



A Guide to Your minimally invasive lung surgery

This booklet will help you understand and prepare for your lung surgery. Bring this booklet with you on the day of your surgery.

PRET/SURE
Parcours de rétablissement chirurgical du CUSM
MUHC Surgery Recovery Program

Centre universitaire
de santé McGill



McGill University
Health Centre

This booklet was developed by the MUHC Surgical Recovery (SURE) working group, the Division of Thoracic and Upper Gastrointestinal Surgery and the Anesthesia Department.

A special thanks to the MUHC Libraries for their health literacy support and plain language review.

The formatting and images for this guide were created by Precare which creates patient education material. For more information: precare.ca.

We are grateful to the MUHC and the Montreal General Hospital Foundations for their financial support for the creation of this booklet. Unrestricted educational grants were also provided by Abbott Nutrition and Pfizer to support the development of this guide.

This document is copyrighted. Reproduction in whole or in part is strictly prohibited without prior written authorization from the SURE working group of the MUHC.

© December 2025, McGill University Health Centre. 2nd edition.

IMPORTANT

The information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional health care practitioner or to substitute medical care. Contact a qualified health care practitioner if you have any questions concerning your care.

Table of contents

Introduction

About this booklet	5
What are your lungs?	6
What is a minimally invasive video-assisted thoracic surgery (VATS)?	7

Before your surgery

Preparing for your surgery	9
Preoperative Clinic visit	13
Phone call from Admitting Department	15
Cancelling your surgery	16
Washing	17
What to eat and drink?	18
What to bring to the hospital?	20

Day of surgery

At the hospital	21
Waiting room	22

After your surgery

Post-Anesthesia Care Unit (PACU)	23
Pain control	25
Exercises	27
Goals of day 0: day of surgery	30
Goals of day 1 and day 2	32
Going home	34

Table of contents

At home

Managing pain	36
Taking care of your incisions	38
What to eat and drink?	39
Exercise and activity	40
Why do I need a chest drain?	41
How does the drain work?	42
How long should I keep my drain in place?	44
How do I take care of my drain?	44
What should I look out for?	45
What can I expect with a drain?	46
When to call your surgical team?	47
Contact information for the thoracic surgery team	48
Drain diary	49

Resources

Tips to prevent infection in the hospital room	50
Resources	51

[Map of the Montreal General Hospital](#)

[Back of the booklet](#)

About this booklet

When you are admitted to the hospital for a minimally invasive lung surgery, you will be part of a recovery program called a clinical care pathway. The goal of this program is to help you recover quickly and safely. Your health care team worked together to create this pathway.

This booklet will:

- help you understand and prepare for your surgery
- explain how you can play an active part in your recovery
- give you daily goals to achieve

Research shows that you will recover faster if you follow the instructions explained in this booklet. There are instructions about eating and drinking, physical activity, and controlling your pain. Following them will help you feel better faster and go home sooner.

Please bring this booklet with you on the day of your surgery.

Use it as a guide during your hospital stay and even after when you leave the hospital. Hospital staff may refer to it as you recover and review it with you and your family before you go home.

Having surgery can be stressful for patients and their families. The good news is you are not alone. We will support you each step of the way. Please ask us if you have questions about your care.

- *Your MUHC surgery team*



If you are not comfortable with French or English, try to have someone with you during your clinic visits and hospital stay who can help you understand.

What are your lungs?

You have 2 lungs inside your chest:

- 1 on the right side
- 1 on the left side

The right lung has 3 different sections, called lobes:

- Upper lobe
- Middle lobe
- Lower lobe

The left lung has 2 different sections, called lobes:

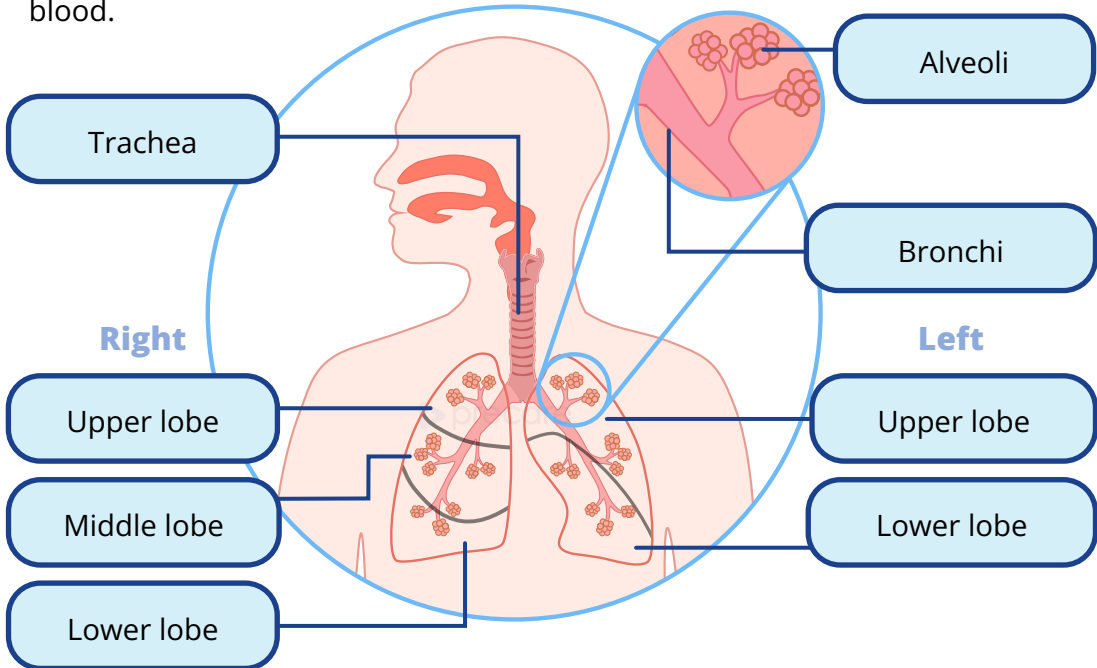
- Upper lobe
- Lower lobe

Each lobe has smaller sections called segments.

Air goes in your body through your nose or mouth. It then moves through a tube called the trachea or windpipe.

The trachea divides into 2 tubes that are called the bronchi. The bronchi then connect to the lungs. Here they divide into even smaller tubes that connect to small pockets called alveoli.

Our lungs have millions of alveoli. Oxygen passes from the alveoli into the blood.



What is a minimally invasive video-assisted thoracic surgery (VATS)?

Let's break these words up

- **Minimally invasive** means that the surgery is done through two or three small incisions, instead of one large incision. Because the incisions are small, patients usually recover faster and have less pain than if they had had a large incision.
- **Video-assisted** means that your surgeon uses a camera and instruments to do the surgery. First, the surgeon makes a few small incisions. Then uses a camera to see inside your body. Instruments act as hands to help the surgeon remove the unhealthy part of the lung.
- **Thoracic surgery** means that the surgery is in the area of the rib cage. The surgeon will only remove the unhealthy or damaged part of the lung.



This surgery is done under general anesthesia. This means you will be asleep and will not feel any pain during the surgery.

Your surgery will be a:

Day surgery: You will be able to go home the same day as the surgery.

or

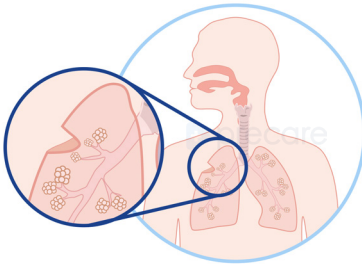
Surgery with admission to the hospital: You will stay at the hospital for 1 or 2 days after your surgery.

Your surgeon will tell you if you will have a day surgery or if you will need to stay at the hospital after the surgery.

What is a minimally invasive video-assisted thoracic surgery (VATS)?

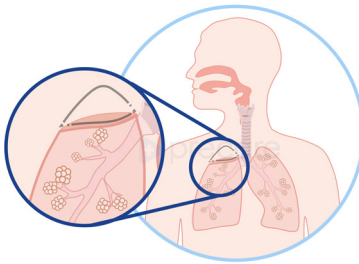
When doing a VATS, the surgeon can remove different amounts of the lung. The surgeon will do one of these types of surgeries depending on how much unhealthy tissue they have to remove:

1 Wedge resection



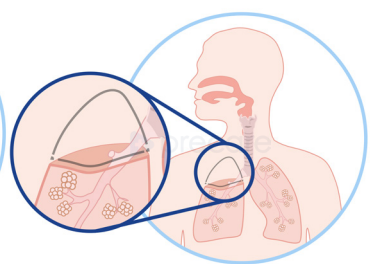
A wedge resection: they will remove a small part or wedge of the lung.

2 Segmentectomy



A segmentectomy: they will remove a larger part than a wedge resection.

3 Lobectomy



A lobectomy: they will remove one of the lobes of the lung.

Depending on how much lung was removed and whether you had shortness of breath before surgery, you may have ongoing or new shortness of breath after surgery that can last for life.

Preparing for your surgery

Be active

Exercise helps your body be as fit as possible. If you are already active, keep up the good work. If you are not, start adding exercise into your day. Exercise does not need to be intense to make a difference. A 30-minute walk every day is already a good start.



Stop smoking and vaping

It's best to stop smoking as soon as you can. Quitting at least 4 weeks before your surgery gives you the most health benefits.

- Quitting before surgery can help you recover faster and prevent complications like pneumonia, also called a lung infection, blood clots, and other infections.
- Quitting is possible even if you are a heavy smoker and have tried to quit many times in the past.
- Talk to your family doctor, nurse, pharmacist or surgeon about quitting. They can prescribe medication to help you stop smoking.

If you smoke, quitting for good will have the greatest impact on improving your health.

It is never too late to stop smoking!

Your doctor can help you stop smoking and talk with you about options.

See [page 51](#) to learn more.



Preparing for your surgery

Restrict alcohol

Do not drink alcohol for at least 2 days before your surgery.

Alcohol can affect:

- How well you recover
- Change the way some medications work

Tell us if you need help to stop drinking alcohol.

Some patients may have to stop drinking alcohol for several weeks before surgery.



Cannabis use

Let us know if you use cannabis, also called marijuana. Your nurse or doctor will give you more instructions on what to do prior to your surgery.



Preparing for your surgery

Plan ahead

You might need some help at home after your surgery. Make plans with your family and friends in advance to get help with the following things if needed:

- Preparing meals
- Bathing
- Doing laundry
- Cleaning

Fill your fridge and freezer with food that is easy to reheat.



Insurance forms: CNESST, SAAQ, and salary insurance

If you have insurance forms that need to be filled out, call your surgeon's office.

Preparing for your surgery

For day surgery patients:

Arrange to have an adult with you to take you home from the hospital and stay with you for the first 24 hours after your surgery.

You will not be allowed to leave the hospital alone. You cannot drive, take a taxi or public transportation by yourself.

Your surgery will be cancelled if you do not have someone to take you home and stay with you for the first 24 hours.

For patients staying in the hospital:

Tell your nurse if you are worried about going home. Remember to plan a ride back home.

If you are not from the Montreal region, it might be helpful to book a hotel room close to the Montreal General Hospital for 1 night after you leave the hospital. This is to make sure you are doing well outside of the hospital before going back home. Ask us for a list of possible accommodations if you need it.

Preoperative Clinic visit

The reason for this visit is to check your health and make sure you are ready for surgery.

During your Preoperative Clinic visit, you will meet with:

- A nurse who will explain how to get ready for your surgery and what to expect on the day of your surgery.
- A doctor who will ask you questions about your health. If you have medical problems, you might be referred to another doctor, a specialist, before surgery.

You might also:

- Have blood tests.
- Have an electrocardiogram also called an ECG.
- Meet an anesthesiologist. An anesthesiologist is the doctor who puts you to sleep for surgery.

You will need to stop any herbal products 2 weeks before surgery.

The Preoperative Clinic doctor will tell you which medications you should stop and which ones you should keep taking.

Preoperative Clinic visit

Your visit may take place at:

The Montreal General Hospital Preoperative Clinic

1650 Cedar Ave, Montreal, Quebec, H3G 1A4

Room: L10-509 (L wing, 10th floor, room 509).

Call the Preoperative Clinic nurses at 514-934-1934, ext. 43778

Monday to Friday, 1 p.m. to 3 p.m. for any questions.

The Gatineau/Hull Preoperative Clinic

116 Boulevard Lionel-Emond, Gatineau, Quebec, J8Y 1W7

Room: C-107 (1st floor).

Call the Preoperative Clinic for any questions at 819-966-6053

Monday to Friday, 8 a.m. to 4 p.m. for any questions.

Note: The Montreal General Hospital Preoperative Clinic nurse will phone you to review the information in this booklet and answer questions you might have.



Phone call from Admitting Department

The day before your surgery, the Admitting Department will call you to tell you when to come to the hospital. If your surgery is scheduled on a Monday, the hospital staff will call you the Friday before.

We will ask you to arrive 2 to 3 hours before your surgery time. The time of surgery is not exact. It can happen earlier or later than planned.

Exception: If your surgery is scheduled for 7:30 a.m., we will ask you to arrive at 6 a.m.

Date of surgery: _____

Time of arrival at the hospital: _____

Room: Surgical Admission Services D10-124
(D wing, 10th floor, room 124)

If you do not receive a call by 2 p.m. the day before your surgery, call the Admitting Department at 514- 934-1934 ext. 42190.

Cancelling your surgery

If you get sick, pregnant, or for any reason you are not able to come to the hospital for your surgery, call as soon as possible both your surgeon's office and the Central Operating Room Booking 514-934-4460 (between 7 a.m. – 11 a.m. and 1 p.m. – 3 p.m.).

If you call after 3 p.m., leave a message on the answering machine with:

- full name
- date of surgery
- phone number
- the number for your Quebec Health Insurance Card, also known as a RAMQ or Medicare card
- surgeon's name
- reason for cancelling or postponing your surgery
- how long are you not available to have the surgery

If you need to cancel your surgery the day before, and it is after 3 p.m.:

- Call the Admitting Department at 514-934-1934 ext. 42190.

Your surgery might need to be delayed or canceled, before or on the day of your surgery, because of an emergency. Your surgeon will reschedule you as soon as possible.

Washing

The night before your surgery



1. Use regular soap and shampoo for your face and hair
2. Take a shower or a bath
3. Wash your body from the neck down also wash your belly button and your genital area
4. Do not shave your armpits for 2 days before your surgery
5. Wear clean clothes to bed

The morning of your surgery



1. Take a shower or a bath
2. Do not put on deodorant, lotion, perfume, makeup, nail polish. Do not wear jewelry or piercings.
3. Do not shave the area where the surgery will be done (armpit)
4. If you wear contact lenses, wear your glasses instead
5. Put on clean and comfortable clothes

What to eat and drink?

Before a marathon, runners do not stop eating and drinking. Instead, they prepare their bodies with the right nutrition to make sure they have the energy they need. Like a runner, you should also prepare and feed your body. The Preoperative Clinic nurse will explain what to eat and drink before your surgery.



Day before surgery <ul style="list-style-type: none">• Eat and drink normally until midnight, unless you have been told otherwise.	
After midnight <ul style="list-style-type: none">• Stop eating and do not have any dairy products or juice with pulp• Continue to drink clear liquids.	The morning of your surgery <p>You may drink up to a total of 500 mL of clear liquids up until 2 hours before you are asked to come into the hospital.</p> <p>Example: If you are asked to come in for 10 a.m., stop drinking at 8 a.m.</p> <p>Exception: If you are asked to arrive at the hospital at 6:00 a.m., stop drinking at 5:30 a.m.</p>
Clear liquids permitted after midnight and on the morning of your surgery: <ul style="list-style-type: none">• Water• Pulp-free lemonade• Pulp-free apple juice• Iced tea• Pulp-free orange juice• Grape juice	

Important: Avoid drinking sugar-free or diet drinks.

Remember: Some people should not drink anything the morning of their surgery. Your nurse will tell you if you need to stop drinking at midnight.

What to eat and drink?

Special instructions for some patients

Your Preoperative Clinic nurse will let you know if this section applies to you and where to get the ENROUTE beverage, also known by the name PREcovery.

The morning of your surgery

Drink 1 beverage. This drink has special sugars and salts in it that will give you energy.

When?

- Drink it 2-3 hours before the surgery.
- This is usually the same time as when you get to the hospital.
- Exception: If you are asked to come at 6 a.m., drink it between 5 a.m. and 5:30 a.m.

How?



Measure 400 mL (1 and $\frac{3}{4}$ cups) of cold water.

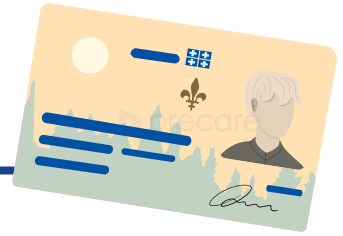


Add the whole powder pouch to the water and stir until fully dissolved.



Drink all of it right away after mixing, within 5 minutes. Do not sip it.

What to bring to the hospital?



- This booklet.
- The list of medications you take. Ask your pharmacist to give you one.
- Your Quebec Health Insurance Card, also known as RAMQ or medicare card.
- Private insurance information, if you have any, covering private rooms.

If you will be admitted:

- Bathrobe, non-slip slippers or shoes, pajamas, loose comfortable clothing.
- Toothbrush, toothpaste, mouthwash, comb, deodorant, soap, tissues, and earplugs.

If needed

- Your CPAP machine, if you have sleep apnea.
- Glasses, contact lenses, hearing aids, dentures, and their storage containers labeled with your name.
- Cane, crutches, walker, labeled with your name.

Bring these items in a small bag labeled with your name. Storage space is limited.

Do not bring anything of value, including credit cards and jewelry. The hospital is not responsible for lost or stolen items.



At the hospital

Surgical Admission Services

Go to the Surgical Admission Services D10.124 (D wing, 10th floor, room 124) at the time you were told. The admitting clerk will ask you to sign an admission form.

At the Surgical Admission area, your nurse will:

- Ask you to change into a hospital gown
- Fill out a preoperative checklist with you
- Make sure your personal belongings are in a safe place
- Give you Tylenol, also called acetaminophen before your surgery
- Give you an anti-inflammatory, a pill that reduces swelling before your surgery

Your healthcare team might ask you to put on tight elastic stockings to help your circulation and prevent blood clots from forming. You should wear them until the nurse says you can take them off.

In the operating room

A patient attendant, also called an orderly, will take you to the operating room.

In the operating room you will meet your anesthesiologist and other members of the team. The anesthesiologist is the doctor who will put you to sleep for surgery. You will be asleep and will not feel any pain during your surgery.



Waiting room

Family or friends can wait for you in the waiting room located at D10-117 (D wing, 10th floor, room 117). The space is small, so please limit the number of people you bring with you.

Informations Utiles	
Free Wi-Fi access	To connect to the network: Network: CUSM-MUHC-PUBLIC Username: public Password: wifi
Coffee shops	6th floor, near the main entrance on Cedar Ave
Cafeteria	D4 – Wing D, 4th floor
Restaurant « The Hospitality Corner »	D6-125 (Wing D, 6th floor, Room 125)
Bank machines (ATM)	6th floor, near the main entrance on Cedar Ave
Gift shop	D6-145 (Wing D, 6th floor, Room 145)
Meditation and prayer room	D6-165 (Wing D, 6th floor, Room 165)
Parking:	Rates: muhc.ca/patient-and-visitor-parking Accessible from Cedar Ave. see map on page 52.



Post-Anesthesia Care Unit (PACU)

After your surgery, you will wake up in the Post-Anesthesia Care Unit (PACU), also called the recovery room. You will stay there for a few hours.

No visitors are allowed in the recovery room.

After your surgery, a nurse will call the family member or friend you have chosen, to tell them how you are doing and at what time you will go home or be taken to your hospital room.

For day surgery patients:

You will stay in the recovery room until you go home.

For patients staying to the hospital:

Your family and friends can visit you once you are in your room.

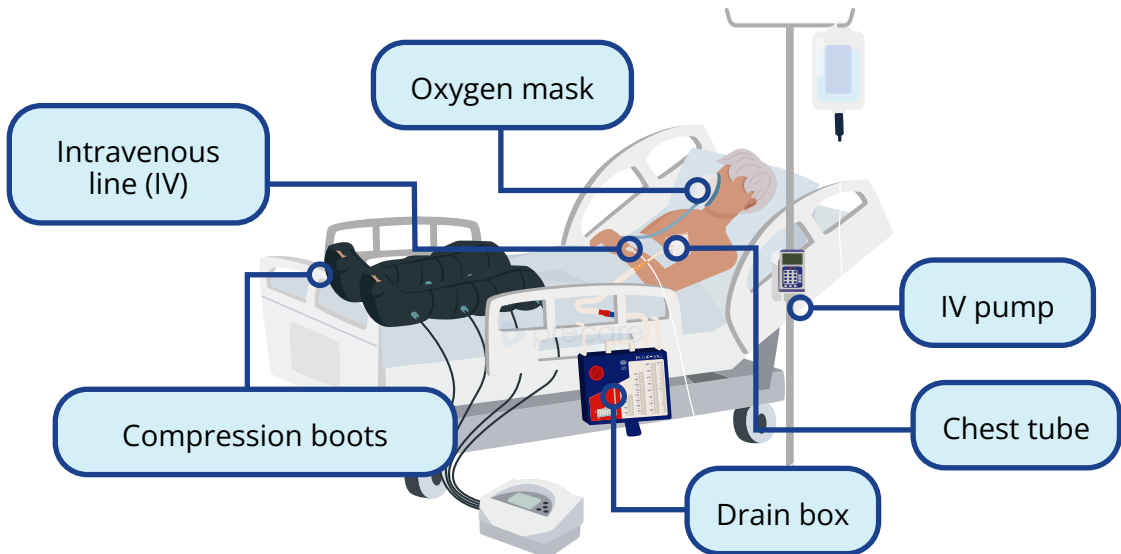
The nurse will:

- Check your pulse and blood pressure often
- Check your bandages
- Ask you if you have pain and give you medication
- Make sure you are comfortable

Post-Anesthesia Care Unit (PACU)

You might also have:

- An oxygen mask to help you breathe better.
- An intravenous (IV) line, giving you fluids and medication.
- An X-ray taken of your lungs.
- Compression boots on your legs to help blood circulation and prevent blood clots.
- A chest tube drain, on the side of your chest. This tube drains fluid and air after surgery. Some patients go home with this drain. If you leave the hospital with the chest tube drain, your healthcare team will teach you what to do and will give you written instructions.



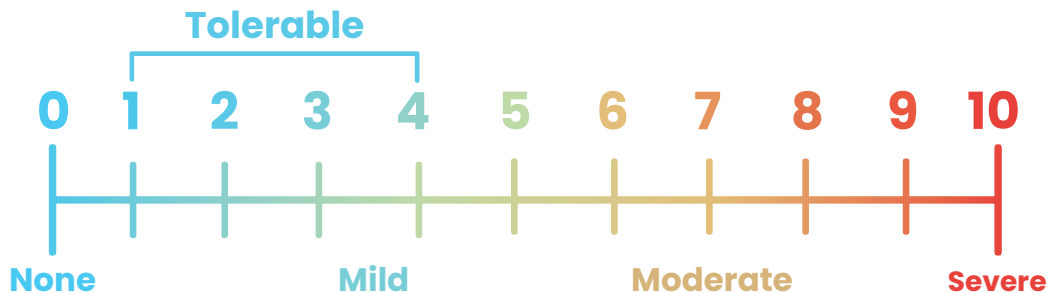
The head of your bed needs to stay slightly elevated until you go home. This helps your breathing.

Pain control

It is important to control your pain because it will help you to:

- Breathe better
- Move better
- Eat better
- Sleep better
- Recover faster

Pain intensity scale



You will be asked to rate your pain using a number between 0 and 10.

0 means no pain and 10 is the worst pain you can imagine.

We want to keep your pain below 4 on 10. Giving a number to your pain level will help your nurse decide how to best manage your pain.

Everyone feels pain differently. You can expect some pain after surgery, but it should not keep you from doing your exercises.

Let us know if you have pain. Having pain can make you not want to move around. This can slow down your recovery.

Pain control

The different ways to control your pain

Your anesthesiologist will talk to you about the best ways to control your pain. Options may include pills and injections to numb the pain, also called nerve blocks.

Pills

You will be prescribed pills after the surgery to control your pain.

These pills are usually Tylenol (acetaminophen) and an anti-inflammatory pill such as Celebrex (celecoxib). If this is not enough to control the pain, we will give you a stronger type of pain medication like an opioid.



Nerve blocks

During surgery, nerve blocks are used to reduce the pain after surgery. Your anesthesiologist will give you the nerve block as an injection through your skin around the area where your surgeon will operate. This can cause a feeling of numbness on the skin around your incision and the front of your chest.

As the nerve blocks wear off, you might feel more pain and you will need to take medication to keep your pain controlled. You may feel numbness or tingling for a few days or weeks after surgery.

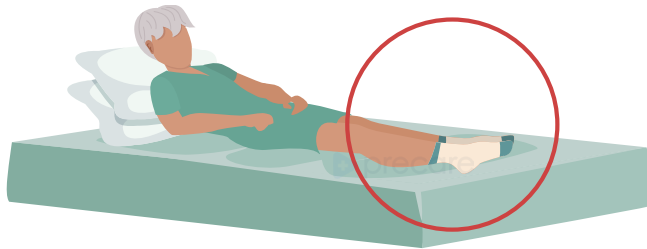
Exercises

You must move around after surgery. This will help prevent blood clots, muscle weakness, and lung problems like pneumonia.

Start these exercises when you wake up and continue them for as long as you are in the hospital.

Leg exercises

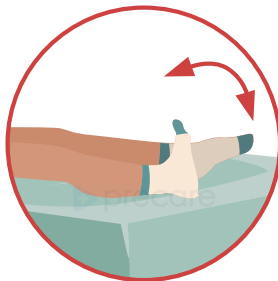
These exercises help your blood circulate in your legs.



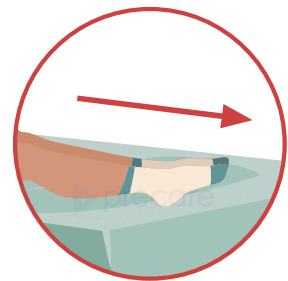
Repeat each exercise 4 to 5 times every 30 minutes while you are awake.



Move your feet in a circle to the right and to the left



Wiggle your toes and bend your feet up and down



Stretch your legs out straight

Exercises

Deep breathing and coughing exercises

An inspirimeter is a machine that helps you breathe deeply. It helps you cough out secretions, also called mucus, to prevent lung problems like pneumonia. Being able to cough is important. If you are in too much pain to cough, ask us to adjust your pain medications.

To use your inspirimeter:

Repeat this exercise 10 times every hour while you are awake



Put your lips around the mouthpiece. Breathe in deeply for 2 to 4 seconds. Try to hold the yellow ball where you see the happy face.



Remove the mouthpiece and breathe out. Rest for a few seconds.

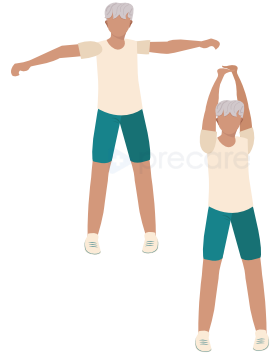


Take a deep breath and cough. If you have some secretions, cough them up. To produce a strong cough after lung surgery, it is helpful to hug a pillow against your chest on the side where you had surgery as you try to cough.

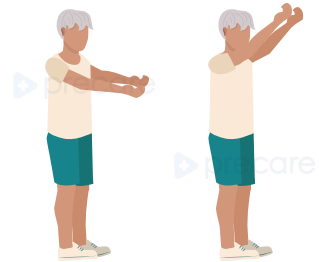
Exercises

Arm exercises

Exercise 1: With your elbows straight, lift your arms out to the side until your hands meet above your head.



Exercise 2: With your elbows straight, lift your arms in front of you and try to reach above your head.



Exercise 3: Place one hand behind your head and slowly slide your hand downward as far as you can. Do this for both hands.



Tell your nurse if your pain is more than 4 on 10 on the pain scale. Your nurse will adjust your medications.

Goals of day 0: day of surgery

If you are having a day surgery

Going home

You must have someone to take you home from the hospital and stay with you for the first 24 hours.

You will likely go home with a chest tube. We will give you an appointment at the thoracic surgery clinic 2 days after your surgery to decide if the chest tube can be removed.

A thoracic nurse will call you the day after your surgery. If your surgery was on a Friday, we will call you called the following Monday.

Because of the anesthesia medication you were given, for 24 hours after surgery:



Do not drive or operate machinery



Do not take alcohol, tranquilizers, or sleeping pills



Do not make any important decisions or sign any important papers

Review [pages 34 to 48](#) of this booklet. Your healthcare team may give you specific information, especially for your chest tube drain if you go home with it. Follow these instructions.

Goals of day 0: day of surgery

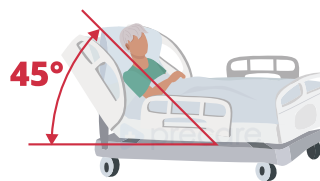
If you are admitted to the hospital

Activities

- Do your breathing exercises using your inspirimeter at least 10 times every hour while awake.
- When in bed, do your leg and arm exercises (see [page 27 and 29](#)).
- Ask the nurse for help the first time you want to get up.
- Go for a walk in the hallway. Staying in bed and not moving is not good after surgery.
- Get out of bed and sit in a chair in the evening.
- Always keep the head of your bed slightly raised.

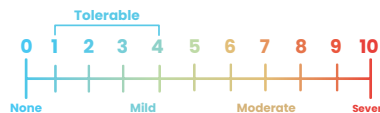
What to eat and drink

- You can eat and drink whatever you want.
- You should always have your meals out of bed while sitting in a chair.
- Do not lie down on your back for 3 hours after eating. You can lie down, but the head of your bed needs to be raised to about 45 degrees.



Pain

Tell your nurse if your pain is more than 4 on 10 on the pain scale.



Drain

The chest tube drains fluid and air from the surgery. Your nurse will measure the fluid throughout your hospital stay.

Always keep your call bell at your side when in bed or sitting in chair.

Goals of day 1 and day 2

Activities

- Continue your breathing exercises using your spirometer at least 10 times every hour while awake.
- When in bed, do your leg and arm exercises (see [page 27 and 29](#)).
- Get up and sit in the chair for all meals.
- Keep the head of your bed slightly raised.
- You will have a chest X-ray today.

Specific activities on day 1

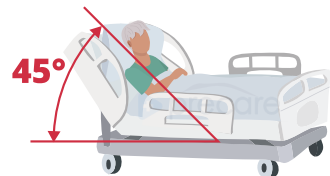
- Get up and sit in the chair for at least 30 minutes twice today.
- Walk the length of the hallway as many times as you can. Staying in bed and not moving is not good after surgery.

Specific activities on day 2

- Get up and sit in the chair for at least 30-60 minutes twice every day.
- Walk the length of the hallway as many times as you can.

What to eat and drink

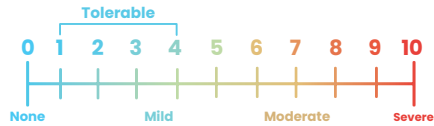
- Eat and drink whatever you want.
- Include foods with fiber such as fruits, vegetables, whole grains, and drink plenty of fluids to help prevent constipation. Pain medication can cause constipation.
- Always have your meals outside of bed while sitting in a chair.
- Do not lie down on your back for 3 hours after eating. You can lie down, but the head of your bed needs to be raised to about 45 degrees.



Goals of day 1 and day 2

Pain

Tell your nurse if your pain is more than 4 on 10 on the pain scale.



Drain

Your chest tube drain may be removed on day 1 or day 2. A bandage will be applied over the area and should stay there until the CLSC nurse removes it once you are home.

If you leave the hospital with **NO** chest tube drain, we will:

- Contact your CLSC to have your dressing removed about 3 days after your discharge from hospital
- Give you a follow up appointment 4 weeks after surgery

If you leave the hospital with your chest tube drain in, we will:

- Give you written explanations of how to take care of your drain
- Teach you how to take care of your drain
- Contact your CLSC to have your dressing changed every 3 days
- Give you a follow up appointment 1 week after surgery

Going home

Patients can go home on day 1 or day 2. On the day of your discharge, arrange for someone to pick you up before 10 a.m.

Before leaving the hospital, we will:

- Give you a prescription that you can pick up at your pharmacy.



Before leaving the hospital, you need to:

- Read the “At home” part of this booklet, pages 35 - 48. If you have any questions, ask your nurse.
- Read the “Chest tube drain” part of this booklet, page 41. If you have any questions, ask your nurse.



Your follow-up appointment after leaving the hospital:

After you leave the hospital, you will have a follow-up appointment with your surgeon.

Going home the same day as your surgery:	Going home after an overnight stay in the hospital:
<ul style="list-style-type: none">• Your follow-up appointment is usually in 2-3 days or 4 weeks after you leave the hospital.	<ul style="list-style-type: none">• Your follow-up appointment is usually 1 week or 4 weeks after you leave the hospital.
<ul style="list-style-type: none">• We will call you within 1 to 2 business days, Monday through Friday, after you leave the hospital to set up your follow-up appointment.	<ul style="list-style-type: none">• If you leave with a chest tube, your follow-up appointment will be in 2 to 3 days.
<ul style="list-style-type: none">• You will receive a text or phone call to confirm the date and time.	<ul style="list-style-type: none">• We will call you within 1-3 days to give you a follow-up appointment.
	<ul style="list-style-type: none">• If you leave the hospital on a Friday, we will call you on Monday.
	<ul style="list-style-type: none">• You will get a text or phone call to confirm the date and time.

Going home



Remember: Write down any questions you might have to prepare for your follow-up.

If you have any questions or if you have not received your follow-up appointment after 24 to 48h of your discharge, contact:

The Thoracic and Upper Gastrointestinal Surgery Clinic at the Montreal General Hospital:

Tel : 514-934-4484, option 4

e-mail : chirthorax.hgm@muhc.mcgill.ca

CLSC: If you need an appointment with the CLSC, the CLSC will call you.

Info-Santé: Dial 811 to speak with a nurse for non-urgent health issues, 24 hours a day, 365 days a year.

Managing pain

Even if your surgery was done through small incisions, you may still have pain for several weeks to months after the surgery.

While you usually do not need medication for this pain, some patients worry because the area of the pain is often different than where the incisions are. In fact, most patients will have pain around the breast or the front of their chest, away from where they had incisions.

This happens because nerves that signal pain and other feelings run under each rib. During the surgery, the instruments used by your surgeon can irritate these nerves. This irritation can sometimes take months to improve.

Though this discomfort can be unpleasant, it is not usually a sign of a new complication or that your cancer has returned. It will go away over time and should not limit your activity. Sometimes, we may need to try some medications to treat this nerve pain or consult with a pain specialist to help manage this problem.

Pain pills

When you leave the hospital, take your prescription to your pharmacy to get your medication.



Tylenol and anti-inflammatory pills

These medications are for mild to moderate pain. Tylenol will help decrease your pain. Anti-inflammatory pills will help to decrease muscle swelling which will help decrease your pain. Take both these medications as prescribed.

Managing pain

Opioids

- If Tylenol and anti-inflammatory pills do not help enough with your pain, you can also add this stronger pain medication.
- If you take this medication, do not stop taking Tylenol and the anti-inflammatory pills as they help these medications act better.
- Follow the instructions on the pill bottle. It is important to understand the risks and benefits of using an opioid.

If you take an opioid pain medication **do not:**

- Drive a vehicle or operate machinery
- Drink alcohol
- Make important decisions



Bring all unused medications back to your pharmacy.

Opioids and constipation

Opioids can make you constipated.

To help your bowels stay regular:

- Drink at least 6-8 glasses of liquids every day. Water is best.
- Eat more whole grains, fruits, and vegetables.
- Get regular exercise.
- Take stool softeners while taking opioids, as your doctor prescribed.

Note: If you have a heart or kidney condition or other health condition, you may need to drink less. Speak with your doctor or nutritionist if you have questions or are not sure.

Taking care of your incisions

Your incisions were closed with stitches that will melt away by themselves, so you do not need to have stitches removed.

Steri-strips, also known as sticky strips, cover your incisions. Steri-strips usually peel off by themselves, but you can peel them off after 10 days if they are still on your skin.

Once your bandages are removed, you do not need to cover them again. Your incisions are uncovered to help with the healing.

You can:

- Let water and soap run over the incisions.
- Wash around the incisions.
- Pat dry with a clean towel.

Avoid using ointments and creams directly on your incisions.



What to eat and drink?

Eat and drink whatever you want. Include foods with fiber, such as fruits, vegetables, whole grains, and drink plenty of fluids to help prevent constipation.



Exercise and activity

It is normal to feel tired after your surgery. Remember to rest between activities. Continue to do more activities each day.

Family and friends can usually help with:

- Taking you home
- Preparing your meals
- Grocery shopping
- Cleaning the house
- Laundry



Walking is a good exercise. You should do it every day. Shopping malls are good places to walk in the winter and summer.

As a general rule, once you are pain free you can go back to most activities, including sex.

Your surgeon will decide when you are able to go back to work, depending on your recovery and your type of job.

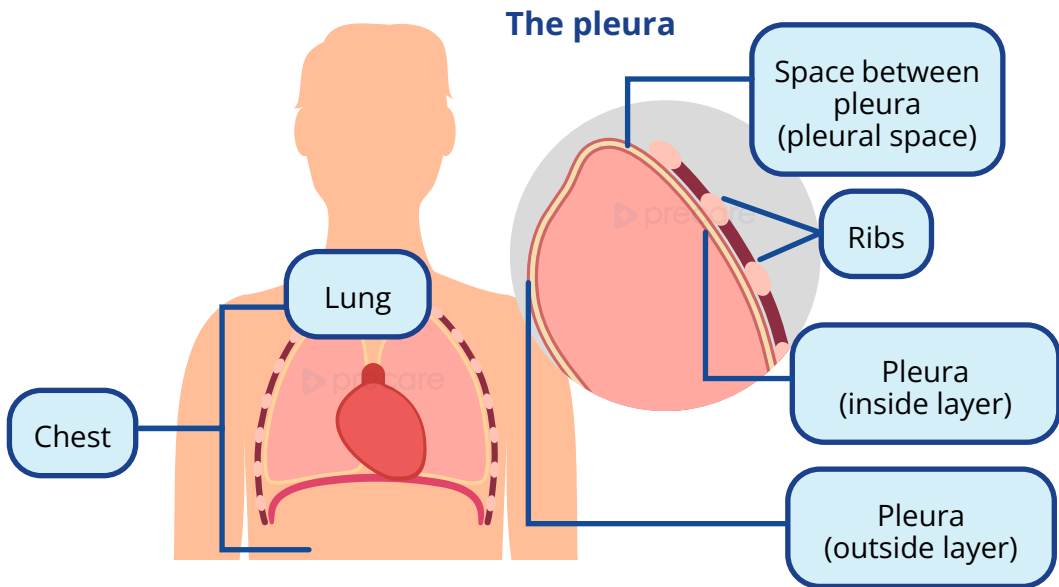
Why do I need a chest drain?

Your lungs are covered by 2 thin layers of tissue called the pleura. These 2 layers of pleura slide against each other when you breathe. When air or liquid enters the space between the pleura, it can be hard to breathe.

This can be caused by:

- an operation
- a biopsy: when a small piece of lung tissue is removed for testing
- a hole in the pleura
- a lung disease

If you are having a day surgery, you are likely to go home with a chest drain. If you are being admitted, the chest drain is usually removed before you go home.



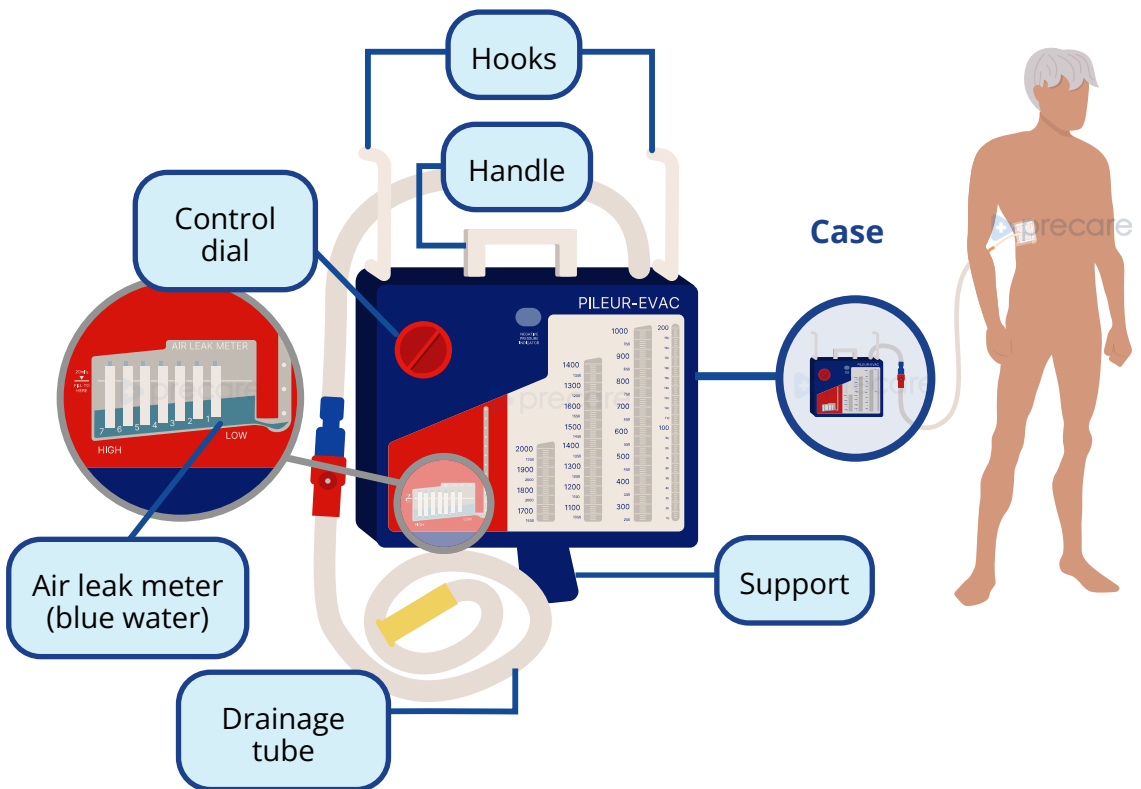
How does the drain work?

A plastic tube (drain) is placed in the space between your ribs. The tube is fixed to your chest with sutures.

The drain collects air and liquid, which go through a drainage tube and into a drainage box that lets the air out. The liquid stays in the drainage box.

The drainage box also has a space with blue water in it. This is called an air leak meter. If there is air between the two layers of pleura, bubbles will form here. After certain surgeries, bubbles may already be present.

If you notice more bubbles than before and you are having a hard time breathing, go to the emergency room right away.



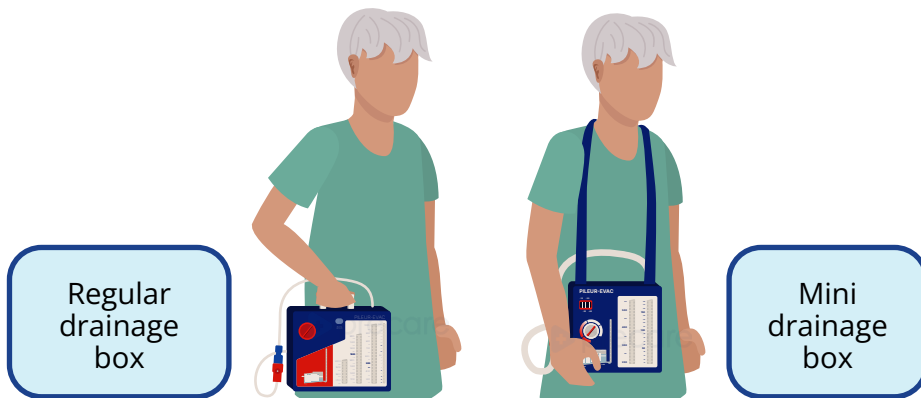
How does the drain work?

The drainage box should always be lower than the drain in your chest. If you are lying or sitting down, you can hang the drainage box from your bed with hooks. You can also put it on a flat surface, like the floor, by using the floor stand under the drainage box. Be careful not to let the drainage box fall over.

While moving, hold on to the handle of the drainage box tightly, while keeping it upright.

This drain works without a battery.

If you have a smaller version of the drainage box, the mini drainage box, you might have gotten a transparent bag for the drainage box and a strap for carrying it (see illustration below). This keeps the drainage box upright at all times.



If you want to sit down after being up, do not forget to put the drainage box on the floor. This is important to help the liquid drain.

How long should I keep my drain in place?

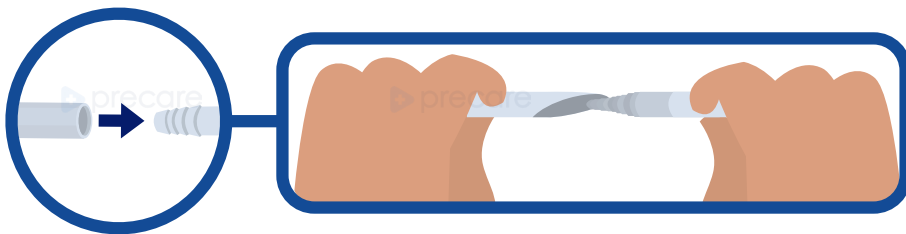
You need to keep it in until the pleura has healed. This varies from case to case, from a few days to a few weeks.

How do I take care of my drain?

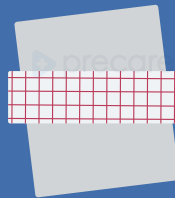
- Take a photo of your drainage box before you leave the hospital so you can compare the amount and color of the liquid.
- Record the amount and color of the liquid in your drain diary on page 48 every day at the same time. Bring this information with you to your appointment.
- Always keep the drainage box lower than the place on your chest where the drain is fixed.
- Always keep the drainage box upright.
- Never take the tube off the drainage box.
- Make sure that both tubes (the one attached to the chest and the one attached to the drainage box) are never crushed, stretched or bent.
- Never touch the control dial on the drainage box. The care team will adjust it.
- Do not shower or bathe while the drain is in place. You can, however, wash with a damp washcloth. This is also called a sponge bath.

What should I look out for?

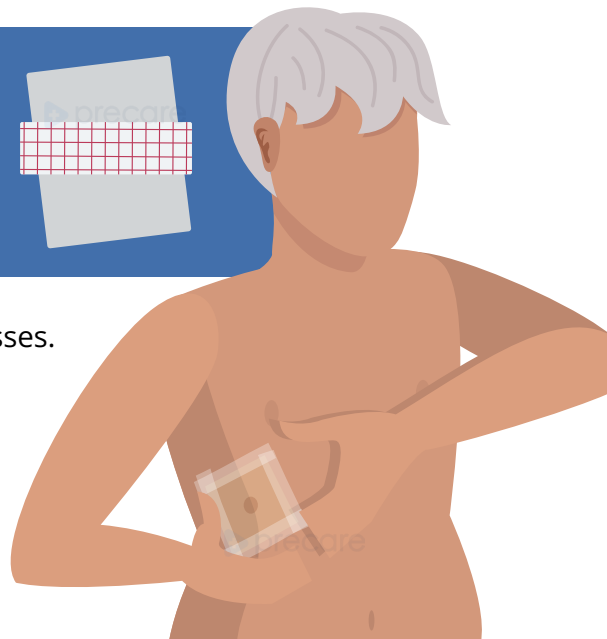
- If there is more than 400 mL of liquid in the drainage box in 24 hours, contact the nurse or the doctor.
- If the drain disconnects from the tube connected to the drainage box, reconnect it immediately and tape it in place. If you feel shortness of breath or if you feel unwell after reconnecting it, then go to the emergency room.



- If the entire drain comes out of your skin completely, leave it out. Follow these steps before going to the emergency room:
 1. Take the compresses and Hypafix you've been given.
 2. Apply the compresses on the hole for the drain.

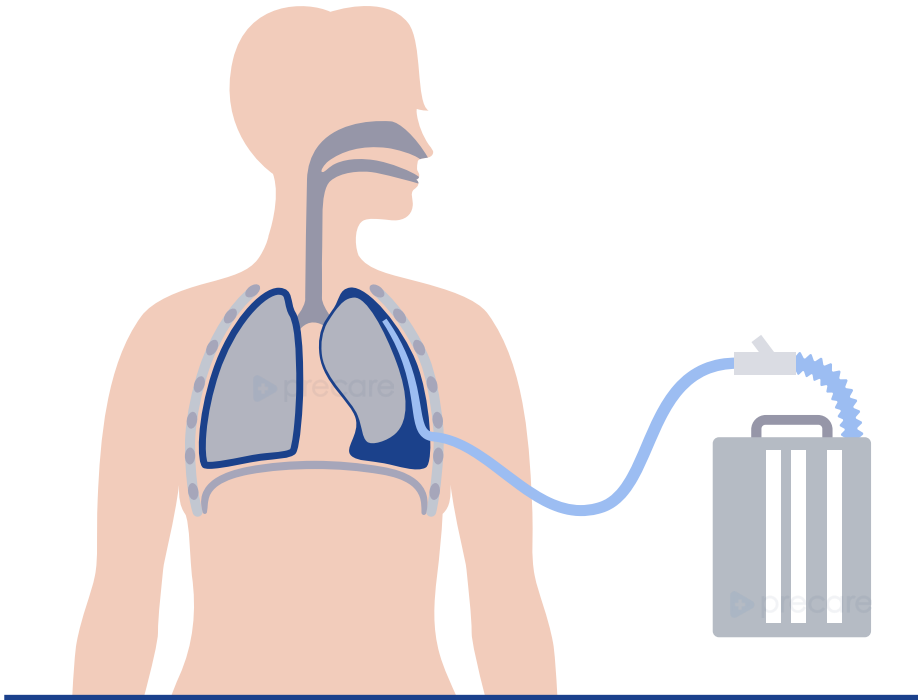


3. Apply Hypafix or tape over the compresses.
4. Go to the emergency room.



What can I expect with a drain?

- There may be some liquid leaking from the dressing on your chest, which is also called bandage. Do not take off the dressing. You can add more dressings, using the materials provided (see page 45). Contact the CLSC or the thoracic nurse.
- You may feel some pain in your chest, but it should be tolerable. It should not stop you from breathing deeply, coughing or walking.



When to call your surgical team?

If you notice any of the following, call your surgeon's office or thoracic nurse:

- You suddenly have a hard time breathing.
- Fever higher than 38°C (100.4°F).
- You feel extremely weak.
- You have severe pain that won't go away with pain medication.
- Your incisions become warm, red or you see any liquid coming out from it.
- You have redness, swelling, warmth or pain in either leg.

If you have a chest tube:

- You have more bleeding or liquid leaking from where the drain is on your chest, after you have already added more dressings.
- The liquid draining into the drainage box suddenly changes color to bright red, green or milky.
- The drainage box is full of liquid.
- You have a hard time breathing and there are more bubbles in the air leak meter than there were when you left the hospital.
- You feel as if you have air and swelling under your skin. This can feel like:
 - Neck or chest pain
 - Hard time breathing or swallowing
 - Crackles under the skin when touched
 - Cracking noises when breathing
 - Change in the sound of your voice

If you cannot reach your surgeon's office or thoracic nurse, go to the Emergency Department.

If your chest tube gets disconnected, reconnect it and go to the Emergency Department.

Contact information for the thoracic surgery team

Call your surgeon or the thoracic nurse if you have any concerns Monday to Friday from 8 a.m. to 4 p.m.

or

the 10 east Thoracic Unit on evenings and on weekends at 514-934-1934, ext. 46100.

Dr. Jonathan Cools-Lartigue	514-934-1934, ext. 43050
Dr. Lorenzo Ferri	
Dr. Sara Najmeh	
Dr. Christian Sirois	
Dr. Mathieu Rousseau	
Thoracic nurse	514-934-1934, ext. 44339
Gatineau clinic	819-966-6200, ext. 1170

Tips to prevent infection in the hospital room

The illustration shows a hospital room with a patient lying in bed, a visitor standing by the bedside, and an IV drip. A coat is hanging on a hook. A bathroom door is visible with a wheelchair icon. A handwashing station is shown in a circular inset at the bottom. The tips are presented in callout boxes with checkmarks or prohibition symbols.

- Do not touch your tubes, intravenous pump, cuts or dressings.
- Wash your hands before and after touching any equipment such as the ice machine.
- Visitors should hang coats and bags up on the hooks; do not put them on the floor.
- Only patients should use the bathroom in the patient rooms.
- Do not share food or utensils.
- Visitors should not sit on the bed.
- Wash your hands with soap and water after visit to the bathroom.
- Wash your hands when entering and leaving the room. Ask all visitors to do the same.
- Wash your hands before eating.

Resources

Resources to help you to stop smoking

- Quit line: 1-866-527-7383 (free) or: www.iqitnow.qc.ca
- Quit smoking centers: ask your CLSC for information
- The Quebec Lung Association:
1-888-768-6669 (free) or poumonquebec.ca/en/
- Smoking cessation clinic at the MUHC: send the referral from your doctor by fax: 514-934-8488

More information about your surgery

Canadian Cancer Society

<https://cancer.ca/en/treatments/tests-and-procedures/thoracoscopy>

MUHC Libraries – Patient portal:

www.muclibraries.ca/patients

Map of the Montreal General Hospital

1650 Cedar Avenue,
Montreal, Quebec
H3G 1A4

Surgical Admission services

L10-124
(D Wing, 10th stage, room 124)

Pre-operative Clinic

L10-509
(Livingston Wing, 10th
floor, Room 509)

Thoracic and Upper Gastrointestinal Surgery Clinic

L8-505
(Livingston Wing, 8th
floor, Room 505)

- ▶ Entrées / Entrances
- Ⓟ Stationnement / Parking
- ▶ Entrance by the 14th level of parking /
Entrée par le 14^e étage
du stationnement

