

Thoracic Surgery Unit

Information for Patients Having an Examination of the Lymph Glands Inside the Chest

Cervical Mediastinoscopy (often simply Mediastinoscopy')

The following information has been prepared to inform you and your carers about what to expect from the time of admission for your surgery to discharge from the Norfolk and Norwich University Hospital. It will also provide practical advice about resuming activity once you are home.

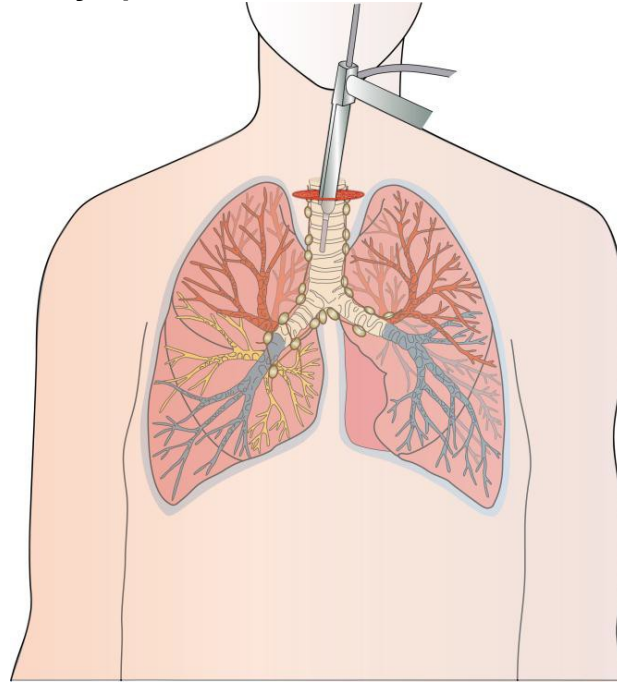
It is impossible to include everything you need to know. If you feel you need more information, please do not hesitate to contact staff at the hospital or one of the many support agencies (telephone numbers printed at the back).

Your operation

As discussed with you, your surgeon has recommended that you have an operation called a **Mediastinoscopy**. This test allows your surgeon to examine and also take samples of draining glands (usually called lymph glands) inside the chest. This operation involves a general anaesthetic and usually just a short stay in hospital.

You will need to have a small incision (cut) at the base of the front of your neck. Through this a camera will be passed into the chest, the lymph glands examined and, usually, sampled. This sampling is known as a biopsy.

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Risks and Complications

In Hospital Death (Mortality) National figures (SCTS 2013-2014)

Cervical Mediastinoscopy 0.2%

What this means is that for every one *thousand* patients having this operation, 2 might die.

Other potential risks of Mediastinoscopy

These include:

- Bleeding.
- Wound infection.
- Hoarseness.

Most of these potential risks are fairly small (about 1-2%). What this means is that out of every *hundred* patients having a Mediastinoscopy, 1-2 might develop some of these problems.

It is very important to understand that these figures are an average and will vary depending on the individual person. These risks/ complications will be explained and discussed with you when the doctor asks you to sign the consent for the operation.

Your surgeon will discuss with you your individual risk, taking into consideration your general health, age and reason for operation.

Before coming into hospital

If you smoke, giving up as early as possible before the operation reduces the risk of breathing and other problems after surgery.

For help giving up smoking please discuss with the Thoracic Specialist Nurses or Contact "Smokefree Norfolk", the stop smoking service in Norfolk on 0800 0854 113. Your GP or health centre. Your doctor, practice nurse or health visitor can also give advice to help you stop smoking. Alternatively click on-line to www.nhsdirect.nhs.uk

for advice.

If you have loose teeth or crowns, dental treatment before your operation will reduce the risk of damage to your teeth when the anaesthetist needs to put a tube into your throat to help you breathe.

Please bring with you any medicines, tablets or inhalers that you are taking. These will need to be kept securely for the safety of all patients. They will be returned to you on your discharge.

If you feel unwell when you are due to come in to hospital, please telephone for advice. For example, contact the hospital if you have had symptoms of diarrhoea and vomiting within the last 48 hours that are not related to your medical condition.

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Before the surgery

Before the surgery you will attend the pre-operative assessment clinic led by the Thoracic Clinical Nurse Specialists, this appointment will include an examination, blood tests, a chest x ray and ECG (tracing of the electrical activity of your heart). You may also meet the anaesthetist.

At this appointment you will have an opportunity to discuss the procedure and any after care issues you may have. Your medications will be reviewed and, if necessary, adjusted for surgery. Please bring your medications or recent list of your medications to the appointment with you.

You will be given clear instructions about when you should stop eating and drinking before your operation. It is important to follow these.

Surgery Day

Most patients are admitted on the morning of surgery to the Same Day Admissions Unit (SDAU).

The majority of patients undergoing this procedure are discharged the same day as their operation so please arrange for someone to be able to collect you from the hospital in the afternoon/early evening. You cannot drive for at least 24 hours following a general anaesthetic.

If you are taking medicines, you can take these as usual unless a member of your surgical team or the anaesthetist has asked you not to. If you take drugs to stop you getting blood clots or drugs for diabetes you will be given specific instructions. You will need to take a bath or shower and to remove any make-up and nail varnish. You must remove contact lenses but you can wear your glasses, hearing aid, denture or wig to the operating theatre. You will need to tie back long hair but avoid using metal clips. You will need to remove jewellery, although a wedding ring may be taped.

You will usually be asked to wear support stockings to help prevent a blood clot forming in the legs. These stockings remain on for the duration of your stay. If you stay in hospital overnight you may also be given a small daily injection to help to try and prevent this complication.

You will be given a clean cotton gown that ties at the back. If you wish to wear your briefs or pants they must be cotton.

You may be given a pre-medication ("premed"). This is the name for drugs that are sometimes given before an anaesthetic although today they are not often used. This may make you drowsy so you will need to stay in bed after you have been given it.

What will happen when you are called for your operation

A support worker will arrive and take you to theatre on your bed after checking your details. A nurse will accompany you to the anaesthetic room where staff will introduce themselves and check your identification bracelet, your name, hospital number and the consent form.

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You will be attached to monitors to measure your blood pressure, heart rate and oxygen levels continuously. The anaesthetist will place a small plastic tube (through which drugs will be given) in the back of your hand or arm. Before you go to sleep you will be given oxygen to breathe through a face mask.

Immediately after your operation

You will be taken to the recovery room where the nurses will observe you carefully until you are ready for transfer to your ward. You will have an oxygen mask over your nose and mouth and you will be sitting up in bed. You may have a drip which will be used to give fluids until you are able to eat and drink again, usually later that day. It is important to take deep breaths and cough to keep your lungs free from secretions.

Results of the Operation

Results of the biopsy will either be telephoned to you by the surgeon or Thoracic Specialist Nurse or you will be reviewed in clinic – please let the Thoracic Specialist Nurse know if you do not wish for this information to be given over the telephone.

Your Wound

Your wound will be closed with stitches that can be absorbed by the body so they will not need to be removed. You can remove the wound dressing after two days, you may notice some blood on the dressing and there may be some bruising and swelling around the scar. This is normal. Should your wound become red, hot to the touch or ooze any type of fluid then seek advice at your GP Surgery. Keep the wound as dry as possible for the first week; however you can wash the area gently but do not soak it.

Pain

When you wake up, your throat will probably be sore inside (when you swallow) and outside (where the cut is). During the operation some local anaesthetic is put into the skin around the cut on the skin, and this will numb the area for around 12 hours. After this some simple painkillers (paracetamol) should be all that you need to take and you may find you do not need to take anything at all. It may be beneficial for you to have paracetamol available at home for when you are discharged.

Eating and drinking

You will be able to eat and drink once you are fully awake and feel able to.

Driving

As you will have had an anaesthetic you should not drive for 24 hours after your operation so please arrange for someone to drive you home from hospital.

If you are concerned about any aspect of your recovery please contact any of the following:

If you have any further queries please contact the:

- Thoracic Nurse Specialists 01603 287473 and 01603 2863696.
- Your General Practitioner.

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- Docking ward on 01603 286431.
- The Thoracic Secretary on 01603 286395.

USEFUL CONTACTS FOR FURTHER INFORMATION

The Cancer Information Centre

Norfolk & Norwich University Hospital
Outpatients East, Level 3
Colney Lane
Norwich
Telephone: 01603 287048

Email: cancer.information@nnuh.nhs.uk

The Roy Castle Lung Cancer Foundation Patient Network

Freephone: 0800 358 7200
Email www.roycastle.org

