



Procedure Information Sheet

Introduction

Video-Assisted Thoracoscopic Surgery (VATS) is a minimally invasive approach to diagnose and treat problems in your chest. During this surgery, a thoracoscope and surgical instruments are inserted in the chest through small incisions. The thoracoscope transmits images of the inside of your chest onto a video monitor, guiding the surgeon in performing the operation. For technical reasons the surgeon may be unable to do your operation using the VATS method, so may have to convert to traditional open surgery.

Indication

- Biopsy for diagnosis of pulmonary, pleural or mediastinal pathology.
- Tumors, including cancerous and noncancerous tumors of the lungs, pleural, mediastinal and chest cavity.
- Pleurodesis for Pneumothorax and recurrent pleural effusions.
- Sympathectomy for hyperhidrosis.
- Thymectomy for thymic diseases.

The Operation / Procedure

The operation is performed under general anaesthesia. The process involves making two or three small 2-4cm incisions through which a camera and instruments are placed into the chest to enable the surgeon to perform the surgery. Once the surgery was completed, the instruments are removed and the incisions are closed with stitches or staples. One or more chest tubes may be temporarily placed in the chest to drain air and fluid after the operation.

The excised part will be sent to the laboratory for pathological examination. Video-assisted thoracoscopic surgery allows the surgeon to accomplish the same goal as comparable to open procedure but with less pain, so as to hasten the recovery with a short hospital stay.

Before the Operation / Procedure

1. If you smoke we strongly recommend that you should give up smoking before your operation.
2. Discuss with doctor in charge about the operation management, nature of operation and possible risks. Read through and understood this information sheet and complete the consent form.
3. Patient may need physical check-up or examination such as blood tests, urine tests, chest x-ray and lung function test, electrocardiogram or CT scan etc.
4. Pre-operative anesthetic assessment about the anesthetic management, nature of anesthetic and possible risks and complete the anesthetic consent form.
5. You may need to have your chest, back and underarm shaved with clippers. You need to have shower and a hair wash.
6. Keep fast for 6 - 8 hours before operation to avoid risk of aspiration.
7. Follow doctor's advice for pre-medication.
8. Take off underwear and change to operation gown, stocks and cap, remove denture, contact lens and jewellery (including hair pins, ear rings and ring etc.).
9. Empty bladder before transfer to Operating Theater.

<p>Patient's Label Patient Name: _____ Hospital No: _____ Episode No: _____</p>



After the Operation / Procedure

1. Patient should be placed in semi-recumbent position to enhance lung expansion and drainage from pleural cavity.
2. Patient may feel throat discomfort, tired, drowsy and nauseous or even vomit after general anaesthesia. Inform the nurse if symptoms persist or worsen.
3. Patient will experience certain degree of wound pain. Please ask the nurse for prescribed oral or injection of analgesics if required.
4. Patient will be kept fasting immediately after surgery and supplied with intravenous fluid. Oral intake can be resumed about six hours after your operation or according to doctor's order.
5. Deep breathing and coughing exercises, early mobilization and adequate pain relief can prevent chest infection; shoulder exercise to prevent frozen shoulder.
6. The chest drain normally stays in for 2 - 7 days, depending how much drainage and patient's clinical condition.
7. Wound is covered by sterile dressing.
8. Patient should increase their daily activity after the operation and can resume normal activities to improve your circulation and lung capacity usually 1 - 2 weeks after surgery. But patient should avoid heavy lifting or excessive exercise within 6 weeks.
9. Please follow-up according to doctor's suggestion.

Risk and Complication

1. Complications of general anaesthesia:
 - 1.1 Cardiovascular complications: acute myocardial infarction, stroke, deep vein thrombosis and pulmonary embolism.
 - 1.2 Respiratory complications: atelectasis, pneumonia, asthmatic attack, and exacerbation of chronic obstructive airways disease.
 - 1.3 Allergic reaction and anaphylactic shock. (Please refer to the information sheet of general anaesthesia)
2. Operation related complications:
 - 2.1 Pneumothorax.
 - 2.2 Hemothorax.
 - 2.3 Subcutaneous emphysema.
 - 2.4 Sputum retention, lung collapse.
 - 2.5 Infection of lung, chest cavity and wound.

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

1. Mayo Clinic, Patient Care and Health Information: Video-assisted Thoracoscopic Surgery (VATS) (2019)
2. Johns Hopkins Medicine: Video-Assisted Thoracoscopic Surgery (2019)

Patient's Label

Patient Name: _____

Hospital No: _____

Episode No: _____

Patient's Signature: _____ Date: _____