Video-Assisted Thoracic Surgery (VATS)

This pamphlet provides helpful information to guide you through Video-Assisted Thoracic Surgery (VATS). It describes the surgery and the care before, during and after your hospital stay. This information will answer many of your questions. Please ask if you have any other questions or concerns.

VATS uses a “minimally invasive” method. During VATS, your surgeon can view and operate inside the chest using a thin scope and 2 or 3 small incisions. Using this method, the surgeon may:

- Remove a portion of the lung.
- Biopsy a tumor.
- Drain fluid from around the lung.
- Prevent repeated episodes of pneumothorax (collapsed lung).

As compared with chest surgery that uses a long incision, patients who go through VATS often have:

- A faster recovery.
- Shorter hospital stay.
- Less pain.

Before Surgery

Please tell your surgeon or nurse about any allergies and all your medicines, including:

- Prescription, over-the-counter, and herbals.
- Aspirin.
- Any medicines that contain aspirin or non-steroidal anti-inflammatory drugs, including ibuprofen (Advil®, Motrin®). If you are unsure about which medicines are included in this group, ask your doctor, nurse or pharmacist.

In some cases, medicines may need to be stopped prior to surgery.

Be sure to follow your surgeon’s guidelines about stopping any medicines, including aspirin. As needed, Acetaminophen (Tylenol®) can be taken for minor pain, unless instructed otherwise.

Night Before Surgery

Do not eat or drink after midnight. As instructed, take needed medicines with small sips of water. It is a good idea to shower the night before surgery. All nail polish should be removed.
What to Bring to the Hospital

Be sure to bring:

■ A list of allergies.
■ A list of all your current medications (prescription, over-the-counter, and herbals).
■ Photo ID.
■ Medical insurance information.
■ Medicare card (Medicare patients only).
■ Copies of your advance directive, living will or power of attorney (if you have completed these forms).

Please leave all valuables (jewelry, credit cards, money) at home. You may not wear any jewelry during surgery.

Arrival

Please come to Same Day Surgery Reception on the 5th Floor of the Galter Pavilion as instructed by your surgeon’s office or the pre-op nurse. If you were not given a specific arrival time, please arrive 2 hours before the time of your surgery.

Parking is available for patients and visitors in the garage at 222 East Huron Street, across from the Feinberg and Galter pavilions. For discounted rates, please bring your parking ticket with you. Tickets can be validated at the Customer Service Desks on the 1st and 2nd floors of the Feinberg and Galter pavilions, and on the first floor of Prentice Women’s Hospital.

When you arrive at the registration desk, the staff will check you in and update your information as needed. They will then direct you to the waiting area until you are called by the nurse. The staff will notify you if there is any delay.

You will be escorted to the pre-op area on the 7th Floor, Feinberg Pavilion. Visitors who plan to stay and wait may wish to check in with the volunteer staff in the Surgical Waiting Room on 7 Feinberg. This helps ensure that they can be contacted when your surgery is over.

Pre-Surgery (pre-op) Preparation

Once in the pre-op area, you will change into a hospital gown. The nurse will review your medical history and take your temperature, blood pressure and pulse. Be sure to tell the nurse the exact time you last had anything to eat or drink.

An IV (into the vein) line will be placed into your hand or arm. Medicine is injected into the IV to help you relax.

During Surgery

Once you arrive in the operating room (OR), general anesthesia is given. It begins with IV medicine and includes breathing anesthetic gases mixed with oxygen. You will not be aware of the surgery or your surroundings. A breathing tube is placed into your windpipe to help you breathe during surgery. This is why some patients have a slight sore throat for a day after surgery.
You will be positioned comfortably on your side. A very small incision is made, usually between your 7th and 8th ribs. A tiny camera on a tube, called a “thoracoscope,” is then inserted through the opening. One or 2 other small incisions are made, and the surgeon will perform the surgery.

**Figure 1**

![Figure 1](image)

At the end of your surgery, all but 1 of the small incisions will be closed. A chest tube is placed in this incision and connected to a container. The tube will drain air and fluid from the chest.

**After Surgery**

Once in the recovery room, a chest X-ray is taken. Pain medicine is given to keep you comfortable. Oxygen will be given through small tubes that are placed just inside your nose. An IV will remain for needed fluids and medicines. From the recovery room, you will go to the post-op unit located on 11 West, Feinberg Pavilion.

Your nurse will have you begin coughing and deep breathing exercises right away. This includes using a hand-held device called an incentive spirometer. (See Figure 2.) This device allows you to see how deeply you are breathing. Deep breathing is important to:

- Keep your lungs clear of fluid and mucous.
- Guard against pneumonia.
- Improve how well your lungs work.

**Figure 2**

![Figure 2](image)
Do these exercises 10 times every hour while awake. Be sure to support your incision as shown by your nurse.

Most patients will have pain that increases when they take deep breaths, cough or move. Your nurses will give you medicine to control the pain. Be sure to tell them how the medicine is working. Rate your pain on a scale of 0 to 10 with 0 meaning no pain and 10 the worst pain you could imagine. Take pain medicine at regular times, as needed. The goal is to keep your pain at a rating less than 4. Good pain control along with deep breathing and walking help speed your recovery.

You will begin with a clear liquid diet and progress to your regular diet. If you have any stomach upset, please tell the nurse. Most patients are out of bed with help on the day of surgery and walking in the hallways the next day. It is important to walk in the hall 4 to 5 times each day.

The IV and chest tube are removed before you go home. Most patients are ready to go home 1 to 3 days after surgery. The nurse will review your home care guidelines with you and answer any questions. A prescription for pain medicine will be given to you.

**At Home**

**Activity**
Continue to do coughing and deep breathing exercises. Gradually increase your activity each day. Take your pain medicine as directed so that you are able to increase activity as much as possible. Remember that activity reduces your risk for pneumonia. For 2 weeks, do not lift anything over 10 pounds.

Most patients find they are back to their usual routine within 2 weeks after surgery. Talk with your doctor before returning to work or driving. When you return to work will depend on your work and its demands. Most patients may resume driving when they are no longer taking pain medicine and can react in an emergency. This is often 2 weeks after your surgery and your follow-up office visit.

If you are able to walk a flight of stairs without becoming short of breath, you can resume sexual activity. Avoid positions that put pressure on your upper arms or chest area for 4 weeks.

**Pain Management**
Some pain is expected after surgery, but it should lessen each day. Take pain medication with food to prevent nausea. If your pain medicine has acetaminophen or Tylenol® in it, do not take more than 4,000 mg of acetaminophen or Tylenol® in a 24-hour period. Do not take any other medicines containing acetaminophen or Tylenol®. Be sure to contact your doctor for any severe pain not controlled by your pain medicine.

To avoid constipation, drink plenty of fluids along with eating fiber or bran. If needed, you may take an over-the-counter stool softener, such as Colace®. Take it as directed.

**Diet**
You may resume your regular diet.
**Incision Care and Bathing**

You may shower. Do not take a tub bath or go swimming until your incision is completely healed, which is usually in 2 to 4 weeks. Small paper strips (Steri-Strips™) may have been placed over your incisions. You will also have a clear dressing over the chest tube site. You can get both the Steri-Strips™ and the clear dressing wet when you shower. Over time the Steri-Strips™ curl up and fall off. Allow them to fall off on their own. The clear dressing may be removed after 1 day. There may be a suture under this dressing. This suture and any remaining Steri-Strips™ will be removed during your follow-up visit in the doctor’s office.

Do not use lotions, creams, or powders near incisions until they are completely healed. Some bruising or redness can be expected. Itching or a small amount of drainage also is normal. Excessive redness, swelling, pain or drainage from the incision may be a sign of infection. Report these signs to your doctor or nurse.

**Follow-up**

If an appointment has not been made for you, call your doctor’s office to schedule a follow-up visit within 2 weeks after your surgery.

**When to Call the Doctor**

Please call your doctor if you have:

- Temperature of 100.5°F or greater.
- Increased swelling, redness, or tenderness at incision site.
- Drainage from your incision.
- Shortness of breath.
- Severe pain not controlled by pain medicine.
- Any questions or concerns.

Thoracic Surgery Office Telephone Number: 312.695.3800.

**Northwestern Medicine – Health Information Resources**

For more information, contact Northwestern Memorial Hospital’s Alberto Culver Health Learning Center (HLC) at hlc@nm.org, or by calling 312.926.5465. You may also visit the HLC on the 3rd floor, Galter Pavilion at 251 E. Huron St., Chicago, IL. Health information professionals can help you find the information you need and provide you with personal support at no charge.

For more information about Northwestern Medicine, please visit our website at nm.org.