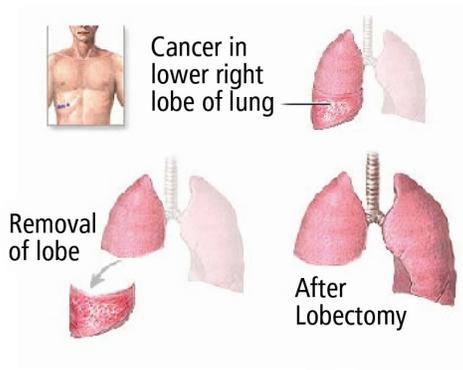


Lobectomy & Pneumonectomy



What is a Lobectomy?

Lobectomy (lob-bek-to-me) is surgery to remove one lobe of the lung. This operation is done if there is cancer in just one part of your lung. It is the most common type of operation for lung cancer.

What is a Pneumonectomy?

Pneumonectomy (nu-ma-nek-to-me) is surgery to remove the entire lung. The entire lung is removed only if a Lobectomy cannot be done to remove the cancer completely.

When is a lobectomy or pneumonectomy used as treatment?

A lobectomy is used to treat non-small cell lung cancers that are caught early. How much of the lung is removed depends on where the tumour is, the size of the tumour and if there are cancer cells in the lymph nodes. Your overall health will also help decide what surgery is possible.

Who will perform the lobectomy or pneumonectomy and where will it be done?

A thoracic surgeon will perform the operation in an operating room at the Thunder Bay Regional Health Sciences Centre. The first day after surgery is normally spent in the Intensive Care Unit (ICU). After the surgery, you will stay in hospital for a week.

What tests will be done before the surgery?

Your doctor may send you for various tests before surgery. A CT Scan helps the surgeon check the size and location of the tumor. Lung function tests are done to see how well the rest of the lung is working. The surgeon will need to know if the rest of the lungs are able to take over for the removed lobe. These tests also help to decide if surgery is possible.

How do I prepare for the surgery?

Your doctor will do a physical exam and will explain the surgery to you. If you have any questions about the surgery, feel free to ask. It is important that you know and understand what will happen. Blood tests or other tests will be done before the surgery at the Thunder Bay Regional Health Sciences Centre. The night before, eat a light meal and do not eat or drink anything after midnight.

Stop smoking for 2 weeks before the surgery.

Have a shower the morning of your surgery. Do not use deodorant, lotion, perfume or powder on your underarms or chest on the day of your surgery.

Plan to have a ride to and from the hospital. Plan to have help at home after the surgery.

Is there anything my doctor should know before the surgery?

Tell your doctor about:

- Medications you use, including inhalers and over-the-counter items such as pain medication (i.e. aspirin, Tylenol, Advil), blood thinners, vitamins and herbs.
- Any allergies to latex, tape or any medications.
- Any lung problems you have had.
- If you are pregnant.

Will the surgery be painful?

The surgery will be done using general anesthesia. During the surgery, your ribs will be spread. You may have pain around the incision and the local muscles for months. Physical therapy can help. Your surgeon will prescribe pain medication.

What will happen during the surgery?

You will receive general anesthesia to put you to sleep. The incision is normally done on the side of the diseased lung. The surgeon will remove the blood supply and bronchi (airways that feed into the lobe or entire lung) before the tumour is removed.

The surgeon may take a 'frozen section' from a lymph node, or an area around the tumor. A frozen section is a sample of tissue that can be examined to see if the cancer has spread to the tissue that the surgeon has sampled.

What will happen after the surgery?

During surgery a drain is placed in your chest to remove any blood or other fluids that may collect at the surgery site. The drain will be removed when all or most of the fluid has drained and there is no air leakage from your chest.

The doctors, nurses and physiotherapists in hospital will want you to start moving as soon as possible. This will help your lungs get better, and will stop the blood from pooling in your leg veins.

Shortness of breath is normal following lung surgery. A respiratory therapist will visit you while in hospital and give you breathing exercises to improve lung function. Medication to make breathing easier may be prescribed. Patients are usually discharged in 5-7 days if there are no complications after the surgery.

When can I go back to work or continue my normal activities?

Some patients return to work and other normal activities within 6 to 10 weeks. Check with your doctor before returning to work or other activities.

