



Surgery date: _____

Expected discharge date: _____

Lobectomy - Thoracotomy Pathway

These are goals for your recovery. **Your recovery may not follow this pathway exactly.** Your care team will help you know what to expect.

Follow the instructions from your care team and in *About Your Thoracic Surgery*. A member of your care team will give you a copy. You can also find it at www.mskcc.org/pe/about_thoracic_surgery.

Getting Ready for Your Surgery

What to do

- Plan your care after surgery.
 - Identify your caregiver.
 - Plan your ride home after surgery. Make sure they can pick you up by 11 am on your discharge date.
- Get your body ready for surgery.
 - Follow your healthcare provider's instructions for taking medications. Make sure they know all the prescription and over-the-counter (not prescription) medications and supplements you're taking. This includes patches and creams.
 - Stop smoking before surgery. For help quitting, call 212-610-0507 to make an appointment with the Tobacco Treatment Program.
 - Exercise (such as walking) for 30 minutes daily.
 - Practice using your incentive spirometer.
 - Do not drink alcohol for 7 days before your surgery.
- Set up a MyMSK account, if you have not already. Visit www.mskcc.org/pe/enroll_mymsk for instructions.

- Fill out a Health Care Proxy form, if you have not already. You can ask your care team for a copy or find it at www.health.ny.gov/publications/1430.pdf

What to buy or pick up from the pharmacy

- 4% chlorhexidine gluconate (CHG) solution antiseptic skin cleanser, such as Hibiclens®.
- Tamsulosin (Flomax®), if you're male, ages 50 or older, and your healthcare provider instructed you to take it.

Presurgical Testing (PST) appointment

- Bring a list of all the prescription and over-the-counter medications you take.
- Bring a copy of your Health Care Proxy form, if you filled one out.
- Your care team may order other tests or appointments.

3 Days Before Your Surgery

What to do

- Males ages 50 or older may need to take Tamsulosin (Flomax®), 3 days before surgery. Follow your healthcare provider's instructions.

1 Day Before Your Surgery

What to do

- Follow your care team's instructions for taking your medications.
- Shower with the 4% CHG solution before bed.
 - Wash your hair, face, and genital area as usual.
 - Wash from your neck to your feet with 4% CHG solution. Avoid your head and genital area.
 - Dry yourself with a clean towel. Do not use any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

What to eat and drink

- **Do not eat or drink anything after midnight the night before your surgery.**
 - This includes hard candy or gum.

The Day of Your Surgery (Before Surgery)

What to eat and drink

- **Do not eat anything.**
- If your care team gave you a CF(Preop)[®] drink, finish it 2 hours before your scheduled arrival time. **Do not drink anything else, including water.**
- If your care team **did not** give you a CF(Preop) drink, you can drink a total of 12 ounces of water between midnight and 2 hours before your scheduled arrival time. **Do not drink anything else.**
- **Do not drink anything starting 2 hours before your scheduled arrival time.** This includes water and CF(Preop).

What to do

- Take only the medications your healthcare provider told you to take. Take them with a small sip of water.
- Shower with the 4% CHG solution. Follow the same steps as last night.

Things to remember

- If you use contact lenses, wear glasses instead.
- Take off metal objects and jewelry, including piercings.
- Leave valuable items at home.
- Bring your Health Care Proxy form and other advance directives, if you've filled them out.

The Day of Your Surgery (After Surgery)

Drains, tubes, and medical devices you'll have

- A urinary (Foley) catheter.
- An intravenous (IV) line.
- A chest tube.
- An arterial line.
- Compression boots on your legs.

Medications you'll take

- Pain medication, if you need it.
- Nausea medication, if you need it.

What you'll eat and drink

- Follow your care team's instructions for eating and drinking.

What to do

- Use your incentive spirometer 10 times every hour you're awake.
- Do coughing and deep breathing exercises.
- Move to and sit in your chair with help.

1 Day After Your Surgery

Tests and procedures you'll have

- Your Foley catheter may be removed.
- You will get fluids in your IV line.
- You will have blood tests, if needed.
- You will be weighed.

Medications you'll take

- Some of your usual medications. Your care team will give you more information.
- Pain medication, if you need it.
- Blood thinner injection.

What you'll eat and drink

- Follow your care team's instructions for eating and drinking.

What to do

- Use your incentive spirometer 10 times every hour you're awake.
- Do coughing and deep breathing exercises.
- Move to and sit in your chair with help.
- Walk 10 laps around the nursing unit.
- Learn about caring for your incisions.

2 Days After Your Surgery

Medications you'll take

- Some of your usual medications. Your care team will give you more information.
- Pain medication, if you need it.
- Blood thinner injection.

Tests and procedures you'll have

- Your chest tube(s) may be removed if it wasn't already.
- You will be weighed.

What to do

- Learn about caring for your incisions.
- Sit in your chair for 2 hours or more.
- Walk 14 laps (1 mile) around the nursing unit.
- Use your incentive spirometer 10 times each hour you're awake.
- Do coughing and deep breathing exercises.
- Make sure you have a ride home after you're discharged.

What you'll eat and drink

- Follow your care team's instructions for eating and drinking.

3 Days After Your Surgery and Until You're Discharged

Tests and procedures you'll have

- Your IV line will be removed.
- Your chest tube(s) may be removed if it wasn't already.
- You will be weighed.

Medications you'll take

- Some of your usual medications. Your care team will give you more information.
- Pain medication, if you need it.
- Blood thinner injection.
- Your doctor will give you prescriptions for oral pain medication and stool softeners.
- A member of your healthcare will talk with you about the medications you will take at home.

What to do

- Learn about caring for your incisions.
- Sit in your chair.
- Walk 14 laps (1 mile) around the nursing unit.
- Use your incentive spirometer 10 times each hour you're awake.
- Do coughing and deep breathing exercises.
- Make sure you have a ride home after you're discharged.

What you'll eat and drink

- Follow your care team's instructions for eating and drinking.

Leaving the hospital

- Plan to leave the hospital by 11 a.m.
- If your ride is not ready when you're discharged, you may move to the discharge lounge while you wait. Ask your nurse for more information.

At Home

Remember to follow your care team's instructions and the instructions in *About Your Thoracic Surgery* while you're recovering from your surgery. A member of your care team will give you a copy. You can also find it at www.mskcc.org/pe/about_thoracic_surgery.

Taking your medications

- Take your medication as directed and as needed.
- Do not drive or drink alcohol while you're taking prescription pain medication.

Eating and drinking

- Follow your care team's instructions for eating and drinking.

What to do

- 48 hours (2 days) after your chest tube is removed, take off the bandage and take a shower.
- Walk 1 mile every day.
- Try to do more physical activity than you did yesterday.
- Do not drive until your care team says it's OK.
- Do not lift more than 10 pounds (4.5 kilograms) for 6 weeks.
- Fill out your Recovery Tracker on MyMSK every day for the first 10 days after you leave the hospital.

When to call your care team

Call your care team if you:

- Have fever of 101 °F (38.3 °C) or higher.
- Have not had a bowel movement (pooped) in 2 days.
- Have new or worsening chills or sweating.
- Have new or worsening redness or swelling around your incision.
- Have drainage from your incision or drainage that smells bad or is thick or yellow.
- Pain that does not get better with medication.
- A new or worsening cough.

If you have any questions, contact your care team Monday to Friday from 9 a.m. to 5 p.m. After 5 p.m., on weekends, and on holidays, call 212-639-2000. Ask to speak to the person on call for your healthcare provider.

Activity and Recovery Log

Use this log to track your recovery after surgery.

	Day of Surgery	1 Day After Surgery	2 Days After Surgery
Walking Check 1 box for each lap you walk around the unit.	Goal: Walk 10 laps. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: Walk 10 laps. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: Walk 14 laps (1 mile). <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Sitting Check 1 box for each hour you sit in your chair.	Goal: Move to and sit in your chair with help. <input type="checkbox"/>	Goal: Move to and sit in your chair with help. <input type="checkbox"/>	Goal: Sit in your chair for 2 hours or more. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Incentive Spirometer Check 1 box each hour you use your incentive spirometer 10 times.	Goal: 10 times each hour you're awake. <input type="checkbox"/> 6 a.m. <input type="checkbox"/> 12 p.m. <input type="checkbox"/> 6 p.m. <input type="checkbox"/> 7 a.m. <input type="checkbox"/> 1 p.m. <input type="checkbox"/> 7 p.m. <input type="checkbox"/> 8 a.m. <input type="checkbox"/> 2 p.m. <input type="checkbox"/> 8 p.m. <input type="checkbox"/> 9 a.m. <input type="checkbox"/> 3 p.m. <input type="checkbox"/> 9 p.m. <input type="checkbox"/> 10 a.m. <input type="checkbox"/> 4 p.m. <input type="checkbox"/> 10 p.m. <input type="checkbox"/> 11 a.m. <input type="checkbox"/> 5 p.m. <input type="checkbox"/> 11 p.m.	Goal: 10 times each hour you're awake. <input type="checkbox"/> 6 a.m. <input type="checkbox"/> 12 p.m. <input type="checkbox"/> 6 p.m. <input type="checkbox"/> 7 a.m. <input type="checkbox"/> 1 p.m. <input type="checkbox"/> 7 p.m. <input type="checkbox"/> 8 a.m. <input type="checkbox"/> 2 p.m. <input type="checkbox"/> 8 p.m. <input type="checkbox"/> 9 a.m. <input type="checkbox"/> 3 p.m. <input type="checkbox"/> 9 p.m. <input type="checkbox"/> 10 a.m. <input type="checkbox"/> 4 p.m. <input type="checkbox"/> 10 p.m. <input type="checkbox"/> 11 a.m. <input type="checkbox"/> 5 p.m. <input type="checkbox"/> 11 p.m.	Goal: 10 times each hour you're awake. <input type="checkbox"/> 6 a.m. <input type="checkbox"/> 12 p.m. <input type="checkbox"/> 6 p.m. <input type="checkbox"/> 7 a.m. <input type="checkbox"/> 1 p.m. <input type="checkbox"/> 7 p.m. <input type="checkbox"/> 8 a.m. <input type="checkbox"/> 2 p.m. <input type="checkbox"/> 8 p.m. <input type="checkbox"/> 9 a.m. <input type="checkbox"/> 3 p.m. <input type="checkbox"/> 9 p.m. <input type="checkbox"/> 10 a.m. <input type="checkbox"/> 4 p.m. <input type="checkbox"/> 10 p.m. <input type="checkbox"/> 11 a.m. <input type="checkbox"/> 5 p.m. <input type="checkbox"/> 11 p.m.
Lung Exercises Check 1 box each time you do your coughing and deep breathing exercises.	No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Bowel Movements Check 1 box each time you poop.	No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	3 Days After Surgery	4 Days After Surgery	5 Days After Surgery
Walking Check 1 box for each lap you walk around the unit.	Goal: 14 laps (1 mile) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: 14 laps (1 mile) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: 14 laps (1 mile) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Sitting Check 1 box for each hour you sit in your chair.	Goal: Sit in your chair for 3 hours or more. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: Sit in your chair for 3 hours or more. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: Sit in your chair for 3 hours or more. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Incentive Spirometer Check 1 box each hour you use your incentive spirometer 10 times.	Goal: 10 times each hour you're awake <input type="checkbox"/> 6 a.m. <input type="checkbox"/> 12 p.m. <input type="checkbox"/> 6 p.m. <input type="checkbox"/> 7 a.m. <input type="checkbox"/> 1 p.m. <input type="checkbox"/> 7 p.m. <input type="checkbox"/> 8 a.m. <input type="checkbox"/> 2 p.m. <input type="checkbox"/> 8 p.m. <input type="checkbox"/> 9 a.m. <input type="checkbox"/> 3 p.m. <input type="checkbox"/> 9 p.m. <input type="checkbox"/> 10 a.m. <input type="checkbox"/> 4 p.m. <input type="checkbox"/> 10 p.m. <input type="checkbox"/> 11 a.m. <input type="checkbox"/> 5 p.m. <input type="checkbox"/> 11 p.m.	Goal: 10 times each hour you're awake <input type="checkbox"/> 6 a.m. <input type="checkbox"/> 12 p.m. <input type="checkbox"/> 6 p.m. <input type="checkbox"/> 7 a.m. <input type="checkbox"/> 1 p.m. <input type="checkbox"/> 7 p.m. <input type="checkbox"/> 8 a.m. <input type="checkbox"/> 2 p.m. <input type="checkbox"/> 8 p.m. <input type="checkbox"/> 9 a.m. <input type="checkbox"/> 3 p.m. <input type="checkbox"/> 9 p.m. <input type="checkbox"/> 10 a.m. <input type="checkbox"/> 4 p.m. <input type="checkbox"/> 10 p.m. <input type="checkbox"/> 11 a.m. <input type="checkbox"/> 5 p.m. <input type="checkbox"/> 11 p.m.	Goal: 10 times each hour you're awake <input type="checkbox"/> 6 a.m. <input type="checkbox"/> 12 p.m. <input type="checkbox"/> 6 p.m. <input type="checkbox"/> 7 a.m. <input type="checkbox"/> 1 p.m. <input type="checkbox"/> 7 p.m. <input type="checkbox"/> 8 a.m. <input type="checkbox"/> 2 p.m. <input type="checkbox"/> 8 p.m. <input type="checkbox"/> 9 a.m. <input type="checkbox"/> 3 p.m. <input type="checkbox"/> 9 p.m. <input type="checkbox"/> 10 a.m. <input type="checkbox"/> 4 p.m. <input type="checkbox"/> 10 p.m. <input type="checkbox"/> 11 a.m. <input type="checkbox"/> 5 p.m. <input type="checkbox"/> 11 p.m.
Lung Exercises Check 1 box each time you do your coughing and deep breathing exercises.	No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Bowel Movements Check 1 box each time you poop.	No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>