Procedure:

Lobectomy (Open Vs. VATS), wedge resection, biopsy.

Indication:

CA, mass, retrieve diagnostic samples,

Description:

GA and intubated. Incisions are made to pass laparoscopic tools into thorax, operative lung is collapsed with CO2 in pleural space. Chest tubes are placed at end of procedure to drain air/fluid from pleural space.

Post-op Implications:

Complications:

Pulmonary edema: pulmonary tissue becomes susceptible to leakage after surgery, limit IVF to maintain adequate UOP >30ml/hr and MAP >60mmHg. “keep ‘em dry”. Hypotension: Minimal fluid resuscitation can create hypotension, consult physician for either fluid or possibly Phenylephrine drip. Persistent airleak: Always keep chest tubes to suction immediately post-op. Air leak that does not go away can Develop, patient may be discharged with a one way valve. Nerve Injury: Surgical procedure can damage nerves, pain control acute and chronic will be a challenge.

Meds:

Pain: PCA and epidural are most common. Or PCEA (bipiv/fentanyl). Restart home pain meds ASAP. Pulm: restart home inhalers/nebs ASAP. Prophylactic IV ABX 8hrs post-op.

Principles:

MAP goal >60mmHg. Limit IVF (prevent pulmonary edema). UOP goal >30ml/hr. Daily CXR. A-line for BP monitoring and blood gases.

Care Plan:

Aggressive and frequent pulmonary hygiene. Skin care, wound care, chest tube care, foley hygeine and pain control. A-line and epidural care (if applicable).

Course of Care:

Usually extubated in OR. POD #1: OOB, diet advanced as tolerated. Chest tubes out after minimal output and no air leak. D/C to floor when condition permits.

Room Setup:

Possible A-line setup, epidural set-up. Standard IV pump. Possible PCA set-up. Oral suction + CT suction. Humidified 02, and SCDs.