

Lung Lobectomy

A lobectomy is a type of lung cancer surgery in which one lobe of a lung is removed. (The right lung has three lobes, and the left lung has two lobes.) A lobectomy is also occasionally performed for other conditions, such as infections (like tuberculosis) or other cancers that have spread to the lungs (such as colon cancer or breast cancer).

Types of Surgery

A lobe of your lung can be removed by a few different methods. The Thoracic Surgeon will recommend one of these based upon the characteristics of your particular cancer:

VATS (video-Assisted thoracoscopic surgery) lobectomy: In this procedure, a lobe of the lung is removed through a few small incisions in the chest with the assistance of instruments and a camera.

Thoracotomy: Using a thoracotomy, a lobe of the lung is removed through a longer incision on the side of the chest. A small segment of a rib will be removed to prevent the spreading of the other ribs thereby reducing the pain you will experience after surgery.

Lung surgery requires you to stay in the hospital 2-3 days after the procedure. How long you stay will depend on:

- Your remaining lung function.
- Your overall health.
- Which type of surgery was done.

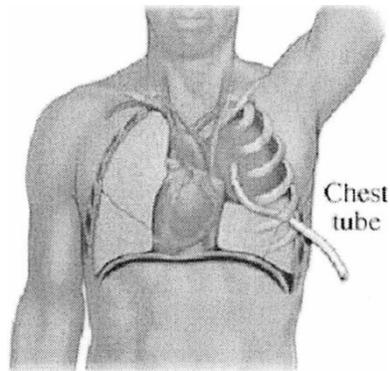
Pain Control

A thoracotomy involves making a cut in the side of your chest between your ribs. A small piece of rib may be removed to make it easier for the surgeon to take out the lung cancer and to prevent spreading the other ribs. The incisions and your chest area may be painful for several weeks after surgery. To minimize the postoperative pain the anesthesiologist may insert an epidural catheter in your back to deliver medication directly to the spinal nerves. This will lessen the need for other pain medication after surgery. This catheter will stay in your back for several days.

Chest tubes

One or more chest tubes are used after surgery to drain your chest cavity of fluid and blood, which are present after lung surgery. The chest tubes also help your lungs refill with air. Chest tubes are placed in your chest cavity and extend out through your chest wall and skin through small cuts between your ribs on the same side as the surgery. The tubes are connected to a machine that creates a gentle suction, which helps your chest fluid to drain. The chest tubes will be removed when the drainage from your chest has stopped and no air is leaking from your chest incision, which is usually a few days.

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Respiratory treatments

A respiratory therapist will help you with breathing treatments to improve your lung function after surgery. Treatments usually involve deep breathing and the use of a spirometer. Medications may also be used to help open your airway and help you breathe more easily.

How Well It Works

Surgery is more effective in early-stage non-small cell lung cancer when the lung cancer can be completely removed, and the cancer has not spread to lymph nodes or outside the chest cavity. If you have completely resected early stage lung cancer you have a greater than 85% chance of being cured of your cancer.

Risks

The chances of death as a direct result of surgery is <1%. The risks of complications from lung surgery are 2-5% and can include – bleeding, infection, an air leak in your lung that does not close or ongoing pain in your chest wall.

