

Wedge resection Lung biopsy

What Is My Procedure and Why Am I Having It?

A wedge resection or lung biopsy is the removal of a small piece of lung tissue. It is ideal for smaller lesions (also known as lung nodules, masses, or spots) that are not deep in lung tissue, or for patients who cannot tolerate a larger resection (ie. removal of more lung tissue such as a lobectomy). This procedure may also be done to simply obtain a small piece of lung tissue for analysis (lung biopsy).

What Should I Do Before Surgery?

To prepare for your surgery, in addition to your usual routine, it is recommended that you participate in light exercise daily, such as walking. If you smoke, it is advisable but not mandatory to quit smoking before your surgery. When you quit smoking, during the first 2 weeks after you quit, your airways produce more secretions or phlegm, and this can make your recovery more difficult. However, if your surgery is more than 2 weeks away, it is best that you quit. Speak with your family physician about smoking cessation strategies and to get information on support groups. Daily walks and a positive attitude, along with support from friends and family will increase your chances for a prompt and successful recovery.

The night before your procedure, you will not eat or drink anything after midnight. The morning of the procedure, you may take your morning medications with a sip of water, but nothing to eat or drink for breakfast. You must stop your blood thinners such as Coumadin/Warfarin or Plavix/Clopidogrel at least 5 days before your procedure. You may continue taking your aspirin or other anti-inflammatories such as Ibuprofen/Advil/Motrin, even the morning of surgery. If you are taking medication for diabetes, take half of your normal dose

What Should I Expect On the Day of My Surgery?

Arrive at Moffitt Cancer Center at the time given to you by your surgeon's team (usually 2 hours before the time of your scheduled surgery). Feel free to use the complementary valet parking service. Check-in at the Surgical Admissions desk and they will provide you with further assistance. Family and friends may accompany you until the time of your surgery. Once you enter the operating room, they will be asked to wait for you in the Surgical Waiting Area until your surgeon comes out to speak to them. Delays or changes in the operating room schedule are not infrequent and should not alarm or worry them.

In the operating room, you will receive general anesthesia, meaning you will be completely asleep. You will feel nothing and you will remember nothing of your procedure.

The procedure is performed by thoracoscopy also known as VATS (video-assisted thoracic surgery). This minimally invasive technique uses small incisions thru which are placed a small camera and long, thin instruments. First, a bronchoscopy (camera) is performed to examine the inside of your trachea (windpipe). Then, a small 1/2-inch cut is made between your ribs which allows the passage of a small camera into the chest. The inside of the chest is inspected, and 1-3 additional small cuts are made to

locate the lesion/nodule/mass or area of biopsy. Special staplers are then used to remove a small piece of lung (ie “wedge of lung”) where the nodule or abnormality is found. The staplers are designed so that the remaining lung tissue has a very tight seal. Lastly, a flexible plastic tube about the size of your pinky finger is inserted into the chest to drain any fluid or air after surgery. The lung is inspected one last time to make sure it expands properly, then dissolving stitches and a liquid-plastic dressing is used over the cuts.

What Should I Expect After Surgery?

You will wake up in the Recovery room. You will sleep in the hospital, usually just 1 to 2 nights. While in the hospital, and once you go home, **it is very important to walk and perform breathing exercises to help prevent pneumonia and blood clots.** Walking and breathing exercises are important to start the very day of your surgery, as the possible consequences are potentially life-threatening and taken very seriously. A specialized team of nurses, respiratory and physical therapists will help you with these breathing exercises using something called an incentive spirometer. These exercises start within a few hours after your surgery. You are usually out of bed to a chair on the same day as surgery and walking the next morning. Your pain will be controlled with medications through a small IV in your arm or hand. Pain pills will be started before you go home. You will be able to eat regular foods. Some people feel nauseous after receiving anesthesia, but anti-nausea medications can be given to help.

Your chest tube is removed once your lung tissue has healed and stops leaking air. This usually occurs within 24-48hours after surgery, if not sooner. You will have a small stitch left where the tube was removed. You may remove your dressing over the stitch and shower the next morning. The stitch will be removed at your follow-up appointment.

Rarely, the lung tissue may take longer to heal and air may leak out of the chest tube longer than just 1-2 days. In these cases, the chest tube must remain in place a little longer as the lung tissue heals. This may take another few days and sometimes even up to two weeks. You do not need to remain in the hospital during this period. You may choose to go home with the tube attached to a valve called a Pneumostat. If you choose this option, a nurse will be visiting you at home daily to inspect the tube and change the dressing. At your first follow-up visit, once the air leak has healed, the surgeon will remove the chest tube in the office.

What Should I Expect When I Leave The Hospital?

When you are discharged home, it is important to continue walking, at least 3 times per day, as well as use the incentive spirometer (breathing exercises). You may resume your regular diet. You will have a prescription for Vicodin or Percocet for pain control, but it is useful to take an anti-inflammatory such as Motrin/Ibuprofen as well. If you feel nauseous, you may need to cut down on the Vicodin or Percocet. As well, you may need to take laxatives or stool softeners as constipation is a side effect of pain medications. If you are discharged home with a dressing you may remove it the next day. You should shower daily, but avoid tub baths or swimming until you follow-up with your surgeon. If you are on blood thinners such as Coumadin/Warfarin or Plavix/clopidogrel, you may resume these as instructed by your surgeon's team.

What Are Some Things I Should Look Out For?

Pain is normal after surgery, and can get worse as you resume activities. Everyone has different levels of

pain tolerance, and will be able to wean themselves from pain medication differently. Continue taking pain medication as long as necessary. If you feel nauseous, you may need to cut down on the Vicodin or Percocet. Pain medication can lead to constipation, and over the counter stool softeners are helpful. Coughing up phlegm and small amounts of blood is also normal, and will stop on its own within a few days.

Contact your surgeon's team at _____ if you have a temperature over 101F, or 38C, significant redness or thick discharge from your wounds, increasing shortness of breath, increasing swelling or puffiness around your wounds, breast, or neck.

When Can I Resume Activities?

Returning to your usual activities must be done slowly, and with particular attention to how you feel and what your pain levels are. There are no set rules. Listen to your own body and be logical. You should walk around the house, up a flight of stairs, and around the block immediately after surgery. You should not lift anything over 10 lbs. for 2 weeks after surgery. You may do light housework if it does not involve more than 10lbs. After 1-2 weeks you may slowly resume activities such as driving, office work, gardening, doing laundry, grocery shopping, walking the dog, going out to dinner or a movie, and sexual activity. You may resume air travel (taking a plane) within 2 weeks after surgery. With each activity you resume, go slowly and carefully at first, and always slow down if you have pain, are short of breath, or are exhausted afterwards.

When Do I Return For Follow-up?

You will follow-up with your surgeon in 7-10 days after discharge, during which the chest tube stitch will be removed, and the surgical team will discuss the next step in your care. Your surgeon will likely obtain a chest Xray on the day of your first appointment after your surgery. This is also a good time to ask any questions about activity restriction or returning to work.