

Recovering after your video assisted Thoracoscopy (VATs)

This booklet gives you information and advice on recovering after your video assisted thoracoscopy. Although you will have been given advice on this during your hospital stay, it can be difficult to remember everything. We hope you find this booklet useful. If you have any further questions, please speak to a member of staff caring for you.

We know that it may be a relief to be going home now that your operation is over. We also recognise that it may be daunting for you and your family. We would like you to know that Catherine James/Egremont ward has an experienced team of nurses and doctors based on the ward, should you have any problems.

Your 'useful contacts' sheet has these details. Our lung cancer nurse specialist is also available for advice.

Before you go home

Wounds

Your nurse will check all your wounds are dry and all dressings should have been removed the day you leave the ward. The stitches on your main wound are likely to be dissolvable but you may have two stitches where your drains were which will need to be taken out. You will be given a letter for your practice nurse at your GP surgery and told the day you need to telephone and make an appointment for these to be removed (usually 5 days after your last chest drain was removed). It is important that you have all needles and the fine tubing that went into your back removed.

Medicines

Before you leave the ward you will be given a letter for your GP outlining the operation you have had, a summary of your recovery and a list of all the medications you have been given.

You will be given a 2 week supply of your regular medicines by the ward pharmacist or the dispensary staff. A nurse or pharmacist will explain your medication. You may need to get further supplies of your regular tablets from your GP before your 2 week supply runs out. If you take your painkillers regularly (rather than only when

you need them), you may need a further supply after one week. You can buy Paracetamol from your local pharmacist.

We advise you to take some painkillers half an hour to an hour before you leave the ward to help make your journey more comfortable.

How should I plan my journey home?

You must have someone such as a friend or relative accompany you home to help you carry bags and help with any problems or concerns. You can travel on public transport but ideally someone should drive you home. Please do not carry your bags – ask your friend or relative to do this for you.

If your journey is long, you may need to stop and take a break. If you want to take a taxi home with your friend or relative, this can be arranged through our Transport Department, via the nursing staff although you will have to pay the fare. Ideally it is best for you to organise your own transport.

How can I improve my recovery at home?

It is important that you take the painkillers we have sent you home with and do not miss doses, unless you are very comfortable. Taking your pain relief medication (as prescribed) on a regular basis keeps the medication at a constant level in your body and will control your discomfort more effectively. Taking painkillers is better than suffering pain and being unable to exercise properly!

You may find it useful to have your morning painkillers by your bed with a glass of water and take them 20 minutes before you get up. Taking pain relief 20 minutes before you go to bed may also help you to sleep more comfortably.

If your pain continues or does not improve with regular doses of painkillers, there are pain specialists available through your GP who can suggest other methods of pain relief. These can be tailored for your individual needs.

This is important because pain can interfere with exercising, your mood, sleep, ability to work, relationships and with your general enjoyment of life. Do not be afraid to take your painkillers or seek further help if you need it.

To make a good recovery, we recommend that you sleep for at least six hours each night and have a 'rest period' at home.

If you find you're having difficulty sleeping, try simple methods such as having a bath, a hot milky drink or quiet time with a book before you go to bed. If you feel constantly exhausted or unable to sleep for prolonged periods, speak to your GP.

Pain, sleep and rest

A VATs operation can be painful even after your chest drains have been removed and you are at home. We cannot say how long you will be in pain as each individual is different and we all feel pain in different ways. The most important thing is that your pain is under control so that you can breathe, cough and exercise comfortably. Rest is essential for your recovery, building your strength and improving your quality of life. Taking your pain relief medication (as prescribed) on a regular basis keeps the medication at a constant level in your body and will control your discomfort more effectively. Taking painkillers is better than suffering pain and being unable to exercise properly!

You should call your GP if:

- The amount of pain in your wound increases or your pain-killers are not relieving all of your pain
- the amount of redness and/or swelling increases around your wound
- you notice any oozing from your wound
- there is an increase in the volume of your sputum (phlegm) or it changes colour
- you are constipated for longer than 4 days
- you become more breathless than when you left hospital
- you experience night sweats, fevers or chills
- you have severe nausea and vomiting, diarrhoea or urgency/frequency to pass urine.

How should I care for my wound?

We recommend that you have a bath or shower every day to keep your wound clean. Do not use perfumed soaps, creams or powder on the actual wound itself as these can irritate it and slow the healing process. It is fine to wash your hair but make sure all the shampoo is washed away thoroughly from your wound afterwards. As long as you avoid your wound area, you can still use deodorant, aftershave and perfume.

The cut that has been made on your side is called a VATs incision. The area around this may be numb for a while and full sensation may not come back completely. Your wound may also tingle or itch. This is a normal part of the healing process – try not to scratch as this could cause an infection. The wound may feel slightly hard and lumpy and have a red appearance. Again, this is normal and nothing to worry about.

It is important to look at your wound every day. If it becomes more red, swollen, painful or starts to weep, please contact your GP as you may have an infection.

Travel and Activity

- Do let your travel insurance company know your health status before travelling aboard
- do not book a flight to travel anywhere until after your 6 week outpatient appointment and your consultant has said it is safe for you to do so
- do not drive a car until you feel able to perform an emergency stop safely. This is likely to be at least 2 weeks depending on your general health, personal recovery and age
- do not lift anything heavy such as a full kettle, a Hoover, lawnmower, full cooking pots and pans or shopping bags for 3-6 weeks.

Should I exercise?

The ward physiotherapist will have given you advice and an exercise sheet. Your exercise goals are to improve your symptoms of breathlessness, relieve your tiredness and improve your independence and quality of life.

You may find that you enjoy exercise and would like to take up swimming, jogging, dancing, yoga, cycling which is good for your general wellbeing. Ask your GP for advice before taking up any new form of exercise.

What should I eat to improve my recovery?

Eating a healthy, balanced diet will help with your recovery. If you have had a pleural effusion (fluid on the lung) or an empyema (infected fluid on the lung), you may have had a poor appetite and weight loss in recent months.

Try to eat as much nutritious food as possible to regain your strength and speed the wound healing process. You may find it easier to eat little and often rather than having three main meals. Fruit and vegetables help to provide the vitamins, minerals and fibre we need. You should aim to have 5 portions of fruit and vegetables a day. This should be balanced with the right amounts of fat, protein and carbohydrate.

Cancer Research UK's patient information website gives advice on eating a balanced diet and getting the right intake of vitamins and minerals. It also has useful tips for those people suffering from cancer-related loss of appetite. The contact details are at the back of this leaflet.

If you do not have the internet at home, please ask us for a copy of the guidelines set out by Cancer Research UK. There is a master copy in the thoracic rehabilitation file which your nurse will have access to. You can also get further information from dieticians, your GP or practice nurse.

It is common to become constipated (infrequent bowel motions after taking painkillers such as dihydrocodeine or morphine which cause constipation. You may not be moving around as much as usual and may be dehydrated or you may not be eating enough fibre.

Returning to your normal routine, along with eating high fibre foods, exercising and drinking plenty of water will help you bowel

habits return to normal. If you continue to be constipated, do not stop taking your pain-killers. Instead, take the laxatives we will give you before you leave hospital or speak to your GP or local pharmacist.

Stopping smoking

If you are a smoker, it is important that you do not smoke when you get home. Stopping smoking will greatly reduce your changes of lung disease returning or becoming worse. It will also reduce your breathlessness, increase your ability to exercise and improve the quality of life for you and those around you.

If you want to try and stop smoking, please talk to your nurse so we can direct you to services that will be able to help you. You may also want to call the NHS Smoking Helpline on 0800 022 4 322 or visit www.gosmokefree.nhs.uk

Alternatively, your GP can put you in touch with your local smoking cessation clinic or give you nicotine replacement therapy, which can help with your cravings.

When should I return to work?

Do not return to work until you have been told that it is safe to do so at your clinical appointment. You may be advised to take 2-6 weeks off work, depending on your general health and the type of work you do. You may wish to ask your employer if you could do a period of light duties and/or return part-time at first.

Your follow up appointment

Your outpatient appointment may be arranged before you leave hospital but is more likely to be posted to your home address. If you have not received your appointment within 2-3 weeks, contact your consultant's secretary. This number will be in your useful contacts sheet.

If you are waiting for biopsy results, you should receive your appointment earlier as you should get the results within 2 weeks.

All the staff from Catherine James/Egremont wish you a good recovery. We are only a phone call away!

If you do not understand this leaflet, we can arrange for an interpreter.

إذا كنت لا تستطيع فهم محتويات هذه النشرة فيمكننا عمل الترتيبات لتوفير مترجم شفوي لك.

এই প্রচারপুস্তিকাকাটি যদি আপনি বুঝতে না পারেন, তবে আপনার জন্য আমরা একজন অনুবাদকের ব্যবস্থা করে দিতে পারি

如你不明白本單張的內容，我們可安排口譯員服務。

如你不明白本传单的内容，我们可安排口译员服务。

اگر مندرجات این جزوه را نمیفهمید، ما می‌توانیم مترجم در اختیارتان بگذاریم.

Jeśli masz trudności w zrozumieniu tej ulotki, możemy zorganizować tłumacza.

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Disclaimer

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

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