

## Thoracic Surgery Service-Specific Details

### 胸外科服務的具體細節

Procedures	程序
<ul style="list-style-type: none"> <li>● <b>Lung resection (via VATS or Thoracotomy)</b> <ul style="list-style-type: none"> <li>• Incision should have no drainage, no dressing needed</li> <li>• Chest tube dressing should be removed after 48 hours and left open to air unless draining. Dry gauze applied prn if draining.</li> <li>• First post-op appointment should be approximately 2 weeks after discharge. Patient should get CXR immediately prior to clinic appointment.</li> </ul> </li> <li>● <b>Esophagectomy (co-surgery with general surgery)</b> <ul style="list-style-type: none"> <li>• Head of bed elevated 20 degrees or more at all times to prevent aspiration</li> <li>• Eating frequent small meals in encouraged</li> <li>• J-tube should be flushed at least once a day even if it is not being used for feedings</li> <li>• First post-op appointment is with thoracic surgery approximately 2 weeks after hospital discharge. Patient should get an CXR</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● <b>肺切除術（通過胸腔鏡手術 (VATS) 或胸廓切開術）</b> <ul style="list-style-type: none"> <li>• 切口應無液體滲出，無需蓋紗布</li> <li>• 胸管應在包紮後 48 小時取出，除非有液體滲出，可露在空氣中。如果有滲液，則需要蓋上乾紗布。</li> <li>• 第一次手術後的覆診大約於出院 2 週後。患者應該在覆診前先去做 X 光射線胸片。</li> </ul> </li> <li>● <b>食管切除術（與普外科聯合進行手術）</b> <ul style="list-style-type: none"> <li>• 在任何時候，床頭應抬高 20 度或以上，以防止誤將食物吸入氣管</li> <li>• 鼓勵少食多餐</li> <li>• 即使沒有用 J 管進食，每天都應該最少沖洗 J 管一次</li> <li>• 第一次手術後的覆診大約是出院 2 週後。就在覆診之前病人應去做</li> </ul> </li> </ul>

<p>immediately prior to clinic appointment.</p> <p>● <b>Mediastinal resections (via median sternotomy)</b></p> <ul style="list-style-type: none"> <li>• Incision should never have drainage and should not be covered with a dressing</li> <li>• Patient is to follow sternal guidelines for the first 8 weeks post surgery <ul style="list-style-type: none"> <li>◇ No lifting, pushing, or pulling more than 10lbs</li> <li>◇ Use arms minimally when standing or sitting</li> <li>◇ Hold pressure (With pillow or hand) when coughing or sneezing</li> <li>◇ No belly sleeping</li> </ul> </li> </ul>	<p>X 光射線胸片。</p> <p>● <b>胸骨切除術（通過正中胸骨切開術）</b></p> <ul style="list-style-type: none"> <li>• 切口不應有液體滲出，也不應蓋上紗布</li> <li>• 在手術後的頭 8 週，病人要遵從胸骨術後之指導方針 <ul style="list-style-type: none"> <li>◇ 不可提起、推或拉 10 磅以上之重物</li> <li>◇ 站立或坐位時盡可能少使用手臂</li> <li>◇ 在咳嗽或打噴嚏時，按胸口加壓力（可用枕頭或手）</li> <li>◇ 不要趴著睡覺</li> </ul> </li> </ul>
<p><b>Post-operative issues common to all procedures</b></p>	<p><b>手術後常見之問題的解決方法</b></p>
<p>● <b>Pain</b></p> <ul style="list-style-type: none"> <li>• Pain rating should be below 5/10. The goal is to be comfortable enough to do ADL's, take walks, etc. Use medications prn with this goal in mind.</li> <li>• Narcotics depress appetite, so encourage patient to eat despite not feeling hungry.</li> <li>• If patient is not able to get pain under control following the prescription directions, please have them contact the clinic</li> </ul>	<p>● <b>疼痛</b></p> <ul style="list-style-type: none"> <li>• 在十個評估痛楚等級中應低於第五級。我們的目的是能讓你過日常生活或散步等。所以當需要時記著使用藥物止痛。</li> <li>• 麻醉劑會抑制食慾，儘管沒有感覺飢餓也要鼓勵病人進食。</li> <li>• 如果患者按照處方說明服藥仍不能控制疼痛，請他們與門診部聯繫。</li> </ul>

**● Constipation**

- Most patients are prescribed a mild stool softener and a mild laxative but often it is not enough for the first couple weeks post discharge. Using over the counter medication (miralax, magnesium citrate, biscotyl) or herbal teas, prunes, etc is encouraged.

**● Incisions**

- Please contact clinic if the incisions or VATS sites become red, hot to touch, or have drainage
- Chest tube sites should be left open to air unless draining. Clear (slightly pink or slightly yellow) drainage is acceptable and is "better out than in". Please call clinic if excessive drainage is noted or if drainage is bloody or purulent.
- If there is a stitch at the chest tube site, it will be removed during the first post op appointment.
- Steri strips will be removed during the first post operative visit.
- Showering daily is okay, but no baths or swimming.

**● Activity**

- Ambulating as many times as the patient

**● 便秘**

- 大多數患者使用較溫和的處方大便軟化劑和輕瀉藥，但通常不能滿足出院後頭兩週的需要。要鼓勵一同使用非處方藥聚乙二醇 (miralax)，檸檬酸鎂，biscotyl 或草藥茶，李子等。

**● 切口**

- 如果切口或胸腔鏡手術部位變紅、燙手或有液體排出，請與門診部聯繫
- 除非有液體排出，胸管傷口範圍應敞開在空氣之中。這液體略帶紅色或微黃色是可以接受的，流出體外總比留在體內好。如果排出的液體過多或者含血和膿。請給門診部致電。
- 如果在胸管位有縫針，將會在第一次覆診時被拆線。
- 免縫膠帶 (steri strip) 將在首次手術後覆診期間被除去。
- 可以每天淋浴，但不可浸浴或游泳。

**● 活動**

- 鼓勵患者在體能許可的情況下多走

tolerates is encouraged. Gradually increase the distance each day.

- Long, slow deep breaths, or using Incentive spirometer each hour while not ambulating should be encouraged

#### ● Cough

- A dry, no productive, tickling cough is common and will resolve over time. Cough suppression is not advised unless the cough is interfering with sleep.
- If the cough is productive, please have the patient call the clinic.

#### ● Shortness of breath

- It is common to feel slightly short of breath following lung surgery. Sleeping in recliners for a few weeks after surgery often helps patients sleep better.
- If the shortness of breath worsens from the baseline established at hospital discharge, please have the patient call the clinic

#### ● Pathology results

- Given to the patient in the post op appointment by the surgeon

動步行。每天逐漸增加步行距離。

- 做長而緩慢的深呼吸；或如果不能走動，鼓勵每小時使用助深呼吸器 (incentive spirometer)。

#### ● 咳嗽

- 乾咳、無排痰性咳嗽和發癢咳嗽是常見的，會隨著時間改善。除非咳嗽妨礙睡眠，不建議止咳。
- 如果是生痰的咳嗽，請病人必須致電給門診部。

#### ● 呼吸短促

- 肺部手術後稍有氣短促是常見的。在手術後，在躺椅上睡幾個星期後，常幫助患者睡得更好。
- 如果呼吸短促比出院時的狀況更為嚴重，請病人必須打電話去門診部

#### ● 病理結果

- 由外科醫生在手術後給病人預約複診日期

<b>Post-operative complication (rare)</b>	<b>手術後併發症（罕見）</b>
Pigtail chest tube to Heimlich valve (for persistent air leaks)	小胸管插上活塞（持續漏氣狀況下） 如有持久性空氣洩漏，會在胸管傷口安上一個活塞 (Heimlich valve) 和插一條小胸管 (Pigtail chest tube)