

Care after your chest and/or lung surgery

Thoracic Surgery

Information for Patients

Last reviewed: September 2025

Next review: September 2028

Leaflet number: 257 Version: 4

Introduction

You have had surgery on your chest and/or lung(s). The types of surgery this leaflet talks about are detailed in leaflet 975 'Chest and lung surgery', visit: www.uhleicester.nhs.uk/resources/chest-and-lung-surgery/

This leaflet will explain:

- what to expect when you go home (discharge) after surgery
- what is normal after surgery
- when to get help
- where to go for advice or support when you are home

Being discharged home

A doctor will see you everyday when you are in hospital. This is often in the morning during ward round. The doctors will explain when you are well enough to go home. This is often later that same day.

Please note that most discharges do not happen until the afternoon. This gives us time to make sure everything is ready for you to have a safe discharge

- The doctor will complete the paperwork for your discharge. We will order any medicine that you need will be ordered from the hospital pharmacy. The hospital pharmacy can be very busy. They do try to give medicine quickly. But you may have a 2 to 4 hour wait.
- Please ask your doctor how long you should expect to be off work.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

We will give you:

- Medicines and letters for your GP and/ or community nurse. This is if you need stitches or clips removing. We will post a copy of this to your GP.
- Sometimes patients go home with a chest drain. If this happens, we will give you chest drain information and equipment. You can find more on this on page 8 and 9 of this leaflet.
- A spare pair of stockings, if needed. You should wear these to help stop blood clots in your legs (deep vein thrombosis). You should wear it for 6 weeks or until your ability to move around is back to **your** normal level.
- Please ask for a 'fitness to work' certificate if you need one **before leaving the ward**.
- Most patients are worried about going home. Your confidence will soon return.

Remember: You are an individual and you will get better in your own time. Try not to compare yourself with others. Listen to your body. Exercising will help you in your recovery. But you must balance this with rest.

Getting out and about/ exercising

It is very important that you keep active after lung surgery.

The worst thing you can do after going home is to stay in your bed and not move. This increases the risk of health problems (complications) after surgery. This can be chest infections, blood clots (deep vein thrombosis) and pressure sores.

- You should get up and go to bed at your normal time.
- Have an afternoon nap if needed. This should be no longer than 1 hour. Set an alarm to wake you up. Do not stay in your bed. Even if sat upright in bed your lungs do not expand properly. It increases the risk of complications like chest infections.
- Try to go for a brisk walk, 2 times a day. Slowly increase how far you walk and your pace. You should aim to feel a little short of breath (able to walk and talk). This level of exercise will help your recovery without making you too tired.
- Get out and about. Often patients can feel low in mood after surgery. It is important to spend time with your family and friends.
- Go shopping with family or friends. Lean on the trolley if you need to!
- Remember that we are all individuals and all heal at different rates.
- Try to get back to **your** normal levels of activity within around 6 weeks of surgery.
- By the time you go home you will be able to wash and dress yourself. You will be walking around the ward and hospital.

Looking after yourself

- Women: bras can be uncomfortable for a while. Wear non-wired bras. They tend to be more comfortable while your wounds are healing.
- You can cook. Try not to lift heavy pots or pans. Eating ready meals are often a good idea for the first few days after going home.
- You can do light dusting. Do not vacuum or move heavy objects for several weeks. Do this until you can carry out these movements without a lot of discomfort.
- You will have some shortness of breath. This will depend on the type of surgery you have had and your general fitness.
- Try to move as much as you. This will help you recover. It is okay to go up and down stairs, and go out for walks even when the weather is cold. Make sure wrap up warmly.
- You need to be slightly breathless when exercising/moving around. This proves that you are working hard enough! It will help your lung to fully expand. It will reduce the risk of chest infections.
- Rebuild your stamina and endurance to what is **normal for you**. This is not always a quick process and can take weeks or months.

Pain or discomfort

- You should expect to have some soreness. You should not be in so much pain that you cannot do your day-to-day activities. Being active reduces the risks of chest infection, pressure sores and blood clots.
- Patients report some numbness or change in feeling (sensation) to the front of the chest on the side of their surgery. For women a sensation under their bust. This is normal and is to do with the nerve pathways under the ribs.
- It is normal to have shooting or stabbing pains as any nerves damaged at the time of surgery repair themselves. These sensations can last for several months.
- You should take your painkillers as prescribed. Paracetamol should be the last painkiller you stop taking. Paracetamol is very effective if you take 2 tablets together, 4 times a day.
- Please contact the Thoracic Nurse Specialists if you need advice about reducing your painkillers. You can also ask the doctors at your follow-up appointment.
- Your painkillers are highly likely to make you constipated. You **must** take the laxatives we prescribe you. This is usually Lactulose or Senna. They only work if taken regularly.

Eating and drinking

Your appetite may be smaller after an operation. You may lose some weight. You should try to eat small meals that have more calories than what you would normally eat. You can do this by having full-fat milk, spreads and high calorie additions to your normal diet. For more advice see leaflet 963, 'Eating enough to support your recovery at home': www.uhleicester.nhs.uk/resources/eating-enough-to-support-your-recovery-at-home/

Looking after your wounds

- Try not to touch the wounds. This helps to reduce the risk of infection.
- Your wound should be left without dressings if it is clean and dry. This will help it heal more quickly.
- You can shower. Do not scrub the wound. Try not to use perfumed products until it has completely healed. If you are having a bath then do not sit with the wound in water. This can slow down healing.
- The practice nurse at your local GP will remove stitches (sutures) or clips that you may have. The nurses on the ward will give you a letter and a date for when you will get them removed. These stitches are normally removed 7 to 10 days after drain removal.
- The scabs from the chest drain site can take several weeks to fall off. Do not pick them as doing so may cause infection.

Going to the toilet

Sometimes having surgery and coming into hospital can have an effect on your usual toilet routine.

Drink plenty of water. Eating 2 to 3 pieces of fruit and 3 portions of vegetables a day can help reduce constipation.

We will send you home with a supply of laxatives that can help reduce constipation.

Talk your GP if this problem carries on.

Stockings

We may have given you special stockings to wear after surgery. These help to improve circulation and reduce the risk of getting blood clots in your legs (deep vein thrombosis or DVT).

You should wear the stockings until you return to your normal level of activity. This is usually up to 6 weeks after you have gone home. You should wear these day and night and ask for a spare pair to allow for washing.

Posture and shoulder movement

- Try and keep an upright position. You can check how upright you are in a mirror.
- Gentle side stretches away from your operated side may help your posture.
- Keep your shoulders moving.
- If you have shoulder movement problems that do not go away ask your surgeon or GP for a physiotherapy assessment.
- When sleeping at night you should find whatever position is comfortable for you. You no longer need to sleep upright like you did in hospital, unless you want to.

Emotions

Any sort of operation can affect people emotionally and mentally. It is normal to have feelings of anxiety or depression.

Try talking about your feelings. Remember your friends and family need to talk things over as well. Try to have realistic goals. Remember you can call the thoracic nurse specialists if you are finding this difficult.

Sex

You can continue with sexual relationships when your wounds are healed. This must be within the limits of your comfort and when you and your partner are ready. This may take several weeks. Remember your partner may be worried about hurting you. Try taking less active role.

Driving

You must be able to do an emergency stop without pain when you start driving again. This can be from 2 to 6 weeks after surgery. We recommend that you talk about this with the doctor at your outpatient check up or with your GP when you can start driving again.

Remember to tell your insurance company that you have had chest surgery. This should not affect your policy, but if you do not phone to check it could affect your insurance cover.

Work

Please ask the medical staff for advice at your outpatient check up or talk with your GP. You can return to work when you feel well and comfortable. This might depend on your job and the operation you had. Patients often return after 1 to 3 months.

Flying

You can normally fly 4 to 12 weeks after lung surgery. For more minor operations sometimes you can fly sooner. We advise you check at your outpatient appointment before planning any air travel.

Medicines to take home

Do:

- Always read the label and follow the instructions given by your nurse, doctor or pharmacist. If you do not understand then please ask.
- Ideally take at the same time each day. If this is a problem then contact your pharmacist.
- Talk to your GP if you have pain that does not get better. Never take more than the maximum dose stated on the container.

- Store medications safely away from children and pets. Protect it from heat and light.
- Always keep tablets in their original labelled packaging.
- Swallow tablets whole with a glass of water. Do this unless told otherwise.
- Tell your pharmacist what tablets you are taking if buying other medications from the pharmacy.
- If you need more ask your GP for more supply.
- Medicines can be confusing as the same one can have different names. **Please ask if you are at all unsure.**
- Any concerns please contact the Thoracic Specialist Nurse on **0116 250 2552**.

Do not:

- **Never** share medicines with others or use theirs.
- If you miss a dose, take it as soon as you remember. **Never** double up as this can be dangerous.

Medication can cause drowsiness. Do not drive your car unless advised otherwise by your doctor.

Painkillers (analgesics)

Normally after surgery we will give you a supply of painkillers.

• Paracetamol:

We give most patients a supply of paracetamol to go home with. Unless told otherwise, paracetamol is very effective if taken regularly. A normal dose is:

- 2 tablets together, every 4 hours
- a maximum of 8 tablets in 24 hours (1 day)

It has very few side effects when taken as prescribed painkiller. Other painkillers and cold remedies may have paracetamol in them. If in doubt please check with your pharmacist. You should **never** take anything else that has paracetamol whilst taking paracetamol tablets.

• Co-codamol:

Co-codamol has both paracetamol and codeine in 1 tablet. It is available in a variety of strengths (like codeine 8mg and paracetamol 500mg is called 8/500). **Never** take other medicines that have paracetamol in them whilst taking co-codamol. If you have any concerns please see your pharmacist.

- **Tramadol:**

Do not take tramadol if you have a history of epileptic seizures. For some patients tramadol can cause hallucinations or confusion.

- **Dihydrocodeine:**

This can be taken alongside paracetamol. **Never** take other medicines that have codeine in them whilst taking dihydrocodeine.

Common side effects of painkillers

Co-codamol, tramadol and dihydrocodeine are stronger painkillers that can cause some side effects like feeling or being sick, and constipation. You may need to use a laxative if taking these painkillers regularly.

Never to take paracetamol and co-codamol together.

Do not take extra painkillers without checking with your GP or pharmacist. You may stop taking your painkillers when you feel you no longer need them. **Paracetamol should be the last painkiller to be stopped unless you are told otherwise.**

Many different kinds of painkillers are available both on prescription and on sale in pharmacies and shops. You must check that your doctor knows what you are taking before giving you another prescription. If you are unsure please ask the pharmacist for advice.

Some patients may be sent home on **non-steroidal anti-inflammatory agents (NSAIDs)** such as ibuprofen. This type of painkiller is used to reduce stiffness and inflammation. They should be taken with food or straight after food. Possible side effects include indigestion or stomach pains. Taking your tablets with food helps this.

Anti-ulcer drugs

We may give you an anti-ulcer drug if you are taking certain painkillers or have a history of stomach problems. We may prescribe this to protect the lining of your stomach. It works by reducing the amount of acid made by the stomach.

Common anti-ulcer drugs are: **Lansoprazole, Omeprazole, Esomeprazole**

Possible side effects are: Changes to your usual toilet routine. You may have constipation, diarrhoea or tummy pain. Please see your GP or pharmacist if you are worried about any possible side effects or you have any problems.

Laxatives

- **Senna** is a laxative that helps your bowel so you can poo. This helps your bowel work well. Having a healthy diet with fibre is important. You should whole grain breads and cereals, bran, fruit and green leafy vegetables everyday. You should also drink lots of water. Daily exercise is important too.

- **Lactulose** is an effective laxative that softens poo (faeces). It does this by increasing the amount of water in the large intestine. We often prescribe senna and lactulose together as they both work in different ways.

Common side effects of laxatives:

- stomach cramps
- farting

You can stop laxatives when your toilet routine returns to normal.

Your follow-up appointment

We will often send an appointment by post 2 to 4 weeks after you have been discharged.

Your first follow-up with your surgeon will often be a face to face appointment in clinic.

At the appointment you will:

- have a chest X-ray
- have your wounds checked
- have the doctor ask how you have been recovering
- be told the results from the operation

You may want to bring a friend or family member with you to this appointment.

We will give you another appointment to see the lung surgery team. This may be a phone appointment.

You may also be referred to another consultant or you may be discharged from follow-up appointments.

Going home with a chest drain (if applicable)

Sometimes you can go home with a chest drain still in place. This helps remove air or fluid from around your lung while it heals.

We will show you how to look after the drain.

We will refer you to a district nurse. They will visit you every few days to keep an eye on the drain site. They will change the site dressing around every 2 to 3 days. This is if the dressing is dry. They will change it more often if needed.

The doctors and Thoracic Nurse Specialist will want to see you again 1 week after you go home. This is to check if the drain is ready to be taken out.

They will want to know roughly how much fluid has drained each day. It is a good idea to write down the amount of fluid drained every night. You should then empty the bag before sleeping to make sure you do not have any spillage.

We will give you full instructions, written information and clamps. We will refer you to the community (district) nurses for support.

There are some simple rules to remember:

Do:

- read the leaflet provided.
- empty your chest drain bag every night.
- look for changes in the amount and type of drainage.
- continue to exercise.
- seek advice if your breathing becomes difficult.
- if you have any concerns contact the Thoracic Nurse Specialist or ward 26.
- record the amount of fluid in the bag each night before you empty it. Do this if you have been asked to do so.

Do not:

- Do not disconnect your drain.
- Do not pull at the drain or stitches.
- Do not let the bag to lie flat, as it may spill.
- Do not block the one way valve for emptying the bag.
- Do not forget the bag is connected to you.

Contact details

If you need more help, please contact:

- **Thoracic Nurse Specialist:** 0116 250 2552
- **Ward 26:** 0116 258 3666 / 2484 (evenings/ weekends)
- **For non-urgent medical advice:** call the NHS helpline on 111
- **For urgent medical attention:** call 999

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Previous reference: RES043-0516