

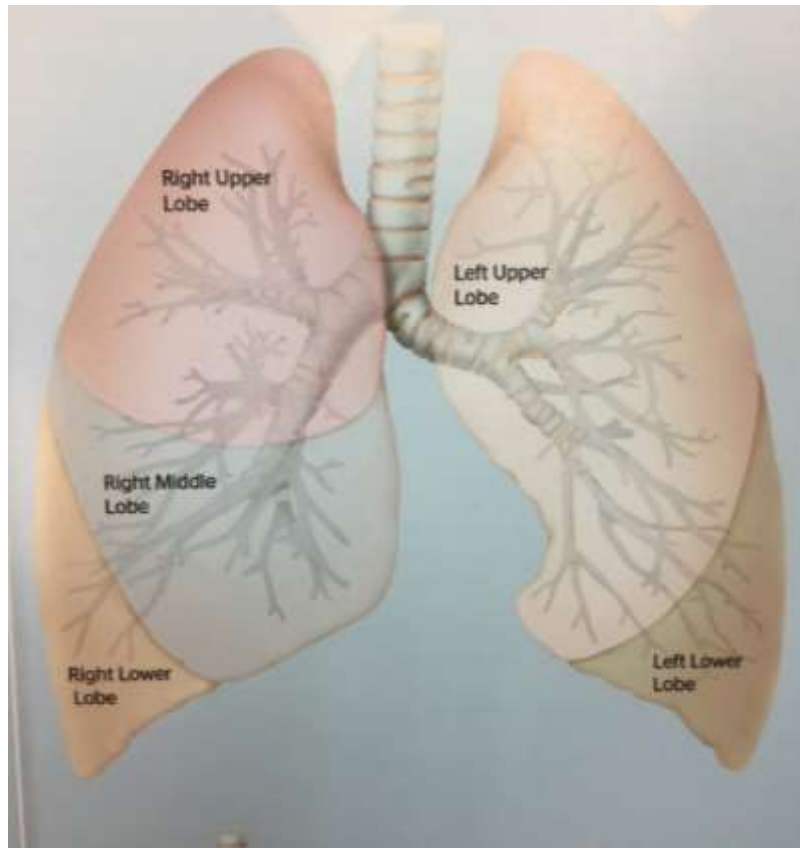


Health education number:CS-107

Set date:2008.11.30.

Review date:2024.01.30

Preoperative and postoperative education for patients with lung tumor



To deliver intelligent and holistic medicine and to provide the best healthcare
Compassion Quality Innovation Accountability

All information above has been reviewed by Thoracic Surgery
Edited and published by the Department of Nursing,
Taichung Veterans General Hospital

I. Introduction:

Lung tumor surgery is performed by traditional thoracotomy or thoracoscopic surgery. Thoracoscopic surgery is a minimally invasive surgery that replaces large wounds with small wounds through endoscopy. If it is a malignant tumor, lymph node removal will be performed. The scope of surgery is determined by the doctor.

II. Check-ups before surgery:

1. Routine examination of blood, urine, and feces
2. Chest X-ray
3. Pulmonary function test
4. Ultrasound of abdomen
5. Chest CT
6. Electrocardiogram
7. Pre-anesthesia visit
8. Consultation of RT and pain control specialists.
9. Other examinations are required for medical conditions (such as positron photography, whole body skeleton nuclear medicine, bronchoscopy, and biopsy, etc.)

III. Preoperative preparations

1. Quitting smoking early can avoid postoperative excess sputum and difficult expectoration.
2. Maintain proper nutrition and maintain emotional stability.
3. Completed consent form for surgery and anesthesia.
4. No food or water after midnight

IV. Learning before surgery:

1. Practice an incentive spirometer :

Please follow the " Incentive spirometer guide " health education leaflet. It can be done 10-20 times an hour, and continue to be used after returning home before and after the operation.

2. Coughing exercises :

Sit or lie down on the bed, lean upper body forward mildly, and support your wound with your arms, a pillow or a rolled up towel.

Breathe deeply twice and then hold the breath after inhale on the third deep breath and then breathe out in a short, sharp manner.

V. Preparation for the day of surgery:

1. Removal of watches, accessories, removable dentures, prosthetic eyes, prosthetics, and nail polish.
2. Change surgical gowns, empty bladder, and wait for notification from the operating room.

VI. Postoperative care:

1. No oral intake is allowed until permission by the surgeons. High protein food (e.g: lean meat, beef, eggs, or milk) and Vit C (e.g.: citrus fruits, tomatoes, dark green or yellow-reddish vegetables) are recommended.
2. Fowler's position can facilitate the drainage of the chest tube. If the volume of drainage tube increases, decreases or changes in color

- suddenly, inform nurses immediately.
3. Practicing the incentive spirometer to facilitate lung expansion, and both can do hands raising for chest expansion exercise.
 4. Use steam inhalation in fowler's position, inspire from the mouth and expire with nose. Do chest percussion after inhalation to improve sputum cleaning.
 5. If the wound incurs unbearable pains, inform nurses so that they will give you analgesics as prescribed.
 6. The wound should be kept clean and dry when bathing, if you get wet, please notify the nurse at any time.
 7. Maintain the patency of drainage. (e.g.: Foley catheter, IV route, chest tube, the pain control monitor.).
 8. Turn over at least every two hours. For node resection, wedge resection, and lobectomy, the patient should avoid lying on the affected side. For pneumonectomy, the patient should avoid lying on the side completely to facilitate the expansion of the remaining lung on the affected side.
 9. Progressive early walking is encouraged to increase respiratory function and activity endurance.

VII. Home care:

1. After the operation, there will be pain due to the injury to the intercostal nerve. This kind of nerve throbbing and tingling sensation can be gradually improved with "oral painkillers" or "pain-relieving patches" and appropriate physical activity, but some patients may take a long time to improve. If the

pain is seriously affecting your daily life, you can discuss it with your doctor to find a solution.

2. Change the dressing every day according to the method taught by the nurse, and keep the wound clean and dry. If the wound is red, swollen, hot, and painful, with chills, shortness of breath, aggravated cough, and hemoptysis, you should seek medical attention immediately.
3. After the chest tube was removed, the wound sutures were removed, and the sutures were removed in the outpatient clinic one week after discharge.
4. In addition to having heart disease, high blood pressure, diabetes, kidney disease, or religious factors that require special dietary control, generally a balanced diet is sufficient.
5. Maintain a regular daily routine and a cheerful mood, and avoid irritating foods such as alcohol and coffee.
6. Continue to practice the incentive spirometer.
7. Prevention of upper respiratory tract infections, such as: quitting smoking, refusing second-hand smoke, and avoiding public places.

VIII. Conclusion:

With the rapid development of science and technology, lung tumor surgery not only has small wounds but also avoids intercostal nerve damage caused by rib opening, relieves wound pain, shortens the indwelling time of drainage tubes, and increases the speed of recovery. This health education leaflet allows you to better understand the lung's precautions and care methods before and after tumor surgery.

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Let's take the quiz to make sure you understand

It is necessary to maintain proper nutrition and maintain emotional stability before surgery.

Yes No Don't know

Before surgery, you need to remove watches, jewelry, removable dentures, prosthetic eyes, prosthetic limbs, and remove nail polish.

Yes No Don't know

After lung surgery, the patient should be placed in a lying position to facilitate chest tube drainage.

Yes No Don't know

Practice induced spirometry to facilitate lung expansion, and do chest-expanding exercises with your hands raised.

Yes No Don't know

You should take a shower after surgery to keep the wound clean and dry.

Yes No Don't know