

Children's Services

Thoracotomy

What is a thoracotomy?

A thoracotomy is an operation to open the chest to explore, inspect and operate on a chest organ (lungs/heart/trachea (windpipe)/oesophagus (food pipe) etc).

Why is my child going to have a thoracotomy?

There is an area or organ inside your child's chest which is either diseased or malformed and needs removal or surgical correction.

Admission to hospital

Most children will be reviewed 7-14 days prior to admission in our 'pre-operative assessment clinic.' The purpose of the clinic is:

- To ensure you and your child are fully informed.
- To ensure your child's hospital stay is as straight forward and seamless as possible.

You will be asked to bring your child to one of our children's wards, usually on the morning of surgery. You will be seen by nursing staff, your doctors and anaesthetist. Some blood tests will also need to be taken if these were not taken at the pre-operative assessment clinic. You will be able to stay with your child overnight if you wish and you will be able to be present while your child goes to sleep for their operation.

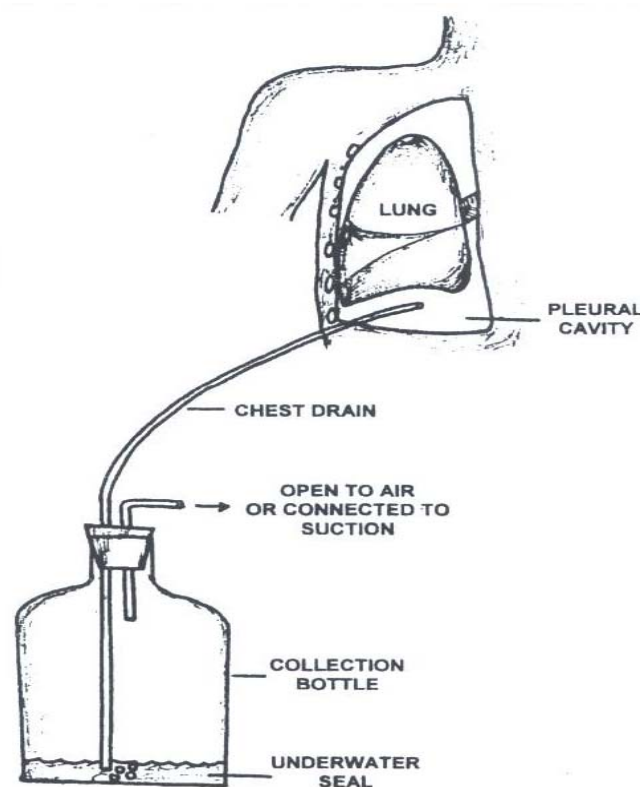
The operation

- Thoracotomy surgery can be carried out as an 'open' or 'thoracoscopic' operation. Your surgeon will discuss which procedure is planned for your child.
- An 'open' operation involves making an incision ('cut') along your child's side and back so that the chest organs can be clearly seen. In some cases part of a rib needs to be removed, but the rib will grow back over the following few weeks.

- In some cases it is possible for the surgery to take place 'thoracoscopically' (keyhole surgery). This involves three or more small (approximately 1cm each) openings being made in the chest. Through these holes, special tools ('instruments') are used to perform the operation. This is all visualised on a TV screen by a miniature camera which is inserted through one of the key holes. The actual operation which takes place is the same as the traditional 'open' procedure, it is only the way in which we get to the organ which is different.
- Whether a thoracotomy is carried out as an open or thorascopic procedure, many children will have one or two chest drains inserted at the end of the operation. (See below).

What is a chest drain?

A chest drain is a tube which is inserted between the ribs into the chest (pleural) cavity (see diagram below). It does not go into the lung itself. The chest drain is used to drain fluid or air from inside the chest cavity and prevent a collection of fluid building up.



The end of the drainage tube is placed into a collecting bottle with the tip submerged into water. The water acts as a valve, stopping air from re-entering the space where the drain is sitting. Sometimes suction will be used to encourage drainage.

An x-ray will be taken of your child's chest to check the state of the lung and the drains position. To prevent the drain from falling out a stitch and dressing will be used to hold the tube to the skin.

Removal of the chest drain usually takes place two to five days after the operation. Chest drains are usually removed on the ward by your nurses.

After the operation

- You will be able to be with your child as soon as possible after the operation.
- Children are often transferred to the children's high dependency unit for close observation after surgery. Most children will then be transferred back to the ward within 24 hours.
- Children are often able to start eating and drinking again on the day of the surgery. Until this time your child will have a 'drip' to provide their fluids and prevent dehydration.
- Your child will require pain killers after the operation and your doctors and nurses will discuss this with you. Pain killers can be given through a special drip, as suppositories and/or as medicine
- Your nurses will monitor your child and their chest drain. Whilst your child has a chest drain in it is very important that he/she does not mobilise without the nurse first being told. This is to prevent complications developing.

What are the risks of surgery?

Risks related to thoracotomy surgery are rare. Risks include:

- Bleeding
- Infection
- Pneumothorax (ie an air leak from the lung into the chest)

These risks will be discussed with you by your surgeon.

Looking after your child at home

Stitches

The stitches used in the wound itself are dissolvable. Some stitches used to hold chest drains in place are removed at the same time as the chest drain but others (called 'purse string stitches') need to be removed seven days after the chest drain is removed. Your nurse will tell you which type of stitch your child has and where you need to go to have a purse string stitch removed (for example, at GP surgery/on ward).

Pain

Your child may have some discomfort and should be given the pain killers supplied regularly.

Bathing

Your child can have showers but baths are not permitted for five days.

PE/exercise

Your child should be kept off PE/exercise for two to three weeks, depending on their comfort level.

Contact Details:

If you have any questions please call:

Your Nurse Specialist.....01223 586973

The ward.....



We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

Help with this leaflet:

If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or

patient.information@addenbrookes.nhs.uk

**Document history**

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