Hiatus Hernia Surgery

Your surgery is on: ________________
Your surgery time is: ________________
Please come to the hospital at: __________
Welcome

Welcome to the Thoracic Surgical Division at University Health Network – Toronto General Hospital Division. UHN is a teaching hospital. We train approximately 6 new thoracic surgeons each year.

Your surgeon has scheduled you for hiatus hernia surgery. This booklet gives you information about your surgery. It will help you prepare for surgery, know what to expect while in hospital and help you get ready for your discharge from hospital and recovery at home.
# Table of Contents

## Welcome

---

## Preparing for your Surgery

- What is a hiatus hernia? 4
- Fixing your hiatus hernia 4
- Tests before your surgery 4
- Your Pre-admission visit 5
- Can the time for my surgery change? 5

## Your Hospital Stay

- What will happen in the post anesthetic care unit? 6
- How will I feel after surgery? 6
- What will happen after surgery? 6
- What incisions, tubes or drains can I expect? 8
- How will my pain be managed? 10
- Pain management options 10
- Are there any side effects of pain medicine? 11
- Are there any other ways to control my pain? 12
- How can my family be involved in my care? 12

## Going Home

- What symptoms may I feel as I recover? 13
- What instructions do I follow once I am home after surgery? 14
- When should I call the surgeon? 17
- Who do I call for more information? 17

## Appendix

- Deep breathing exercises 18
- Walking 18
- Shoulder exercises 19
- Posture 19

## Definitions

---

## Websites

---
What is a hiatus hernia?

The esophagus is the part of your digestive system that connects your mouth to your stomach. It normally ends just below the diaphragm inside the abdomen. The diaphragm is the muscle that separates the chest from the abdomen. The stomach and intestines are below the diaphragm. There is a small hole in the diaphragm. This is called the esophageal hiatus. The esophagus goes through this hole and attaches to the stomach. When your stomach or intestines slip up through this hole in your diaphragm, you get a **hiatus hernia**.

A hiatus hernia can cause a number of symptoms.

1. You may have “**heartburn**” because of reflux. Reflux happens when fluid from your stomach backs up into your esophagus. This may feel much worse when you lie down.
2. You may have trouble eating some foods. Alcohol, spicy foods, caffeine and/or eating a large meal may be painful.
3. You may have trouble swallowing or feel pain when you swallow.
4. You may feel discomfort or pain when you are under stress and/or tension.

Fixing your hiatus hernia

To repair the hiatus hernia, your surgeon will pull the stomach and intestines back down into the abdominal cavity. The stomach is then stitched in place to stop it from slipping up again.

You will stay in the hospital 1 to 5 days. Your discharge from hospital is based on your recovery. You may be told during morning rounds by the team that you are well enough to go home that day. You should prearrange your own ride home before coming into hospital.
Tests before your surgery
To prepare for your surgery, you will have a complete physical examination. You may also need several tests before your surgery. These tests help the surgeon to plan your surgery. These tests may include one or more of the following:

- pH study
- endoscopy
- barium swallow
- exercise oximetry
- chest x-ray
- PFT
- We will give you information about the tests that you need. We do these tests to look for any other health problems. Managing these health problems before surgery can decrease your risk of complications from surgery.

Your Pre-admission Visit

- For specific information about your pre-admission visit, please refer to “Your Information Guide for Surgery” booklet.
- During your pre-admission visit, we will take you on a tour of 10 Eaton South, the inpatient ward where you will go after surgery. Our physiotherapist may show you the Step Down Unit during this tour.

Please note:
If you do not come for your pre-admission visit, your surgery will be canceled unless other arrangements have been made for you.

Can the time for my surgery change?
Yes. Several of our Thoracic surgeons perform lung transplants. If we need to do a transplant or another emergency comes up, we may need to reschedule your surgery for another date and time.
In this section, we will tell you what to expect while you are in the hospital. We will help you understand the equipment that we will use to care for you and tell you how your family can help.

**Where will I go after surgery?**

- You may stay in the Post Anaesthetic Care Unit (PACU)/recovery room from several hours to overnight. The length of time depends on your health. When you are stable, we will take you up to 10 Eaton South (10ES). You may go to the Step Down Unit (SDU) or to a regular ward bed depending on your condition.
- There are 4 beds in the SDU. There are both male and female patients being cared for in this room. A Thoracic Nurse will be in the room with you at all times. You will stay in the SDU overnight.
- As your health improves you will be moved to a regular ward room. You will stay on 10 ES until you are discharged.

**How will I feel after surgery?**

- During your surgery, we will give you a general anesthetic. This will make you feel sleepy for some time after the operation.
- You may have nausea and be sick to your stomach. The nurse will tell you to take deep breaths. This helps to decrease your nausea and fully expand your lungs.
- During your surgery, you will also have a breathing tube in your throat. This may cause your throat to be sore afterwards. It will feel better after a couple of days. Tell your nurse and doctor if your throat is sore.

**What will happen after surgery?**

- Your nurse will be checking your blood pressure, pulse and temperature. The nurse will also be checking your heart, breathing and oxygen level.
- You will do breathing and coughing exercises. These are the exercises that the Pre-admission nurse and physiotherapist taught you. These exercises are very important. They will keep your lungs clear and well expanded. After surgery, your body will make more mucous in your lungs than usual. You must cough the mucous out as this will help to prevent pneumonia.
- Do the exercises at least 10 times per hour while you are awake. Instructions are also at the end of this book (see the Appendix on page 18).
• You will walk in the halls of the unit. Walking will also help to expand your lungs. To get you back to walking, your team will help you follow these steps.

1. First we will help you sit at the side of your bed and “dangle” your legs.
2. You may be out of bed and walking around your room on the evening of surgery.
3. On the morning after your surgery, we will help you to sit in a chair.
4. The first morning after surgery you will go for a short walk out in the hallway. You will have a high-wheeled walker to help support you.
5. You will walk out in the hallway 2 to 3 times a day.
6. Your activity will be gradually increased. The nurse and physiotherapist will continue to help you until you can walk on your own.

Please note: On 10ES, 23 laps around the unit equals one mile.

• A physiotherapist may treat you once or twice a day. How often you see the physiotherapist will depend on your condition during the daytime. The physiotherapist will help you with your:
  - Deep breathing and coughing exercises. These exercises help to clear your lungs of mucous.
  - Shoulder exercises on the side of your operation. These exercises help you to keep your shoulder joint moving fully.

Your nurse will help you with these exercises at night.

• You will not be able to eat or drink for 24 to 72 hours after surgery.
• You will have a barium swallow test performed before you can eat or drink anything after the surgery. This test will be done 1-5 days after your surgery. We are checking to make sure that there are no areas that are leaking inside.
• Gradually, we will restart you on regular food.
  - You will begin with sips of water.
  - You will move onto clear fluids (e.g. jello, clear juices, broth, tea, ginger ale)
  - Once you can manage this, you will have full fluids (pudding, ice cream, milk, cream soups)
  - You may go home eating full fluids. Your appetite may be poor. You may not be able to eat your regular size portions right away.
• Our dietitian will teach you about the post hiatus hernia diet. You must follow this diet for 6 – 8 weeks after your surgery. We give you more details of this diet on page 14.
What incisions, tubes or drains can I expect?
You will have:

<table>
<thead>
<tr>
<th>Incisions, tubes or drains</th>
<th>Explanation</th>
</tr>
</thead>
</table>
| **Incisions**              | Your surgeon will tell you where your incision will be. He or she will tell you how big it will be. You will have 1 of the following incisions:  
  - A thoracotomy means the incision is on your side. It may be from 8 – 25 cm long (2.5 – 10 inches).  
  - A laparotomy means the incision is down your stomach. It may be from 8 – 25 cm long (2.5 – 10 inches).  
If you are having video assisted surgery (VATS), you will have 3 incisions on your stomach. Each incision will be approximately 3 cm long (1.5 inches). Bandages will cover your incisions. We will remove these bandages 2 days after your surgery. |
<p>| <strong>Stitches / Sutures</strong>     | The surgeons usually use dissolvable stitches to close your incision. This means they go away on their own. If they are not dissolvable, the nurse will remove the stitches 5 - 7 days after your operation. You may need to go to your family doctor to have your stitches removed. We will tell you if this is necessary. |
| <strong>Chest tube</strong>             | If you have a thoracotomy incision, you will have 1 - 2 chest tubes coming out of the side of your chest. These tubes remove air and fluid from your chest cavity. The tubes are attached to a machine called a Pleurovac™. The Pleurovac™ is then attached to a suction source either on the wall or battery operated. The chest tubes will go into your side through small incisions or holes. Your chest tube is usually removed 1 – 2 days after your surgery. To keep the chest tubes in place, we will use stitches to secure them. These are not dissolvable. The stitches will be removed 1-7 days after the tubes are taken out. |
| <strong>Heart monitor</strong>          | If you have a thoracotomy incision, you will be on a heart monitor. This does not necessarily mean that there is a problem with your heart. We do this routinely for all patients who have this surgery. You will be on the heart monitor for 1 - 2 days. |</p>
<table>
<thead>
<tr>
<th>Incisions, tubes or drains</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Foley catheter</strong></td>
<td>You may have a tube draining your bladder. This is called a foley catheter. The nurse will measure how much urine you pass. This tube will usually be in for 1-2 days. When the tube is removed, the nurse will still measure your urine.</td>
</tr>
<tr>
<td><strong>Nasogastric Tube (NG)</strong></td>
<td>You may have an NG tube in your nose. The NG tube will drain fluid and air from your stomach. This prevents bloating, nausea and vomiting. Your NG tube is usually removed 1 – 2 days after surgery. Depending on your surgery, the NG tube may need to stay in longer. You will not be able to eat or drink while the NG tube is in.</td>
</tr>
<tr>
<td><strong>Intravenous (IV)</strong></td>
<td>You will have an IV. We will use it to give you fluids and medicines. The IV will stay in until you are drinking well. This is usually in for 2-3 days.</td>
</tr>
<tr>
<td><strong>Arterial line</strong></td>
<td>You may have an arterial line. This tube looks like an IV. It is used to take blood samples without having to poke you with a needle. This is usually put in the opposite arm to the IV. The arterial line will be in for 1-2 days.</td>
</tr>
<tr>
<td><strong>Oxygen</strong></td>
<td>An oxygen mask will cover your nose and mouth. When you do not need the oxygen mask anymore, you may be placed onto nasal prongs. Nasal prongs sit just below your nose. Both types give you extra oxygen. You may need this overnight or for a few days after your surgery. When your lungs are working well enough the oxygen will be taken off.</td>
</tr>
<tr>
<td><strong>Pain medicine pump</strong></td>
<td>You will have a pump for the pain medicine. This will be attached to your IV, to an extra pleural catheter or to an epidural tube.</td>
</tr>
</tbody>
</table>
**How will my pain be managed?**

We will work with you to manage your pain. We encourage you to take the pain medicine regularly. This will stop the pain from getting worse. You will only be on the pain medicine for a short time. Therefore, you will not become addicted to it.

We can give you pain medicine in different ways. The methods we use are listed below. We will talk more about this at your pre-admission visit.

**Pain management options**

There are several ways to manage your pain. These include:

<table>
<thead>
<tr>
<th>Pain method</th>
<th>How this method works</th>
</tr>
</thead>
</table>
| **Epidural pain control**| With an epidural, one of your doctors will put a small tube in your back. The tube is the same as the one used by women during childbirth. This is usually done right before your surgery.  
To put it in, you need to lie on your side in a curled up position or sit up. The doctor will clean and freeze an area of your back. A needle is placed into your back. A small tube is placed through the needle. The needle is removed and the tube is taped to your back.  
Medicine is given through the tube to provide pain relief. The epidural is left in place to give you pain medicine after your surgery. The medicine given is an opiate (pain killer) and local anesthetic (freezing). The medicine may make your legs feel numb, heavy or difficult to move. Your nurse will check to see if this is a problem.  
The tube will be attached to a pump. The pump gives you the medicine. You can give yourself more medicine if you need it. To do this you press a button on the pump. We will show you how to use your epidural pump during your pre-admission visit. |
| **Extrapleural catheter** | If you have a thoracotomy incision, you may receive pain medicine through a small tube placed just under your skin where your incision is located. The medicine is put in using a machine. You may get your pain medicine this way for several days after your surgery. |
### Pain method

<table>
<thead>
<tr>
<th>Pain method</th>
<th>How this method works</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intravenous (IV)</strong></td>
<td>A PCA pump is connected to your intravenous (IV). The pump gives you pain medicine through your IV when you push the button. You should press the button:</td>
</tr>
</tbody>
</table>
| **Patient Controlled Analgesic or PCA** | • when you start to feel pain  
• before you do something that brings on pain  
• before you do deep breathing and coughing exercises, and  
• before you start to move or turn.  
You should feel the effects of pushing the button within 2-3 minutes. If you do not feel any pain relief, let your nurse know.  
There is a limit to how much pain medicine you can have in any 4 hours. To control how much medicine you get, the PCA pump has a safety timer called a lock out. The lock out time is 5–10 minutes after you have pressed the button. If you press the button during the lockout time, you will not receive more medicine.  
**Only you should press the button.**  
Do not use the PCA for gas pain. |
| **Intravenous (IV) Medicine** | Your pain medicine is given through an IV. It is important to let your nurse know when you have pain. She or he can give you the pain medicine. If you do not feel any pain relief, let your nurse know. |
| **Medicine by mouth**       | You may be given your pain medicine in tablet form. This will happen once you are drinking fluids and your pain is well controlled. This usually starts 1 to 3 days after your surgery. Let your nurse know when you have pain. She or he can give you the pain medicine. |

---

**Are there any side effects of pain medicine?**

Some patients may have some side effects. These can include:

- constipation
- nausea and vomiting
- sleepiness
- itching
- headaches

Tell your nurse if you have any of these side effects.
Are there any other ways to control my pain?

There are other ways of managing pain. These include:

<table>
<thead>
<tr>
<th>Other ways to control your pain</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Relaxation Breathing</strong></td>
</tr>
<tr>
<td><strong>Visualization</strong></td>
</tr>
<tr>
<td><strong>Massage</strong></td>
</tr>
<tr>
<td><strong>Therapeutic Touch</strong></td>
</tr>
</tbody>
</table>

How can my family be involved in my care?

- We encourage your family to be involved in your care. Things they can do include:
  - sharing information
  - decision making
  - being present for tests
  - helping with your care
- It is really important that your family take care of themselves. Your relatives may become very tired while you are in hospital. The nurse may ask your family to take a break. This may mean going home for a rest.
- We have a visitor’s lounge for your family to sit. We also have specific visiting hours. They are 11:00 a.m. to 9:00 p.m. There is a rest period in the Step-Down Unit from 1:00 – 2:30 p.m. daily.
- Only two people may visit at one time.
- Please check with your nurse or dietitian before anyone brings food in for you. You will have special diet needs after surgery, which will restrict the food that you can eat.
Going Home

During your hospital stay, we will help you to prepare for going home.

What symptoms may I feel as I recover?
Your healing and recovery will not happen overnight. Each person recovers at his or her own pace. Recovery time depends on a number of things such as age, general health and mental attitude. Your family doctor can help you to manage your symptoms as needed. These may include the following:

Appetite
Your appetite should return to normal within a few weeks. Your appetite will increase as your level of physical activity increases. If your appetite is poor, try smaller, more frequent meals. Ensure you drink fluids (minimum of 6 cups per day unless your doctor or dietitian tells you otherwise).

Try to eat high protein and high calorie foods. Soups, plain foods and light meals are easier to digest. If a poor appetite continues to be a problem, you should see your family doctor.
You will be on a special diet. More details are included later in this booklet. Our dietitian will talk to you about this.

Bowel Routine
Constipation is common when you take pain medicine. Drink plenty of fluids (a minimum of 6 cups per day unless your doctor or dietitian tells you otherwise). You can add bran, high fibre breads and cereals (without nuts, seeds or dried fruits in it) or prune juice to your diet. Eat plenty of cooked vegetables, skinless and seedless fruits.

You will be prescribed a stool softener while on the pain medicine. You may also use a mild laxative if you need one. Your normal routine should return once you stop taking the pain medicine. If you have further problems see your family doctor.

Pain
As you become more active you may have more discomfort. We will order pain medicine for you when you are discharged. It is important to take pain medicine as needed. This will help you to recover. Your family doctor can help you to manage side effects of the pain medicine if you have them.
Emotions
You may feel tired and discouraged for several days or weeks after surgery. As you recover and regain your strength, this should improve. If not, please see your family doctor.

What instructions do I follow once I am home after surgery?

Activity
You may gradually increase your activity. Walk at least once everyday, as you can tolerate it. Follow the exercise program listed in the Appendix on page 18.

Returning to work
You will be off work between 1 to 6 weeks. Depending on your job, you may need to be off longer. Check with your surgeon when it is safe for you to return to work.

Driving
You should not drive until you are off the pain medicine. The pain medicine you are taking may make you drowsy. You must have full movement of your arm and shoulder before you drive. This is usually 1 - 3 weeks after surgery.

Lifting
No heavy lifting, carrying, pushing or pulling for 4 - 6 weeks. This includes no vacuuming, carrying heavy groceries, shoveling snow, etc. You may lift up to 22kg (10 pounds). Lifting more than this may stress your incision. Your surgeon will tell you when you can begin regular activities.

Sexual activity
You may resume sexual activity as before surgery. Avoid positions that cause strain on your incision.

Sports
You may swim after 2 – 3 weeks. You can golf after 3 - 4 weeks. Jogging, tennis, aerobics and racquetball should not be done for 4 - 6 weeks. Please talk to your surgeon about skydiving and scuba diving.

Travel
Please check with your surgeon about traveling. We usually recommend that you do not travel by air for 2 - 3 weeks.

Medicines
During your hospital stay, your medicines may change. You can review these with your nurse, surgeon or pharmacist before leaving the hospital. Prescriptions will be given to you before you leave the hospital. See your family doctor if you have further questions.
Problems after surgery
Your surgeon will send a letter to your family doctor about your operation. Your family doctor will provide ongoing medical care once you leave the hospital. You should see your family doctor for any problems or questions about your medicines, prescriptions, pain management, sleeping problems, appetite or constipation.

Follow up appointment
You will be told when to see your surgeon. This is usually in 2 - 6 weeks after surgery. If you do not have an appointment for follow-up before leaving the hospital, call your surgeon’s office. You should call to arrange a follow-up visit within a week of going home.

On the day of your follow-up appointment, go to the x-ray department first. You will have a chest x-ray done.

Please bring your blue hospital card and your health card to your follow-up visit.

Your special diet
You will need to follow a special diet for 6 – 8 weeks. The dietitian will talk to you about your special diet before you go home. If you continue to have problems with your diet after your follow up appointment make sure you call your surgeon’s office.
For the first 6 – 8 weeks, please do the following:
- Eat slowly and chew your food well. Take small bites of food.
- Sit upright when eating. Stay sitting up for at least 45 minutes after eating. Do not lie down during this time.
- Avoid swallowing air. Do not drink with a straw. Do not drink carbonated drinks (i.e. pop and beer)
### Foods that you should eat

<table>
<thead>
<tr>
<th>Foods</th>
<th>Foods</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Ground beef, chicken or</td>
<td>- Sandwich meat</td>
</tr>
<tr>
<td>fish with sauce or</td>
<td></td>
</tr>
<tr>
<td>gravy to moisten it</td>
<td></td>
</tr>
<tr>
<td>- Soft bananas</td>
<td>- Canned or cooked fruit</td>
</tr>
<tr>
<td></td>
<td>and vegetables</td>
</tr>
<tr>
<td>- Oatmeal, cream of wheat,</td>
<td>- Toasted bread, crackers</td>
</tr>
<tr>
<td>cereal with milk</td>
<td>or melba toast</td>
</tr>
<tr>
<td>- Eggs: soft poached, soft</td>
<td>- Soups, stew or casseroles</td>
</tr>
<tr>
<td>boiled, scrambled, omelet</td>
<td></td>
</tr>
<tr>
<td>- Meatloaf and gravy</td>
<td>- Salmon loaf with sauce</td>
</tr>
<tr>
<td>- Shepherd’s pie with gravy</td>
<td>- Spaghetti and sauce,</td>
</tr>
<tr>
<td></td>
<td>macaroni and cheese,</td>
</tr>
<tr>
<td></td>
<td>lasagna</td>
</tr>
</tbody>
</table>

### Foods that you should NOT eat

<table>
<thead>
<tr>
<th>Foods</th>
<th>Foods</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Dry chunks of meat,</td>
<td>- Raw fruits and vegetables</td>
</tr>
<tr>
<td>poultry or fish</td>
<td></td>
</tr>
<tr>
<td>- Fruit with seeds and</td>
<td>- Fresh bread</td>
</tr>
<tr>
<td>skins</td>
<td></td>
</tr>
<tr>
<td>- Granola</td>
<td>- Hard cooked eggs</td>
</tr>
<tr>
<td>- Nuts, seeds and dried</td>
<td>- Popcorn</td>
</tr>
<tr>
<td>fruit</td>
<td></td>
</tr>
</tbody>
</table>

**Notes**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
**When should I call the surgeon?**

Contact your surgeon for any of the following:

- new redness or swelling around your incision
- any drainage or pus from your incision
- increase in pain at your incision
- fever (higher than 37.5°C or 98.6°F)
- diarrhea
- nausea or vomiting
- weight loss or continuing poor appetite
- shortness of breath
- coughing out mucous that is yellow or green in colour, or has a bad smell
- coughing up fresh red blood
- anything else that concerns you about your recovery.

If you have more questions after you leave the hospital, please call your surgeon’s office:

Dr. G. Darling   (416) 340 - 3121  
Dr. M. De Perrot  (416) 340 - 5549  
Dr. S. Keshavjee  (416) 340 - 4010  
Dr. A. Pierre    (416) 340 - 5354  
Dr. T. Waddell   (416) 340 - 3432  
Dr. K. Yasufuku  (416) 340 - 4290

**Who do I call for more information?**

While you are in the hospital, you or your family can talk to your nurse or other team members on 10 ES. The number is: (416) 340 - 3166.

Before or after your surgery, you may call the Nurse Practitioner for Thoracic Surgery. Her name is Susan Walker. Her number is: (416) 340 - 4038.

If you have an emergency, call 911 or go to your nearest Emergency Department.

If you need information about the time of your surgery, tests or appointments with your surgeon, call your surgeon’s office. The number is listed above.
Appendix

To help with your recovery at home, you will work on 4 exercises:
1. deep breathing and coughing
2. walking
3. arm exercises
4. posture
If you have any questions about these exercises, call 10ES and ask for the physiotherapist, Anne Kuus. The number is: (416) 340 - 3166

Deep breathing exercises
1. Take a deep breath in through your nose.
2. Hold for a second or two.
3. Blow the air out through your mouth. Do not force the air out.
4. Repeat slowly several times, then...
5. Cough deeply. Not a shallow throat cough. Support your incision with a pillow or your arms.
6. Rest briefly, then…
7. Repeat steps 1 - 6.

Repeat these exercises 10 times every hour while awake.
Do these exercises until you are up and moving around.

Walking
Walking is the best exercise you can do after this surgery. When, where and how long you should walk will depend on your condition when you leave the hospital. We will give you information about walking before you are discharged. This chart will help you with your walking routine.

<table>
<thead>
<tr>
<th>Week #</th>
<th>Minutes to walk</th>
<th>Number of times per day</th>
<th>Number of blocks to walk</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Places to walk:
   1. Up and down the hallways of your apartment or condominium.
   2. Outside in a park or along a sidewalk. Make sure there are benches along the way. You may need to sit down and rest.
   3. In shopping malls, early in the morning. Many malls now cater to people who need to exercise indoors. Many malls open their doors as early as 7:30 am. This way you can exercise before all the crowds arrive.

Shoulder exercises
If you have a thoracotomy incision, the shoulder on the side of your operation may become stiff. This is because of the location of your incision. Continue these exercises until your joint stiffness is gone.

Do these exercises 2 - 3 times a day in front of a mirror. Watching yourself in the mirror helps you to keep good posture. Make sure that your shoulders are level.

What to do:
   1. Clasp your hands together. Lift your arms straight up over your head. Lower to the starting position. Repeat 5 times.
   2. Clasp your hands together. Lift your arms up over your head. Continue until you touch the back of your neck. Lower them to the starting position. Repeat 5 times.
   3. Place one hand behind your back. With the tip of your thumb, try to touch your shoulder blade. Lower your hand to the starting position. Repeat 5 times.

Posture
After you have surgery with a chest incision, it is easy to develop bad posture. It is important that you keep good posture after your surgery. When you are sitting, standing or walking, make sure your shoulders are level and your back is straight.
Definitions

“Your Information Guide for Surgery” booklet lists many general medical terms. The definitions below are other terms that are related to thoracic surgery. You may hear these terms used by the health care team members who are looking after you.

**Barium Swallow:** You will be asked to drink a special fluid. This test is usually done 1 - 2 days after your surgery. We are checking to make sure everything is healing. You cannot eat or drink anything until after this test is done.

**Chest x-ray:** A chest x-ray is a special picture of your lungs and other structures in your chest. We use a special machine to take the picture. Sometimes the x-ray technicians will bring the machine to your room to take the x-ray. When you are well enough, you will go to the x-ray department.

**Dressing:** A dressing is a bandage on your incision.

**Endo Suite or Endoscopy**
The Endo Suite is the unit where you may have a bronchoscopy or endoscopy done.
The location of the Endo Suite is:
  - 2nd Floor
  - North Building
  - Toronto General Hospital.
*During an endoscopy, the surgeon uses a special camera to look down into your esophagus and stomach. You will be sedated for this test and you will be in the hospital for 1 - 3 hours. You must have someone to accompany you home after this test.

**Exercise Oximetry:** The physiotherapist (PT) may do exercise oximetry to measure the level of oxygen in your blood. A small probe (like a clothes pin) is clipped onto your finger. There is no pain with this test. If you are able to, you will walk with the PT for 6 minutes. You may also go up some stairs.
Pulmonary function test (PFT): a special breathing test to assess your lungs. You may have this done before surgery. This test takes about 1 hour.

pH Study: A small probe is inserted through your nose into your stomach. It is left in for 24 hours. This measures the amount of acid in your stomach.

Thoracic: This is a term that we use when we talk about anything to do with the chest.

Key Points
The following are key points that you must remember:
- You must attend your preadmission visit.
- Do not eat anything after midnight, the night before surgery. You may have clear fluids to drink up to 5 hours before surgery.
- On the morning of surgery, take your medicines with a small sip of water as instructed by the anesthetist.
- On the morning of surgery, arrive at the Surgical Admission Unit at the designated time.
- Arrange for someone to help you after surgery once you return home.
- Arrange a drive home.
- You must not drive until you are off the pain medicine. This is usually 2 to 14 days after surgery.

If you have ideas to improve this booklet, please let us know.
Call Susan Walker at: (416) 340 - 4038.
Websites

The Society of Thoracic Surgeons (STS)
http://www.sts.org/sections/patientinformation/

Merck Manual, Digestive Disorders
CzzSzzSzwwwzPzmerckzPzcomzSzmrksharedzSzmmanual_home2zSzsec09zSzch131zSzch131czPzjsp - ind09-ch131-ch131c-8352

Up-To-Date Patient Information

Questions and notes

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________