

Lung Cancer: Surgery



Surgery is often part of the treatment plan for some early-stage lung cancers. The thought of surgery may make you nervous. But when you know what to expect, you can go into surgery prepared and hopefully less worried. Here's what you need to know.

Is lung cancer surgery a good option for you?

If you need surgery depends on the type of lung cancer you have and how advanced it is. Surgery is more often used to treat non-small cell lung cancer (NSCLC) than small cell lung cancer (SCLC).

Before considering surgery, your healthcare provider will review your other health conditions, especially ones that affect the heart or lungs. For example, if you have other lung problems, such as emphysema, you may need to have pulmonary function tests before surgery. These tests will help your surgeon understand the full impact surgery will have on your lungs. For other conditions, the surgeon may talk with other members of your healthcare team before moving forward.

The type of surgery that's best for you can depend on:

- The stage of the cancer
- The size and location of the tumor
- Other health factors

Considering these details will help you and your healthcare provider choose the procedure that can remove all of the cancer safely. Your treatment plan may also include systemic therapy with or without radiation therapy. This is done before surgery to shrink the cancer. Your healthcare providers will discuss these options if they are right for you.

If you have cancer in other parts of your body besides your lungs, talk with your healthcare team about your best options for care. Working with them can help you stay on the right track toward recovery.

Types of lung cancer surgery

To better understand the types of surgery, it may help to know more about the lungs. Each lung consists of lobes, or large sections. The right lung has 3 lobes and the left lung has 2. Each lobe is divided into segments.

For most kinds of lung cancer surgery, the surgeon will make an incision in the side of the chest. This is called a thoracotomy. They will then access the lung between the ribs.

Common procedures include:

- **Wedge resection or segmentectomy.** A wedge resection removes the cancerous tumor and a small part of the surrounding healthy lung tissue. A slightly larger part of a lobe is removed during a segmentectomy.
- **Lobectomy.** This procedure removes the lobe of the lung where the cancer is, often along with some lymph nodes. This is the most common surgery for lung cancer that's in 1 lobe of the lung.
- **Sleeve resection.** This surgery is sometimes used if the cancer is in a large airway (bronchus) near where it enters the lung. The section of the bronchus with the cancer is removed. The lung is reattached to the remaining bronchus. This allows the surgeon to stay away from having to remove the whole lung.
- **Pneumonectomy.** This procedure removes the entire affected lung. Surgeons only do a pneumonectomy if the tumor can't be fully removed with a lobectomy.
- **Video-assisted thoracic surgery (VATS).** This type of procedure targets smaller tumors near the outside of the lung. With VATS, a surgeon creates a small opening on the side of your chest instead of

making a larger incision. They will insert a thin tube with a small video camera on the end. The camera sends images of the inside of your body to a monitor. These images guide the surgeon during the procedure.

Before your lung cancer surgery

After you know which surgery you will have, you can expect to:

- **Meet with your surgeon.** During this talk, they will review the details of the surgery with you. You may want to bring a family member or close friend. They can help you remember instructions and ask questions. The surgery process can feel overwhelming. Having a support person with you can help lessen the mental load.
- **Sign a consent form.** Ask all your questions before signing this form. Signing it means you have given your healthcare provider permission to do the surgery.
- **Talk with the anesthesiologist.** This is a doctor who will give you the general anesthesia for your surgery. This medicine lets you sleep during the surgery and not feel pain. The anesthesiologist will ask about your health history and what medicines you take. This will help them determine the type and how much anesthesia you need. They will monitor you during the procedure to keep you safe. Make sure to tell the anesthesiologist if you have any allergies or had any problems with general anesthesia in the past. Tell them if you have obstructive sleep apnea.
- **Sign an advance directive, if you choose.** This is a legal document. It tells your healthcare providers and family members what medical decisions to make if you are unable to make them for yourself after the procedure. An advance directive only applies to healthcare decisions. It doesn't affect any financial matters.
- **Find out how to get ready.** Follow any instructions for not eating or drinking before surgery. Tell your healthcare team about all prescription and over-the-counter medicines you take. Also tell them all vitamins, herbs, and supplements that you take. Ask if you should stop taking some or all of your medicines before surgery.

During your lung cancer surgery

On the day of surgery, a provider will take you to the operating room. The anesthesiologist, surgeon, and nurses will be with you in the room.

You will have an IV (intravenous) tube placed in your hand or arm. This is to give you medicines and fluids. You will likely have to wear:

- Special stockings on your legs to prevent blood clots
- Electrocardiogram (ECG) electrodes on your chest to track your heart rate and rhythm.
- A blood pressure cuff on your arm

During the procedure, you will need a thin tube called a urinary catheter in your bladder. This is to let urine leave your body during and after surgery. It helps prevent bladder problems. Your surgeon may want the urinary catheter to stay in for a few days or longer.

After your lung cancer surgery

After surgery, you will go to the post anesthesia care unit (PACU) as you wake up from the anesthesia. Your healthcare team will watch you closely and give you pain medicine if needed. You may have 1 or more tubes in your chest to drain fluid and air. Your healthcare team will let you know when they can be removed. The amount of time you stay in the PACU depends on what surgery you had and your health. Once you are stable, you are then moved to either the intensive care unit (ICU) or a hospital room where you will stay for several days.

If you had a VATS procedure, you will likely go home sooner than if you had a lobectomy. This is because a VATS procedure uses smaller incisions that can often heal faster.

After surgery, you will meet with your healthcare providers to discuss your recovery and next steps in your care.

Risks and possible side effects of surgery

All surgery has risks. Discuss these with your provider before surgery. Some of the risks and possible side effects of lung surgery may include:

- Reactions to anesthesia
- Excess bleeding
- Infection at the incision site or elsewhere
- Blood clots in the legs or lungs
- Discomfort or soreness in the chest, lungs, or organs near the surgery site
- Fatigue
- Loss of lung function
- Sore mouth or throat
- Pneumonia
- Collapsed lung (pneumothorax)

Ask what side effects to report to your provider. Ask how to contact them after office hours and on weekends and holidays.

Treatment after lung cancer surgery

Your provider may advise you to get more cancer treatment after your surgery. This may include chemotherapy, radiation therapy, or both.

Talking about more treatments after you have had surgery can feel frustrating. But know that your providers have your best health in mind for treating your cancer.

You are not alone during this process. Ask your providers any questions you have at every step along the way. See what they can do to make you feel better during treatment. And lean on the support from your friends and family as much as possible. They can help you through this.

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