

Thymectomy by Sternotomy

Information for patients and families

Read this book to learn:

- How to prepare for your surgery
- What to expect while in hospital
- What to expect after you return home
- Who to call if you have any questions

Your surgery has been scheduled for

Date: _____

Time: _____

Please arrive at the hospital at: _____

You can expect to be at the hospital for: _____



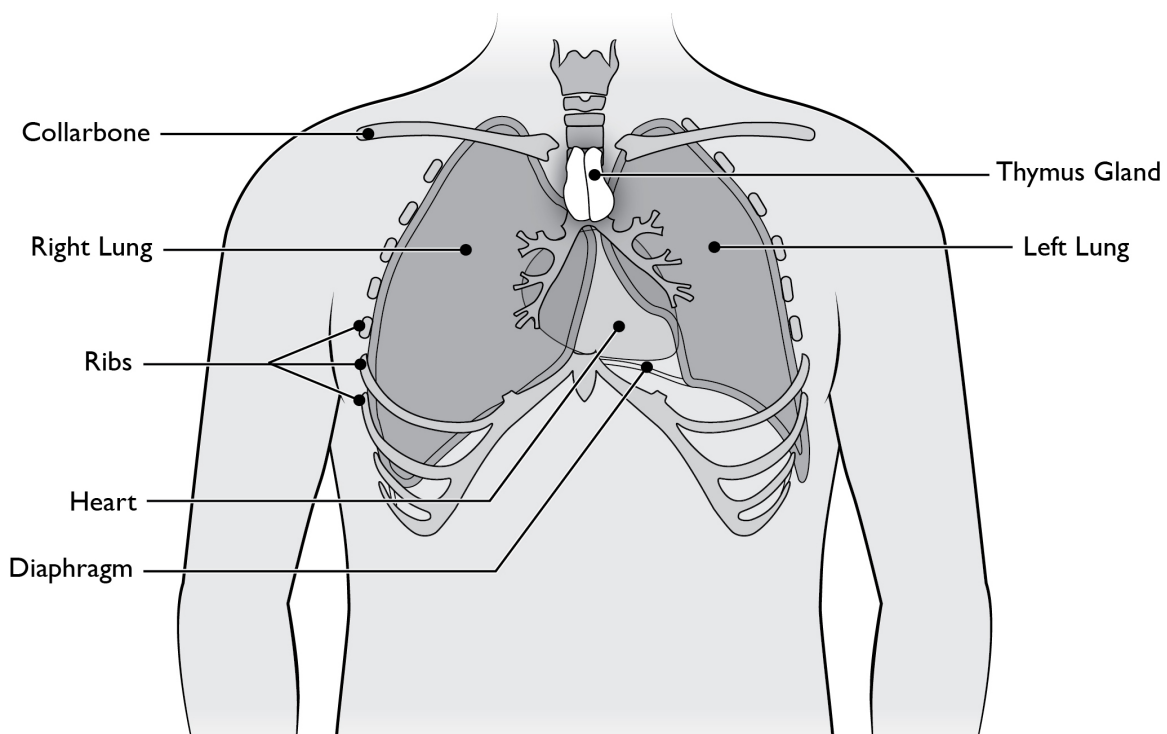
Preparing for your surgery

What type of surgery am I having?

You are having a thymectomy. This means your surgeon will remove your thymus gland. As a small child, this gland works with your immune system to keep you healthy by fighting off diseases and infections. As you reach adulthood, the thymus gland starts to slowly shrink and become replaced by fat.

There are usually 2 reasons why you have a thymectomy:

1. You have a disease called myasthenia gravis. It causes you to feel very tired and weak. These feelings get worse with activity. Removing your thymus gland may help control these symptoms.
2. You have a thymoma. This means there is a tumour in your thymus gland. This tumour may or may not be cancer.



What happens during the surgery?

To remove your thymus gland, your surgeon makes an incision (cut) down the middle of your chest and opens your sternum (breast bone). This incision is called a sternotomy.

How long will I need to stay in the hospital?

You will stay in the hospital for about 2 to 3 days. When you can go home will depend on how you are recovering. Your health care team may tell you during their morning rounds (check-ins) that you can go home that day.

Before coming to the hospital, plan to have someone pick you up when you are ready to go home after surgery.

What tests will I need before surgery?

Before your surgery, we do a complete check of your health. This may include many tests. These tests help your surgeon plan your surgery. They also help find other health problems. The risks of surgery can be decreased by managing these health problems before your surgery.

These tests **may** include 1 or more of the following:

- pulmonary function test (PFT)
- exercise oximetry
- CT scan

We will let you know the tests you need and give you more information about them.

What will happen during my pre-admission visit?

You must come for your pre-admission appointment before your surgery. **If you don't come for your pre-admission visit, your surgery will be canceled** (unless you were given other instructions).

During your pre-admission visit, we will do a complete check of your health and talk to you about the surgery. You can find more details about your pre-admission visit in the [My Surgery Guide](#) you received.

Can the time for my surgery change?

Yes. We will do our best to do your surgery at the scheduled time. But, we may need to reschedule your surgery if other emergencies come up.

Your hospital stay

Where will I go after surgery?

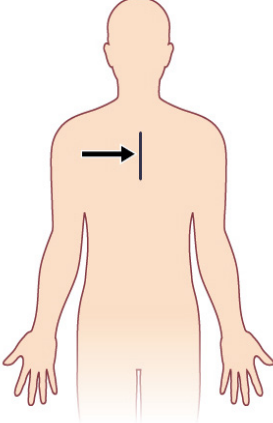
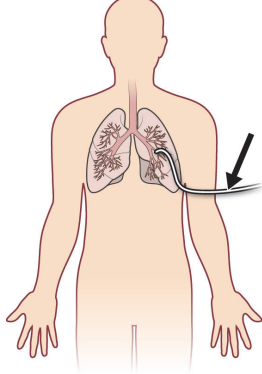
You will stay in the Post Anesthetic Care Unit (PACU) for 1 to 2 hours. Once you are awake and stable, we will take you to the inpatient unit. You will stay in the Step Down Unit (SDU) overnight.

There are 4 beds in an SDU room. Both male and female patients are cared for in this room. A thoracic nurse will be in the room with you at all times.

As your health improves you will be moved to a regular ward room until you are discharged home.

What can I expect to have on my body?

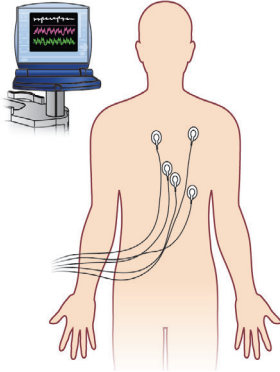
After your surgery, you will have:

Incisions, tubes or drains	What to expect
<p data-bbox="305 506 456 537">incisions</p> 	<p data-bbox="581 506 1398 730">You will have an incision called a sternotomy down the middle of your chest. It will be about 8 to 10 centimeters (about 3 to 4 inches) long. Your surgeon will use dissolvable stitches to close your incision. This means they go away on their own.</p> <p data-bbox="581 793 1365 877">Bandages cover your incisions. We remove them the day after your surgery.</p> <p data-bbox="581 940 1344 1024">You will also have 1 to 2 small incisions on your chest for chest tubes.</p>
<p data-bbox="280 1098 480 1129">chest tubes</p> 	<p data-bbox="581 1110 1414 1297">You may have 1 to 2 chest tubes coming out of your side. These tubes remove air and fluid from the inside of your chest area. The tubes are attached to a machine that helps suck the air and fluid out.</p> <p data-bbox="581 1350 1382 1623">We use stitches to keep the chest tubes in place. These are not dissolvable. We remove your chest tubes once it is safe. The stitches can be removed 7 to 10 days after we take the tubes out. You may need to see your family doctor to have these stitches removed.</p>

**Incisions,
tubes or drains**

What to expect

heart monitor



You will be on a heart monitor while you are in the Step Down Unit. This doesn't mean there is a problem with your heart. We do this for all patients who have your type of surgery.

urinary catheter



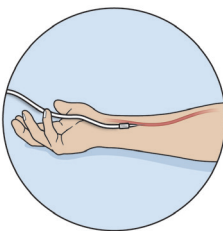
You may have a tube draining your bladder. You have this tube overnight and the nurse will measure how much you urinate.

intravenous (IV)




You will have an IV so we can give you fluids and medicines. It stays in until you are drinking well.

arterial line

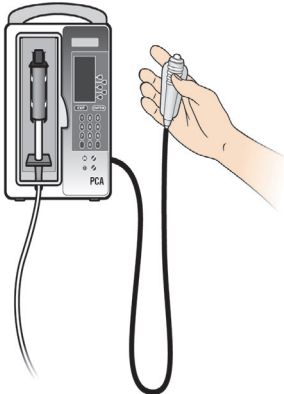


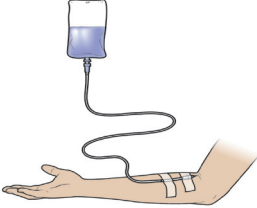

This tube looks like an IV, and we use it to take blood samples without having to poke you with a needle. It also closely monitors your blood pressure.

Incisions, tubes or drains	What to expect
<p data-bbox="318 317 444 352">oxygen</p> 	<p data-bbox="581 327 1382 506">You may need oxygen after your surgery. You get the oxygen either by facemask or through your nostrils (nasal prongs). We remove the oxygen once your lungs are working well enough.</p>

How can I manage my pain?

We will work with you to manage your pain. We can give you pain medicine in different ways. These include:

Pain method	How it works
<p data-bbox="224 1010 537 1136">Intravenous (IV) Patient Controlled Analgesic or PCA</p> 	<p data-bbox="581 1010 1406 1136">A PCA pump is connected to your IV. The pump gives you pain medicine through your IV when you push the button. You should press the button:</p> <ul data-bbox="618 1167 1377 1430" style="list-style-type: none"> • when you start to feel pain • before you do something that brings on pain • before you do deep breathing and coughing exercises • before you start to move or turn <p data-bbox="581 1461 1382 1587">You should feel the effects of the medicine within 2 to 3 minutes. If you don't feel any pain relief, let your nurse know.</p> <p data-bbox="581 1650 1422 1923">You are only allowed to have a certain amount of pain medicine every 4 hours. To control how much medicine you get, the PCA pump has a safety timer called a lock out. If you press the button during the lockout time, you won't get more medicine. Only you should press the button.</p>

Pain method	How it works
<p data-bbox="240 268 521 352">intravenous (IV) medicine</p> 	<p data-bbox="581 281 1409 510">You get your pain medicine through an IV. It's important to let your nurse know when you have pain so they can give you the pain medicine. If you don't feel any pain relief after getting the medicine, let your nurse know.</p>
<p data-bbox="215 653 545 695">medicine by mouth</p> 	<p data-bbox="581 665 1414 848">You may get your pain medicine in pill form that you swallow. This will happen once you are drinking fluids. Let your nurse know when you have pain, so they can give you the pain medicine.</p>

You can expect to need pain medicine every 3 to 4 hours for the first few days after surgery. As you heal, you will feel less pain and will not need the medicine as often.

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

Going home

How can I expect to feel as I recover?

It takes time to heal and recover. Each person recovers at their own pace. How long it takes for you to recover depends on your age, health and attitude. Your family doctor can help you to manage any symptoms you may have. If you have a history of myasthenia gravis, you will have an appointment a few weeks after your surgery with your neurologist to review your myasthenic symptoms.

Food and appetite

Your appetite should return to normal within a few days. It should improve as you start to feel better and your activities increase. If you continue to have problems with your appetite, call your family doctor.

Bowel upset

Constipation is a common problem when taking pain medicine.

- Drink plenty of fluids (at least 6 cups a day unless your doctor or dietitian gave you different instructions).
- Add bran, high fibre breads and cereals, berries, dried fruit or prune juice to your diet (unless your doctor or dietitian gave you different instructions).
- Your doctor will prescribe you a stool softener while you are taking the pain medicine. You may also use a mild laxative if you need one.

Your bowel movements should return to normal once you stop taking the pain medicine. If you still have problems, see your family doctor.

What instructions do I follow once I am home?

Incisions

- Don't cover your incisions unless your clothes are rubbing on them.
- Don't put lotions or creams on your incisions until they are completely healed.

There may be a "bump" along the incisions. It will decrease over 4 to 6 weeks. Most of your pain should be gone by 6 to 8 weeks after your surgery.

The area around your incisions may feel numb. This is normal. It may last for many months or may not go away at all. But, it usually improves with time. The numbness may be worse on cold, damp days.

Showering or bathing

You can shower once you get home. Use a mild soap, and let the water run over your incisions. Pat the incisions dry with a towel. Don't rub.

Returning to work

You should expect to be off work for at least 4 to 6 weeks. Depending on your job, you may need to be off for 8 to 12 weeks. Ask your surgeon when it's safe for you to return to work.

Driving

Don't drive until you are off all pain medicine. The pain medicine you are taking may make you drowsy.

You must be able to fully move your body before you can safely steer a car. This can take at least 2 to 3 weeks after your surgery.

Lifting

You can gradually increase your activity when you get home. No heavy lifting, carrying, pushing or pulling for 4 to 6 weeks. For example, this includes no vacuuming, carrying heavy groceries, or shoveling snow.

You can lift up to 10 pounds (about 5 kilograms). Lifting more than this may stress your incisions.

Sex

You can start having sex whenever you feel more comfortable (have less pain and more energy). Choose positions that won't put stress on your incisions.

Sports

You should wait 4 to 6 weeks before you do any strenuous activity such as golf, jogging, do aerobics, or playing sports like tennis or racquetball.

Travel

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

Follow-up care

Your surgeon will send a letter to your family doctor about your surgery. Your family doctor will provide on-going medical care once you leave the hospital.

See your family doctor for any problems or questions about your medicines, prescriptions, managing your pain, sleeping, appetite or constipation.

Follow-up appointment

We will let you know when to see your surgeon. Your follow-up visit is usually about 4 to 6 weeks after your surgery.

If you don't have an appointment for a follow-up before you leave the hospital, call your surgeon's office the first week you are home.

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

Remember to bring your health card (OHIP) to your follow-up visit.

When should I call my surgeon?



Call your surgeon if you:

- have new redness or swelling around your incisions
- have pus (yellowish or white liquid) coming from your incisions
- feel increasing pain at your incisions, despite taking pain medicine
- have a temperature **higher** than 38.5 °C or 101 °F
- have shortness of breath
- cough out mucus that is yellow or green or has a bad smell
- cough out fresh red blood

Who can I call if I have any questions?

If you need information about the time of your surgery, tests or appointments please call your surgeon's office:

Dr. M. Cypel	416 340 5156
Dr. G. Darling	416 340 3121
Dr. M. De Perrot	416 340 5549
Dr L Donahoe	416 340 6529
Dr. S. Keshavjee	416 340 4010
Dr. A. Pierre	416 340 5354
Dr. T. Waddell	416 340 3432
Dr. K. Yasufuku	416 340 4290
Dr J. Yeung	416 340 6529

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