

Your Cardiac and Thoracic Surgery

Patient Information

**Ward 6 South
Heart and Lung Unit
Wellington Regional Hospital**

Checklist: What to bring

- This booklet
- 7 days supply of medication
- Three sets of nightwear
- Dressing gown and slippers
- Underwear
- Females – soft cup bra/s (without underwire)
- Personal toiletries – toothbrush & paste, shampoo, razor, and deodorant
- One set of comfortable clothing to go home in
- Your next of kin's contact details
- Your GP's name and Practice name
- Any X-Rays or Scans that were taken privately before your admission
- Please remove all jewellery, especially rings before your admission. If you are unable to remove them you will need to see a jeweller to have them professionally removed

Please keep luggage size to overnight bag and leave valuables at home.

Your Surgery

This booklet has been designed to give you general information about your Cardiac or Thoracic surgery and what to expect during your stay at Wellington Hospital. It also includes some information about your discharge home following your surgery.

We encourage you and your family to read this booklet so that you will have an idea of what to expect during your stay with us.

If you have any questions at anytime prior to your admission please contact the Cardiac Liaison Nurse 04 918 6177.

Once you are discharged home the Cardiac Liaison Nurse will contact you in the following days to check your progress, recovery and answer any queries you have.

Please bring this booklet into hospital with you.

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Pre- admission information

Maximising Your Health before Your Surgery.

It is important to be as fit as possible before your operation, taking into account your heart disease and any other risk factors you may have. This will help to make your recovery as smooth as possible.

- **SMOKING - DO NOT SMOKE.** If you do smoke contact **Quit line** 0800 778 778
Or Aukati KaiPaipa 0800 926 257 **Or Pacific Smoking Cessation** 04 237 8422
Your GP will also be able to give you advice and assistance. Whilst in hospital the Smoking Cessation Service is also available to assist you. Ask your nurse or doctor.
- **WEIGHT MANAGEMENT.** Follow a healthy varied diet, concentrating on heart healthy foods. Look for the Heart Foundation ‘Tick’ of approval.
- **CHOLESTEROL.** Ask your GP for your blood cholesterol results, and ask for advice on maintaining a healthy level.
- **BLOOD PRESSURE.** Your GP can discuss your target blood pressure levels with you.
- **DIABETES.** It is important to know if you are diabetic as uncontrolled blood sugar levels can complicate surgery and recovery.

For further information regarding Cardiac Health and Risk Factors contact the National Heart Foundation on 09 571 9191
www.nhf.org.nz

Discharge Planning

Some or all of the following situations may apply to you:

- **At home care.** After your surgery you will need someone to look after you at home, or you will need to stay with family or friends for at least a week. Please make these arrangements before your admission. If you have any problems organising home care, please inform the Cardiac Liaison Nurse 04 918 6177
- **Work.** Depending on the type of work you do, you will need to take approximately 6-8 weeks off while you are recovering. If your job is physically demanding, you may need to arrange alternative duties, sick leave or benefit changes. Your GP will assist you with this.
- **Driving.** You will not be able to drive for approximately 4 weeks after your surgery. This is for your own safety and is a Ministry of Transport requirement.¹ You will need to make arrangements for someone to drive you to your Drs appointments etc. If you are a commercial/ professional driver you may need to wait three months before driving again. If you have any questions please consult your doctor.
- **Length of stay.** Following your cardiac surgery you will be in hospital between 5-7 days. Thoracic surgery varies between 2-5 days. You may need someone to take care of matters at home during this time.

Social work and Support Services

You are welcome to consult these services through the Cardiac Liaison Nurse or the staff on the ward.

The Social worker can assist you with:

- Discharge Planning
- Pre and post operative counselling
- Accommodation
- Arranging sickness benefits and liaising with other organisations eg. Work & Income, Housing NZ, ACC.

The social worker will be available to see you or your family while you are in hospital. The telephone number is 04 385 5999 ext 6322

The Pacific Support Service supports all Pacific patients and their families. They can:

- Act as a patient advocate
- Help patients understand their care and treatment
- Provide health information
- Provide information on community and social support services.
- Link patients with community providers

The service can be contacted between 8am-4.30pm Monday to Friday on 0800 999 442

Whanau Care Services support patients and their whanau with:

- Tikanga support – karakia, issues of tapu, return of body parts
- Communication support – understanding information, whanau hui
- Te Pehi Parata Whanau Marae- temporary accommodation
- Liaison between hospital and community agencies

The telephone number is 04 385 5956

Interpreters can be arranged by the nurses on the ward. **Language line** can interpret over the phone in 39 different languages.

Chaplains can be contacted at any time during your stay.

Admission Procedures

Your Clinical Pathway (Cardiac only)

While you are in Ward 6 South, your care will follow what is called a clinical pathway. This is so you receive the best care in the time that you are here.

We have taken this pathway and created a ‘map’ for you to follow during your stay. We hope this will be of help to you.

Occasionally things will happen that mean your stay with us is either longer or shorter than anticipated – This is something that we anticipate and your care will be modified to fit in with this.

The doctors and nurses will keep you up to date with your progress. Please ask the staff on the ward if you have any questions at any stage.






Theatre Lists / Postponements






There are between 2-4 operations performed each day. Several factors can influence whether these go ahead on the day. You will be told the night before your surgery whether you are 1st (7-8am) or 2nd (1130-1pm) on the list.

Unfortunately there is always the possibility of a last minute postponement or change to your scheduled time of surgery. This may be due to shortage of staff or beds in ICU or theatres, or the need to perform emergency surgery on other patients.

The staff are aware that this is a stressful time for you. Should there be a delay we will do everything within our power to ensure you have your surgery as soon as possible.

Your Recovery following cardiac surgery

	Preassessment Clinic (not all patients will attend this.)	Admission to Ward 6 South	Day of surgery	Intensive care unit (day of surgery)	Ward 6 South step down unit (Day after surgery)
Who you will be seen by	Nurse Drs: registrar Anaesthetists	Nurses Drs: registrar Surgeon Anaesthetist Physiotherapist		Your family Nurses Drs Surgeon Physiotherapist	Drs Nurses Physio Pain management Your family
Your activities	As desired and able	As desired and able	You will go to theatre (your family can go with you to the entrance if they wish)	Stay in bed for much of the time. A nurse will be closely monitoring you	You will get up in the chair for dinner
Diet	As desired. Try to adhere to the Heart Foundation diet	As desired.	You will not be able to have anything to eat or drink for at least 8 hours before your surgery	You may be able to start having sips of water once you are off the breathing machine	You will be able to start eating and drinking small amounts
Tests	Blood tests Chest Xray ECG Dental check for people having valve surgery	Blood tests Chest Xray ECG, Urine test, dental check for people having valve surgery		Blood tests Chest Xray ECG	Blood tests Chest Xray
Observations and treatments	Medical and nursing assessment Height and weight	Medical and nursing assessment Height and weight	Blood pressure, pulse and temperature	You will be attached to a monitor that will be measuring your pulse, blood pressure and oxygen. You will have a tube to your lungs which will help you breathe.	You will have similar care as yesterday but will require less frequent assessment. Your drain tubes may be taken out.
Medication	Your regular medications 	Please bring your medications and give them to your nurse	You will be given a "pre med" that will help you relax	You will be given pain relief, and other medications to help you.	You will have medication and fluids needed for your health and a PCA pump so you can give yourself pain relief.
Learning about your health and preparing for going home	You will be given information needed to prepare for surgery, and keep yourself healthy. Most people are discharged 4-6 days after surgery.	The nurses will show you around the ward and ICU. Your surgery will be discussed and the physio will teach you exercises to do .	The staff will discuss any procedures and your plan of care on a regular basis throughout your stay	If your surgery is done "off pump" your hospital stay may be shorter ie 4 or 5 days.	The physio will continue with your exercises 

After surgery stage 2	After surgery Stage 3	After surgery Stage 4	After surgery Stage 4-6	At home
Each day the Dr (registrar) will see you. Your surgeon will also come to see you.	Your physio will be encouraging you with your exercises most days.		The physio will watch you go up and down stairs	You will be sent an appointment to see the surgeon or cardiologist in about 6 weeks time. The cardiac rehab nurse will contact you to see how you are going. You should also go to see your GP in a week or so.
The nurses will help you go on short walks throughout the day	You will be able to go on short walks. You may feel up to having a shower.	You will be becoming more independent with your daily activities	You will be almost independent, but you will need to keep having rest times	Follow your activity book given to you by the physio.
You will go on to a light diet	You will be able to progress to a full diet.			Eat a healthy balanced diet, as recommended by the heart foundation.
You will have further blood tests, your catheter and drains will be removed.	You will have a chest X ray, and blood tests		You will have blood tests, an ECG and Chest Xray on day 5	If you are on warfarin you will need to continue with frequent blood tests
The nurses will continue to do your observations regularly. You will be transferred to the main part of Ward 6 South	Your nurse will continue to assess and do your observations regularly. You will be weighed each day	Your pacing wires and drips will be taken out.		
You will have regular pain relief and other medications as you need them	Your pain relief medication will continue 	Your medication may be adjusted each day to what is best for you.		Continue to take pain relief when you need it, you will be given a prescription for the tablets you need to take.
Your plan of care will be discussed with you each day by your nurse	You will be given a booklet about what to expect when you go home. Your nurse will begin to discuss this with you and your family/whanau	You and your nurse will continue to plan for your discharge 	On the day of your discharge you will be given a prescription, your information books and a copy of your discharge summary	You will need to have someone stay with you for a week following your discharge from hospital. It is a good idea to attend cardiac rehabilitation classes (talk to your rehab nurse about this.)

Other Useful Information...

- **Visitors.** Visiting hours on Ward 6 South are between 10-1pm and 3-8pm. There is no visiting permitted on Ward 6 South between 1-3pm. This is a rest period for patients. You will be advised of the best time to visit while in ICU, where visitors are restricted to 2 at a time. ICU has no visiting before 11am and between 7-8pm.
- **Facilities.** Wishbone Café and The Hospital Gift Shop are located on Level 2 in the Main Atrium. Food vending machines are located throughout the hospital.
An ATM is located on level 2 in the Main Atrium.
- **Accommodation.** There are several accommodation options available. Riddiford Hostel or the Whanau Whare is available on site and there are several motels situated close by. Please check with the Cardiac Liaison Nurse if you are entitled to a travel and accommodation subsidy for a support person.
- **Relatives.** During your surgery, the waiting period often seems extremely long to your family or support people.
Please make sure that the ward has a contact number for them, preferably a mobile phone number.
Your relatives can wait in the waiting room outside ICU if they prefer to wait in the hospital. We suggest that only immediate family visit at this time.
- **Personal Belongings.** These can be stored in a locked cupboard on 6 South when you go to surgery and ICU.
Please keep luggage to overnight bag size only and leave valuables at home.
We cannot take any responsibility for any valuables or money held by you on the ward, please take this into account when you are on the ward.
- **Jewellery.** All jewellery must be removed before surgery.

About Your Surgery

The most common types of Cardiac Surgery performed at Wellington Hospital are Coronary Artery Bypass Graft (CABG), Aortic Valve Replacement (AVR) and Mitral Valve Replacement (MVR). Cardiac surgery can be performed through either the midline (sternal) incision or the side (thoracic) approach.

The most common types of Thoracic Surgery performed at Wellington Hospital are Mediastinoscopy, Lobectomy and Pneumonectomy. Thoracic surgery (Thoracotomy) is performed through the side (thoracic) approach.

Sternal Incision

The surgeon needs to cut through the breastbone (sternum). This is rejoined at the end of the surgery with wires and will take about 6 weeks to heal and another 6 weeks to strengthen properly. You will be advised not to lift anything heavy for 2-3months to promote sternal healing. A heart-lung bypass machine may be used to do the work of the heart and lungs while the surgeon performs the surgery. This machine diverts the blood from the heart, through the bypass machine where it receives oxygen, and pumps it back into the body again. This is necessary so that the heart can be still and empty for the surgeons to operate. When the surgery is completed the blood is restored to the heart, which takes over again. The expected length of stay for this type of surgery is 5-7 days depending on your progress.

Thoracotomy Approach

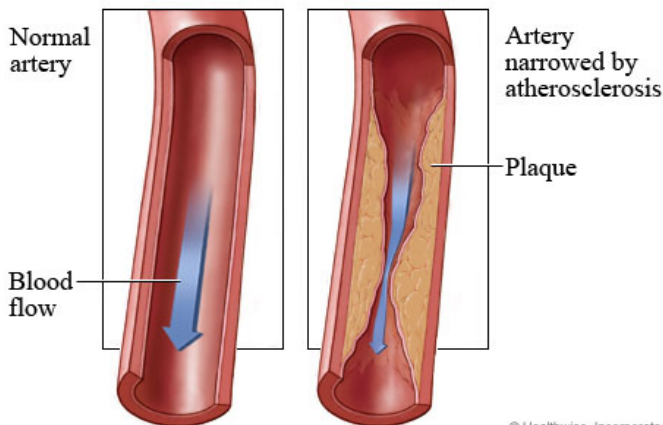
In this type of surgery, the surgeon makes an incision on the left side of the chest from the inside of the shoulder blade to beneath the nipple line.

In this approach the surgery is performed ‘off pump’, that is without the use of the heart-lung bypass machine. There are several benefits associated with this approach, such as a quicker recovery, less pain and the avoidance of possible complications due to the bypass machine. Not all patients are suitable for this approach and your surgeon will talk to you about the decision they make. The expected length of stay is shorter and you may be discharged 4-5 days after the surgery.

Coronary Artery Bypass Grafting (CABG)

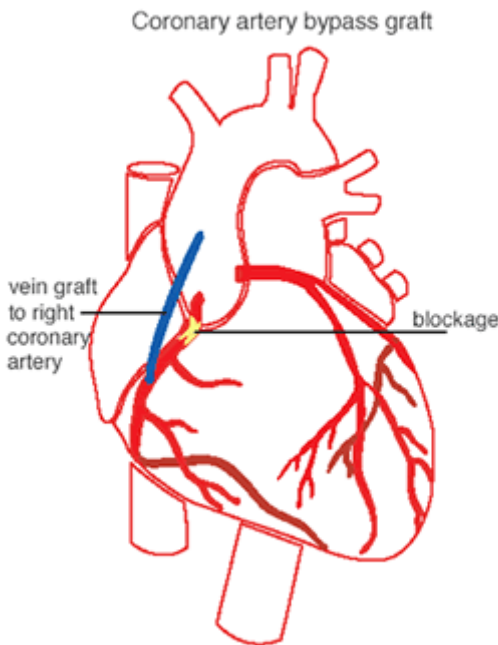
The heart is a muscle, which acts as a pump delivering blood to all parts of the body. The coronary arteries supply blood to the heart. Atherosclerosis or Coronary Artery Disease is a disease of the arteries, which causes them to become hardened and narrowed. This narrowing of the blood vessels means less blood and oxygen is delivered to the heart muscle. This may cause chest pain, especially when more oxygen is required, such as when exercising. This pain is called angina. If the blood vessel becomes completely blocked it may lead to a heart attack.

Atherosclerosis ²



Coronary Artery Bypass Grafting is an operation in which the blocked arteries are bypassed, thus restoring blood flow to the heart muscle. The bypass is formed by taking a vein from the leg or an artery from behind the breastbone or arm and attaching the vessel both above and below the narrowing in the coronary artery. The leg wound from where the vein is taken from can extend from the ankle to the knee or even to the groin. This allows the blood to flow past the narrowing and get to the rest of the heart. Each coronary artery is bypassed separately.

Coronary Artery Bypass Graft³



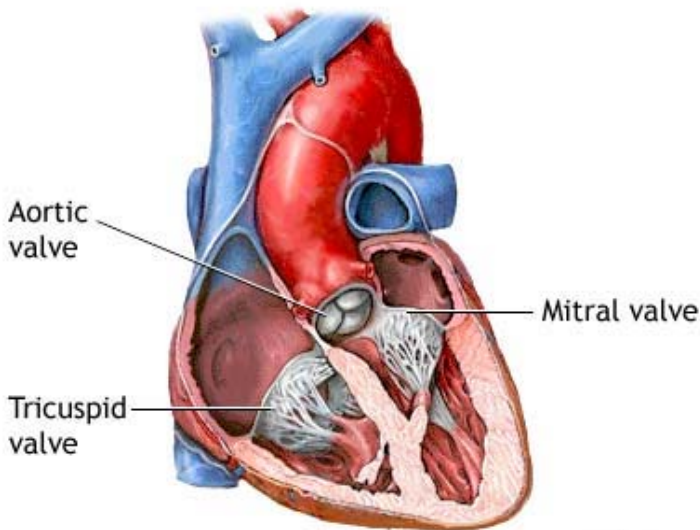
Valve Replacement Surgery

Within the heart are located four valves: the tricuspid, pulmonary, aortic and mitral valves. These valves permit blood flow in one direction only and are vital to the normal functioning of the heart.

Due to a variety of reasons, the function of these valves may become impaired. The valves may be unable to open fully, resulting in a reduced blood flow out of the heart or they may not close properly, resulting in a leak. This means the heart has to work harder than usual to work efficiently, resulting in strain to the heart, making the person feel tired, breathless and unable to tolerate exercise.

There are different types of valves available. There is the mechanical or tissue valve. Your surgeon will discuss which one is best suited to you.

Heart Valves ⁴



ADAM.

If you have an artificial (mechanical) valve it is likely you will need to take medication such as Warfarin to thin the blood, for some months or the rest of your life. Warfarin stops blood clots from forming on the new valve, which could cause further problems.

Mechanical Valve ⁵



Tissue Valve ⁶



You will be given education in hospital about Warfarin if you are required to take it. The anticoagulation nurse will visit you on the ward before your discharge. Your blood will be tested regularly to make sure you receive the correct dose of medication. If you live in the Wellington region the Anticoagulant nurse will manage your blood tests and dosages. Otherwise, it will be your GP.

Blood Transfusions

Blood and blood products are only used during surgery when absolutely necessary. You will be asked to sign a consent form for blood transfusions. Your blood type will be checked before your surgery and products prepared in case they are needed. All products are carefully tested before being used.

There are brochures about blood transfusion and the considerations available on the ward.

Surgery and Lung Function

There are a number of reasons why cardiac surgery can affect how well the lungs work. For example, during surgery, the work of the lungs may be taken over by the bypass machine, which may cause a collapse of the airways and accumulation of secretions. For a short time after the operation, your chest will be sore and limit your ability to breathe deeply, cough and move freely. Analgesia will be given to control the pain and discomfort. These and other factors mean that after heart surgery you are at risk of developing lung problems, particularly a chest infection. This risk is greater if you have lung problems or you are a smoker or have recently quit smoking. To reduce the risk of these problems following your surgery you will be encouraged to sit out of bed as soon as possible and to mobilise. Deep breathing exercises will be taught to you to keep your lungs as healthy as possible.

Things to note about your breathing exercises include:

- They should be done hourly and will be encouraged by the nurses.
- The ideal position for this exercise is to be done whilst sitting upright (ideally in a chair).

Please note: the ward has a no lift policy

However, the best possible exercise to regain your lung function is walking.

Post Operative Information

The Intensive Care Unit (ICU)

Once you have had your Cardiac surgery you will be transferred to the ICU. This is a busy place and the lights may be on day and night, so you may become a bit confused as to the time of day. Do not be concerned about this, as it is common.

You will then be transferred to 6 South generally the day after your surgery to the Step Down Unit. (SDU).

Many types of equipment are used are used to monitor and assist your body after the surgery. The purpose of this equipment is:

- To assist your breathing
- To monitor your heart rate, blood pressure and heart function
- To monitor your kidney function
- To ensure you are hydrated while you are not eating or drinking.

Breathing Tube

The breathing tube passes through your mouth and the vocal chords into your windpipe and is placed once you are asleep. You will be unable to talk while this tube is in place. It will be removed once you are awake and breathing on your own.

Arterial Line

This fine tubing is placed in your wrist and enables close monitoring of your blood pressure, and also allows easy access for blood sampling. This is usually removed the day after surgery.

Intravenous Lines

These allow you to receive fluids and medications, including pain relief and the monitoring of your blood pressure. You will have a Central Venous Line in your neck or chest (Cardiac patients only) and possibly several smaller lines in your arms. Blood samples can be taken from your Central line, which will be removed once it is no longer required, usually 4-5 days.

Urinary Catheter

A small tube is placed in your bladder to drain the urine continuously. This is for staff to monitor kidney function following your surgery. It will be removed when this is satisfactory and you are able to mobilise to the toilet. For thoracic surgery patients, the catheter will be removed once your epidural is removed. (see pain relief section)

Intercostal Tubes (Chest drains)

You may have 2, 3 or 4 tubes placed in theatre to drain any unwanted blood, air and fluid from around your heart and lungs. These will be removed once the drainage has stopped.

Pacing Wires (Cardiac patients only)

Sometimes these thin wires are inserted during surgery to act as a temporary pacemaker if your heart rate needs to be increased. Usually this is a very short term measure and the wires will be removed on the fourth day if they have not been used.

Pain Relief

Everyone experiences pain after surgery, although the extent to which people experience it differs.

It is very important for your recovery that you have regular pain relief to enable deep breathing, coughing and mobilisation.

Pain relief is usually initially given in the form of intravenous morphine which is patient controlled via a pump (PCA) for cardiac patients and an epidural for thoracic patients. This will be discussed with you in more detail with the anaesthetist the day before surgery. Information and instructions will be given to you on how to use patient controlled analgesia on the ward.

Information and instructions will be given to you on how to use patient controlled analgesia on the ward.

Cardiac Monitor

Leads connected to your chest give a continuous reading of your heart rate and rhythm, and allow immediate detection of any changes. The length of time you will be monitored will vary.

Circulatory Stockings

You will be fitted for a very firm pair of stockings on admission that you will wear day and night while in hospital and for at least a week once you go home. These stockings are worn to promote blood flow and to prevent blood clots forming. They also help to reduce any swelling in your ankles or feet, and elevated while sitting. You may need assistance with putting the stockings on and off.

The Step Down Unit (SDU)

Once you no longer require intensive care (Cardiac patients) will be transferred to the SDU unit on ward 6 South. Thoracic patients will transfer to SDU after the surgery.

This is a 6- bedded room where you will continue to be monitored closely.

It is a good idea to limit the number of visitors in the first few days. We ask that you only have 2 visitors at a time in the SDU.

Each day you will gradually do more, from getting out of bed for the first time to eventually mobilising around the unit. The physiotherapist will help you if you have any problems with this.

Ward 6 South

As you progress you will transfer from the SDU to the ward cubicle, usually after 24 hours where you will no longer require cardiac monitoring. The intravenous lines and tubes will be removed gradually, this will enable you to mobilise easier. You may require some help with mobilising and showering initially. It is important to continue with analgesia regularly.

You will continue to have blood tests taken daily and an ECG will be taken before you discharge home. On or before the day of discharge, the physiotherapist will assess your ability to exercise (often by going up and down stairs) and give you advice on what and how to exercise at home. Cardiac rehabilitation will also be involved in helping you with your exercises once you are home.

Please ensure your next of kin contact only phones through to the ward to check on your progress, to limit the amount of phone calls.

Your recovery

What to expect

- **Concentration and memory:**

Patients frequently notice difficulty with their memory and ability to concentrate in the weeks following surgery. This should improve over a period of time.

- **Vision:**

Some visual disturbance, such as blurred vision may occur but should improve in the next few weeks following surgery.

If it does not, you need to consult your family doctor. Any marked eyesight disturbances need to be reported immediately to your GP, especially if you are on Warfarin.

- **Tiredness:**

This occurs after all forms of surgery and particularly after cardiac surgery. We recommend that you increase your activity slowly to avoid becoming too tired. We recommend that you follow the exercises and guidelines in the booklet 'Home Activity Programme Following cardiac Surgery'. This will be given to you on discharge.

- **Palpitations:**

It is common to be aware of your heartbeat after surgery.

Occasionally a slight irregular heartbeat may occur and can be felt as a thump or a flutter. This is not serious but if it does persist more than a few minutes you need to contact your GP.

- **Pain:**

The breastbone and chest wound are securely fastened at the time of surgery. It takes about 2-3 months for complete healing of the breastbone. You may experience different pains or discomfort in the

chest, at the wound site, in the muscles of the chest, shoulders, neck and back. Some patients experience numbness and tingling in the fingers. These are due to stretching of the chest during the surgery. They may become more obvious during your recovery.

- **Wounds:**

When showering or bathing, wash your wounds with water, rinse thoroughly and pat dry with a clean towel. Do not apply powders or creams directly on the wound unless completely healed or if you are instructed by your GP.

It is best to avoid unnecessary touching or removing skin from your healing wound. Skin debris will naturally fall off in time as part of the healing process. Any wound tape or 'steri strips' left on the wound will also fall off once they are no longer supportive.

Some itching and redness along the incision sites is not uncommon. However you should contact your GP if you develop a fever or the wound oozes and becomes discoloured or suddenly hot or painful. A healthy diet and mobilising will help leg wounds by promoting blood flow.

- **Emotions:**

Swings in your emotions, from feeling on

'Top of the world' to feeling down and depressed are common and normal feelings after cardiac or thoracic surgery. These feelings of depression do not usually last long, and you may have already experienced this while in hospital. If however, these feelings persist for some time, it is advisable to see your GP.

It is also common to feel insecure, or to get a feeling that it is all an anticlimax when you go home. Some days you may feel you are not making any progress, but consider where you were this time last week, and compare the two.

Your support people may also feel some of these emotions as it is a stressful time for everybody.

- **Medications:**

If you brought your medications into hospital with you, they will be given to you on discharge.

The doctors will write you a prescription for the medications you will need when you go home. Your nurse will also give you a medication card that clearly shows you what you are to take and dose required.

- **Driving:**

The Ministry of Transport regulations require that you do not drive your car for one month after your surgery⁶.

If you are a commercial driver you may need to wait 3 months. You will need your GP to advise you.

Whilst a passenger initially it is advised to place a cushion or soft towel to cushion the seatbelt.

When you start to drive again please have someone to accompany you on the first few occasions.

- **Returning to work:**

This will depend on the type of work you do.

Aim for 4-8 weeks at home, depending on your surgery. A job that involves physical activity will require a longer period off work.

Your GP will arrange a medical certificate.

Discharge Information

You and your surgery

Coronary Artery Bypass Grafts

The majority of people will get benefit from having bypass surgery, reducing angina and other symptoms. However it is important to continue with your lifestyle changes as the surgery cannot stop the underlying cause of your heart disease.

Keeping Healthy

What is the chance of your angina recurring?

The majority of patients do not experience any more angina for many years, however it can return sooner.

It is advisable to keep your GTN (Nitrolingual Spray) check expiry date and notify your GP if you think your angina has returned.

A healthy lifestyle is important in order to help prevent the process of narrowing of the bypass grafts

You can do this by:

- **KEEP Smoke free-** contact quit line and the other services for advice and support.
- **Drink Alcohol in moderation only.** 1-2 glasses only daily.
- **Eating a healthy diet.** Keep to the National Heart Foundation diet. Try and keep your weight within healthy limits.
- **Exercise regularly.** Follow the guidelines in the booklet given to you by the physiotherapist.
(Home activity programme following cardiac surgery)

- Seek advice from your doctor or nurse managing your **cholesterol** and **blood pressure**.
- **Stress**. Not all stress is bad. The key is how to cope with it. By coping with it in a more healthy way can reduce the impact on your heart.
- **Diabetes**. If you have diabetes, it is important to keep it under control. Please contact your GP or Diabetes nurse educator at your local hospital.

Valve Replacement/Repair

By having your valve repaired or replaced, your heart will now be able to pump more effectively. If you have had a mechanical valve you may hear it ‘ticking’- most people adapt to this new noise.

- It is important for all people who have valve surgery to have antibiotics prescribed for any dental treatment, as they may be more susceptible to infection.
- You must inform any doctor or dentist that you visit that you have had valve surgery and if you are taking Warfarin.

Thoracotomy and Lung Procedures

You may find you have some shortness of breath after your surgery. This may be especially so if you have had part or a whole lung removed. In this case, the lung volume has reduced which may make it more difficult to catch your breath. This should diminish over time, as your body adjusts. You may have tenderness at or around the wound site for about 1 month after your surgery. This is normal, as it will take this long for you to heal properly. It is not unusual to have pain up to six months in some cases – but see your GP if your pain persists more than about 6 weeks. You may also experience some aches and stiffness in your neck, back or arms. This is from the surgery and is also normal.

The physiotherapist will provide you with some exercises to ensure you regain movement in your arm and trunk.

Once you are discharged home you will be contacted by the Cardiac Liaison Nurse within the first few days. This will be to check your progress once you are at home and to ensure all supports and follow up appointments are arranged.

Discharge Paperwork

You will be given:

- Prescription
- Your Discharge summary – A letter with details of the surgery and treatments you have had and follow up appointments required. A copy of this is sent to your GP.
- A follow-up appointment will be sent to you. This will be to see your surgeon within 6-8 weeks time.
- A referral will be sent to the District nurse if you require any services such as wound care.
- A referral will be sent to the cardiac rehabilitation nurse to advise you about the cardiac rehabilitation service provided and classes available in your area.
- The physiotherapist will give you a booklet containing information on exercises to do once you are home.

Please bring this booklet with you on your admission.

Discharge Checklist

- Prescription**
- Discharge Summary**
- Cardiac rehabilitation referral**
- Exercise booklet**
- District Nurse referral if required**
- GP appointment for 1 week's time**
- Sutures to be removed _____**

Patients on Warfarin-

- Have you seen the warfarin video**
- Has your warfarin been prescribed for tonight**
 - **You will be followed up by:**
 - Anticoagulation clinic**
 - GP**
 - **Your next blood test is _____**
 - **Do you want an information pamphlet regarding a Medic Alert Bracelet?**

This information has been discussed with you by _____
Staff Nurse on _____

1. Land Transport Safety Authority. (2009). Medical aspects of fitness to drive. Retrieved 20th January 2010, from www.nztagovt.nz
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