

Frequently Asked Questions

We encourage all patients to thoroughly understand the nature of their condition and the surgery recommended. Questions are welcome and will be answered by the surgeon, according to specific patient circumstances and disease process. While we know there will always be some questions only your surgeon can answer to your satisfaction, we offer the following information to everyone.

Frequently Asked Questions:

1. What should I bring with me for my initial (preoperative) surgical appointment?

It is important that you call your referring physician and ensure that all documents relative to your workup to date be faxed to our office (fax number 703-849-0874) as well that you **HAND CARRY** all chest x-rays, CT scans, and/or barium contrast studies for your surgeon's review.

2. Who will perform the surgery?

The surgeon you meet with will perform your surgery, as long as you are satisfied with him and agree to have him operate. If you would like a second opinion, please do not hesitate to request that, and we will refer you to another surgeon in the group or recommend an outside the group if you wish to journey to another institution.

3. What is the risk to life with the surgery?

The specific risks vary according to the physiologic health of the patient, the type of procedure, and the underlying condition requiring surgery. Your surgeon can provide you with more specific information about your individual risk.

4. What are the potential surgical complications?

All surgery involves risks. Some surgeries can be life threatening. Your physician can discuss your particular risks with you. Overall, the following risks apply:

wound infection

pneumonia

deep venous thrombosis

arrhythmias (irregular heartbeat)

myocardial infarction (heart attack)

renal (kidney) failure

The more active you are both before and after surgery, the significantly less common any complications are, in particular those related to prolonged bed rest, such as pneumonia and deep venous thrombosis.

5. How long will I be in the hospital?

Once again, particular circumstances will beget different answers. In general, patients are in the hospital one to three days for wedge resection of the lung versus four to five days for a lobectomy or pneumonectomy. Specific length of stay are best determined by your surgeon so he can review your specific medical condition.

6. How long will it take me to recover?

Patients recover at different paces, depending on their overall health. However, most patients are up and walking the day of surgery and encouraged to walk four to six times a day in the hallway while they recuperate. Patients remain in the hospital after thoracic surgery is because they have chest tubes. Once these are removed, patients can usually go home. ABOUT HOW MANY DAYS?

Patients must strenuous activity including pushups, situps and chinups for six to eight weeks, but almost all other activities are authorized, other than heavy lifting. Returning to work is a patient-specific item, depending on the patient's individual status and consultation with your physician.

7. Will I need Treatment Other than Surgeyr?

Depending on your medical diagnosis, you may require additional medical treatment after surgery. For patients with cancer, additional therapies, such as chemotherapy and/or radiation therapy, may occur before or after surgery.

8. Should I stop taking aspirin before surgery?

You do not need to stop your aspirin before surgery. For patients with coronary artery disease, the antiplatelet effect of aspirin is an aid to your operation.

9. What about any other medications? Should those be stopped before surgery?

You will receive instructions about your specific medication from your physician once your surgery is scheduled. Patients taking Plavix, Coumadin, and other anticoagulation agents, and strong antiplatelet agents such as Lovenox, should cease that medication before surgery. Your doctor will tell you how many days before surgery to stop these medications.

Most times, all medications are continued through the day of your surgery. All morning medications may be taken with a sip of water the morning of your surgery, but nothing else is to be taken, including any other water, coffee, or orange juice or food.

Patients on insulin or diabetes medications usually take only half of their usual morning dose and should tell the anesthesiologist and surgeon caring for you.

10. What can I do before surgery to help myself expedite the recovery process and minimize post operative complications?

The more you are able to exercise and walk before surgery and the sooner you resume your walking in the hospital, the easier your recuperation will be from surgery. You should also ensure that your doctor knows all your medications and continues those medications during the preoperative and postoperative phases, appropriate to the specific medications.