



THORACIC Post-Operative Care

Dr Davidson will discuss the pertinent points of your post-operative care with you upon discharge but in general the following information is applicable to most patients:

Wound Care: Upon discharge, it is strongly recommended that you shower daily, but it is vitally important that you do not bath for the first six weeks, as the wounds must not be soaked in water for a long period of time. You may use your usual brand of soap and wash normally. After showering, dry the wounds well and then clean them twice daily with Surgical Spirits. Do not use Savlon or any other disinfectants as these may cause rashes that can impair wound healing. If you are concerned about the possibility of infection, or there is a slight oozing from the wound, then please dress the wound with Mercurochrome after cleaning it with the spirits. If the wound remains red and inflamed, or oozes copiously, or emits puss, then please contact the rooms to schedule an urgent appointment with Dr Davidson.

Stitches & Clips: While Dr Davidson closes most wounds subcutaneously (that is with dissolvable stitches), the drain stitches and any skin clips used would need to be removed around 10 days after discharge from hospital. An appointment should be made by the ward staff for you to attend the local wound clinic upon discharge.

Please note: The drain sites may take more than one month to heal completely. The wounds in the beginning may often look red and mucky. Often after removal of the drain stitch, the wound may open up a bit and may ooze a small amount of fluid. This is usually not cause for alarm. Please continue to clean the wounds with Surgical Spirits twice daily until nicely healed. If further concerned about the possibility of infection, then please dress the drain sites with Mercurochrome after the spirits.

Pain: Remember, it is easier to prevent pain than it is to treat deep seated or intense pain once it has set in, so please use the pain tablets regularly as prescribed for the first month after the operation. Thereafter, you may gradually wean yourself off the medication by decreasing the amount of- or frequency of the tablets used until you no longer need them.

Medication: You will be given a new prescription upon discharge from hospital. Please note that this script may often differ from your prior prescription. The list of medication will be explained to you by Dr Davidson at the time of discharge.

Of great importance:

**Please use the medication exactly as prescribed and
DO NOT mix medication from your old script with the medication from your new one.**

Appetite & Diet: One usually will not have much of an appetite for food for the first month to six weeks after the operation. This is normal and to be expected. During this time, food will often taste bland or tasteless. Do not worry. It will take about one month to six weeks for your taste buds to recover. However, it is important that you continue to eat small regular meals so that your body is provided with the energy that it needs to heal and repair itself. We worry less in this time frame about what you eat, (barring sugars in our diabetic patients), and more that you do eat. If you struggle with the thought of eating, then please get Ensure from your local pharmacy to supplement your diet and energy requirements in the interim until your appetite recovers.

Remember: life is always a balance between disease prevention and enjoying life; so everything in moderation.

Alcohol: It is best to avoid alcohol during the first six weeks of your recovery as even a small amount of alcohol may cause you to become quickly intoxicated.

Exercise: It is vitally important that you continue to exercise as has been demonstrated in hospital. While it may initially feel like you have run the Comrades every time that you walk to the bathroom, your lungs need to be exercised for good health. So twice a day, you should go for a nice long walk or climb stairs in order to improve your effort tolerance. The length of the walk should be gradually increased every week until you are comfortably walking 1 km in a session by the end of the first month. The aim is to push yourself; but not to the point that you are feeling dizzy or faint. In addition, it is vitally important that you continue to exercise with your spirometer to prevent chest infections and improve your exercise capacity.

Rest: Your recovery period should entail a healthy balance between rest and exercise. In the beginning, you may often require both a morning and an afternoon nap; in addition to sleeping through the night. This too will pass as your body recovers. If you are having sleeping difficulties though, please contact the rooms, as your regular sleep-wake cycle may have been disturbed by your stay in the ICU and it may be necessary to prescribe a sleeping tablet to restore a normal sleep pattern.

Driving: You will not be able to drive for the first two weeks after undergoing a thoracoscopic procedure, or for one month after having undergone a thoracotomy.

Follow Up: Please schedule a follow up appointment to see Dr Davidson in three to four weeks after your discharge. It is important that he sees you again before you run out of medication. Please do not mix your old medication with your new script; but stick strictly to the prescription given to you upon discharge.