Pain management must enable you to breathe deeply, cough, move around and sleep.

DISCHARGE

The average length of hospital treatment is 2-5 days. At the time of your discharge, you will discuss the matters related to your discharge and further treatment with your treating physician, nurse and physiotherapist. Any follow-up examinations and further treatment will be agreed on separately.

Keep the wound clean by showering it daily until it has healed. Wounds usually heal in approximately 2 weeks. Should the wounds become red and tender or if you develop fever, please contact the health center or your physician. You can take showers as normal but do not go to sauna, take baths or swim until the stitches have been removed. The stitches are removed after 7-10 days at your local health center. You will be given the appointment for removing the stitches on the day of your discharge. Alternatively, if dissolving stitches were used, these do not need removing.

Home medication

We recommend that you take pain medication regularly for 2-4 weeks following the instructions provided separately. If the guideline pain medication is not strong enough or pain increases, contact the ward or your treating physician. Increase in pain may be caused by insufficient pain medication or a postoperative complication, such as an infection.
Follow-up examination

On discharge, the ward staff will give you appointment for a follow-up examination, which will take place after approximately a month after the operation. The examination includes blood tests and a chest x-ray. During the follow-up examination, you will hear about the results of any biopsies taken during the operation and about the further treatment plan.

Contact information:

Contact Nurse
tel. 050 427 1673

Thoracic and Esophagus Surgery Ward M11
tel. 09 471 72289

Updated 9 April 2015
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NOTE! We are a non-smoking hospital. We ask that those accompanying and visiting patients will also note this when visiting the hospital campus.