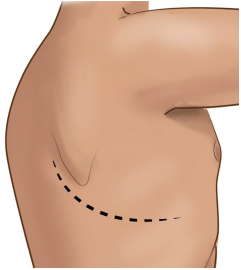


1. What is a Lung Decortication?

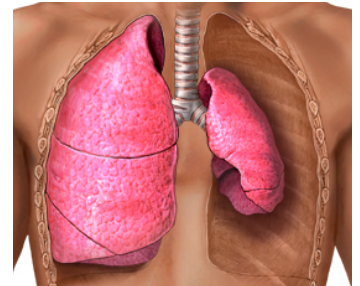
This is a procedure to remove a thick peel/rind of fibrous tissue (cortex) from around the lung so that the lung can be free to expand when you inhale. This cortex forms due to infection, cancer or trauma. It traps the lung so that air cannot enter the lung-this may result in shortness of breath or you getting tired easily.



A cut will be made usually at the side and back of the chest on the side of the trapped lung.

In order to assist the removal of the cortex around the lung, a rib or a portion of a rib, may need to be removed. The lung will then be operated on.

At the end of the operation, one or more chest tubes may be put into the chest cavity to aid the removal of the air or fluid.



This surgery is traumatic so you may have some ongoing aches, pains, swelling and numbness for some time after the surgery.

2. My Anaesthetic

This procedure requires Anaesthetic. You will be referred to the anaesthetist's office or the anaesthetist will come and see you in the hospital before surgery. He/She will supply you with an **Anaesthetic information sheet** about the anaesthesia and the risks involved. If you have any concerns discuss it with your anaesthetist.

3. My ICU stay

Not all patients will be admitted to ICU after decortication surgery. If you are admitted to ICU it is to observe you for any complications that might arise post-surgery as well as for pain control. The team will carefully monitor your vital signs, such as your heart rate and the oxygen level in your blood. They may hook you up to several machines so the nurses can check these more easily. You might have the following:

- Bandages will cover your incision
- Urine catheter: as soon as you can get out of bed, this will be removed
- Chest drain: a tube between the ribs to remove air, fluid or blood
- CVP in neck and A-line in arm: this is to monitor your heart and lungs

You will feel some soreness, but you shouldn't feel severe pain. If you need it, you can ask for pain medicine. The physiotherapist will visit you the morning after surgery to help you cough, help you get out of bed (it is important to start moving around early).

You may receive elastic stockings to help blood circulate through your leg veins.

Your medication will be restarted as well as injections to prevent blood clots.

You will stay in the ICU until your heart and lungs are stable and you can walk to the bathroom



4. What are the risks to this procedure?

In recommending this procedure Dr Fourie has balanced the benefits and the risks of the surgery against the benefits and the risks of no intervention. Dr Fourie believes there is a net benefit to you having this surgery. This is a very complicated assessment. There are risks and complications with this procedure. They include, but are not limited to the following:

Common risks and complications (>5%)	Uncommon risks and complications (1-5%)	Rare risks and complications (<1%)
<ul style="list-style-type: none">• Prolonged air-leak from lung, which may need the chest tube to stay in longer	<ul style="list-style-type: none">• Infection in the wound space around the lung: this will need antibiotics or re-surgery	<ul style="list-style-type: none">• Post-surgery build-up of fluid in the lung: this will need a drain or re-surgery
<ul style="list-style-type: none">• Shortness of breath: this can be permanent	<ul style="list-style-type: none">• Bleeding: this is more common if you have been taking blood thinning medication (Asprin, Warfarin, Plavix)	<ul style="list-style-type: none">• Need for complete removal of the lung
<ul style="list-style-type: none">• Heart problems: the lung surgery may put strain on the heart and cause abnormal beating of the heart	<ul style="list-style-type: none">• Blood clot in the leg (DVT) causing pain and swelling: in rare cases part of the clot may break off and go to the lungs	<ul style="list-style-type: none">• Heart attack
<ul style="list-style-type: none">• Increased risk in obese people: wound infection, chest infection, heart and lung complications and thrombosis	<ul style="list-style-type: none">• Need for further surgery for treatment of infection, bleeding, prolonged air-leak or failure of the lung to re-expand	<ul style="list-style-type: none">• Death as a result of this procedure is rare
	<ul style="list-style-type: none">• ARDS: this can be a result of infection, trauma or shock	

5. Post-Surgery Expectations

You will be discharged from the hospital with a prescription of your medication that you **MUST** take. You must go by Dr Fourie's rooms or phone the rooms for a follow-up appointment as well as a sick note. Your wound has sutures under skin that will dissolve by itself. The drain sutures can be removed by your GP 14 days after the surgery.

Pain and numbness around the wound might continue for a few months after surgery. If this continues, make an appointment at Dr Fourie's rooms for an assessment.