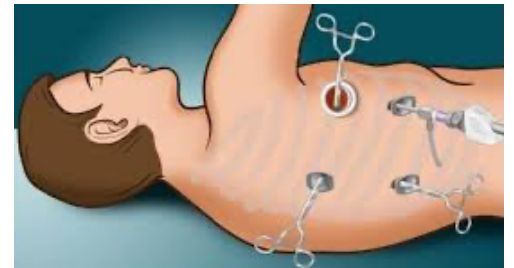




1. What is a VATS procedure?

A Video Assisted ThoracoScopy (VATS) procedure is where a small, narrow instrument with a viewing camera is put into the chest cavity. This allows Dr Fourie to operate with-out making a large incision (key-hole surgery) You will have two-three 1cm cuts made between your ribs. One cut is for the entry of the video camera, the others for entry of the instruments used for the operation.



The procedure may include the following:

- Lung/Pleural/Lymphnode biopsy: a small amount of tissue is removed for diagnosis
- Pleurodesis: refers to the lung sticking to the inner surface of the chest wall by either using an irritant (talc, bleomycin), by abrasion by roughing up the inside of the pleura, or by pleurectomy where the pleura is removed. This should prevent more fluid collecting in the space
- Lobectomy: Removal of a lung lobe
- Wedge Resection: a small wedge-shaped piece of lung is removed

The cuts are closed and a chest tube is placed into one of the cuts to allow drainage of air/fluid that may build up in the space around the lung.



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 a VATS procedure. 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 airleak 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 resurgery 	<ul style="list-style-type: none"> Shortness of breath
<ul style="list-style-type: none"> Fever: as a response to inflammation after a pleurodesis. Paracetamol is used to treat this 	<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"> Failure to find small lesions inside the lung
<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"> 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"> Need for further surgery for treatment of infection, bleeding, prolonged airleak 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.