

PLEURECTOMY

WHY DO I NEED A PLEURECTOMY?

A pneumothorax is a condition where air enters the lining of the lung causing the chest wall and lungs to pull away from each other causing the lung to collapse. The most common reason for having a pleurectomy is that you have a collapsed lung (pneumothorax) that keeps recurring.

Pneumothorax is common in young people particularly males who are of tall thin physique and older adults with lung problems. They can occur for a variety of reasons including trauma to the chest from a fall or accident. Your symptoms will be breathlessness and pain in the chest area.

Another reason that you may need a pleurectomy is because of recurrent fluid on the lungs known as a pleural effusion.

WHAT IS A PLEURECTOMY?

A pleurectomy involves removing the lining between the lung and the chest wall. This causes the surface of the lung to stick to the chest wall, preventing further collapse. The surgeon will make a small incision in your back about 7 cm long on your affected side. This will enable the surgeon to access your lung through your rib cage at the back. In order to help the lung go back up after the procedure the surgeon will insert one or two chest drains. These drains allow air to escape in order for your lung to expand.

WHAT WILL HAPPEN BEFORE MY OPERATION?

The nurse will see you and take your blood pressure and temperature. They will also take some blood samples and take a history of your health. The nurse will also ask you for a urine sample and take your weight and height as routine investigations.

You will be given a gown to wear on the morning of your surgery which you can put on after having a shower or bath. You will also be told a time when you have to fast from, this means nothing to eat or drink. The nurse will give you any tablets that you need throughout your stay.

The Doctor will also ask you some questions and talk to you about your surgery. You will be asked to sign a consent form once you feel that you have been given all the information you feel you need. The Doctor may also arrange for some tests including an x-ray and a tracing of your heart (ECG). An anaesthetist will also see you and discuss your operation and pain relief with you.

The nurses and Doctor will be available to answer any questions you may have.

WHERE WILL I GO AFTERWARDS?

Immediately following surgery you will go to the recovery room. The nurses there will care for you until you are awake and comfortable enough to go back to the ward. You may also have a chest x-ray before you come back up to the ward or soon after you arrive on the ward so that the Doctors can check your progress.

WHAT CAN I EXPECT AFTER MY OPERATION?

You will be closely monitored for the first 3-4 hours following surgery. The nurse will connect you to a monitor that will record your heart rate, blood pressure, breathing rate and oxygen level. You will also be given oxygen via a facemask or a tube that fits over your ears and under your nostrils.

As you will have been fasting before surgery you may have some fluids going through a drip in your arm which goes directly in to a vein. Your drains may also be connected to a suction pump that helps your lungs to inflate.

WILL I BE IN PAIN?

You will have some discomfort after your surgery. The Doctor will prescribe you regular painkillers to help. The anaesthetist will have discussed methods of pain relief that will work with the tablets to help, such as a morphine pump or an epidural. If you have further questions please ask one of the staff.

WHAT CAN I DO TO HELP MY RECOVERY?

You can help yourself to recover from the surgery by sitting as upright as is comfortable after the operation and doing some deep breathing and coughing exercises that the physiotherapist will show you how to do. You must also inform the Doctor or nurse if you feel that your pain is not improving or if you feel more breathless than usual.

HOW SOON WILL I BE ABLE TO MOVE ABOUT AFTER MY SURGERY?

Your mobility will be restricted at first due to the presence of your chest drains especially if you are attached to suction. You will be encouraged to sit out in your chair in the evening of or the day after your operation. As soon as possible you will be encouraged to mobilise and the physiotherapist will assist you if you have difficulty. Again to mobilise as soon as possible will help you to expand your lungs and aid your recovery.

HOW LONG WILL I BE IN HOSPITAL?

This can be very individual but you should expect to be out of hospital within 5 to 7 days. If you work, you will be advised when you can return when you attend the outpatient clinic.

If you have any further questions please ask the nurse or Doctor who will be pleased to help you.