

Patient information

Adult Patient who has Undergone an Emergency Thoracotomy Discharge Advice

Major Trauma

What is a Thoracotomy?

A thoracotomy is a surgery to open the chest wall. The surgery allows access to the organs and blood vessels in your chest.

Reasons for Procedure

A thoracotomy in major trauma is performed as an immediate lifesaving operation.

This may be performed in or out of theatre depending on the seriousness of the injuries sustained. This emergency operation is performed to:

- Repair an injury to one or more of the blood vessels in your chest.
- Repair the heart or the vessels of the lung and heart due to a life threatening injury.
- Remove a portion of the lung or the entire lung that has been severely damaged due to injury.
- Remove blood clots from the chest.
- To control massive internal bleeding in your body.

After the operation

The surgeon temporarily (for a day, or two, or even longer sometimes) placed one or two drains in the chest.

This is normal procedure to assist in draining any air, fluid or blood that may have collected or may collect in your chest after your Thoracotomy.

You will likely need to stay in the hospital for, at least, five days following the Thoracotomy.

However, 10-14 days duration of stay is normal following an Emergency Thoracotomy.

Full surgical recovery from a Thoracotomy usually takes six weeks.

Wounds

Due to the serious life threatening indication for this operation, patients will have varying wounds depending on the reason for the Thoracotomy.

Left Lateral: This is the term referred to a surgical opening of the left side of your chest.

Right Lateral: this is the term referred to a surgical opening of the right side of your chest.

Clamshell: this is the term referred to a surgical opening of both side of your chest including through the breast bone.

Chest Drain wounds will also be present and can be up to two each side of your chest.

Discharge

Discharge summary, medical advice, patient information leaflet, medical alert card, sick note, and medicines will be given to you on the day of discharge from the hospital.

The first 24 hours post discharge

You should be accompanied by a responsible adult on returning home from the hospital that can stay with you for at least 24 hours.

Breathing Exercises

We realize that there is pain involved with surgery, and the pain may interfere with deep breathing and walking.

Please let us know if your pain is not well controlled.

Whilst in hospital you would have been showed how to use an Incentive spirometer (IS) - This is a breathing exercise device along with coughing and walking, it helps to prevent collapse of the lungs and pneumonia.

Your Major Trauma Therapy Team will ensure you are discharged with an Incentive spirometer as well as breathing exercises for you to do after discharge.

Dressings

A doctor or nurse will give you advice about how your wounds were closed and how to care for them. If dressings are required for your wounds after discharge, they will be provided and explained to you.

You need to keep the scar / scars covered after your emergency surgery.

You do not need to worry about getting the wound wet. Dressing acts as a barrier against water.

Many patients have concerns that standing up straight will pull at the stitches. Don't worry about this. Getting out of bed and standing up straight will actually help you to recover more quickly.

Skin staplers or stitches

If you have skin staplers or stitches which need to be removed, this can usually be done by the practice nurse at your GP surgery or walk-in centre 14 days after your operation. Chest drain wound sutures are normally removed ten days after removal of drain

Discomfort

You may experience pain and discomfort around the scar, especially for the first few days or week.

Painkillers

Painkillers will be prescribed for you for about 7 – 14 days. The Trauma Acute Pain Team will discuss your painkillers with you prior to discharge and also make recommendations to yourself and GP.

The painkillers may well cause constipation, so it's important to get plenty of fibre in your diet while you are recovering.

Tiredness

Your body is using a lot of energy to heal itself, so you will feel more tired than normal sometimes it can come upon you suddenly.

Keep a routine, get up at your normal time in the morning, get dressed, and move about the house. If you get tired, you can rest later.

Feeling emotional

If you feel upset or emotional in the days and weeks after your operation, don't worry this is a perfectly normal reaction which many people experience.

Family and friends

Family and friends can give you practical help with the tasks you might be temporarily unable to do while you recover – such as driving, the weekly shop, or lifting heavier items. They will keep your spirits up.

If you live alone, and you do not have family or friends close by, organise support in advance - have family or friends come to stay with you for the first few days after surgery if possible.

Build up gradually

Have a go at doing some of the things you'd normally do, but build up gradually. Everyone recovers at a different speed, so not all of the suggestions will be suitable for everybody.

Returning to work

Getting back to your normal work routine sooner rather than later can actually help you to recover more quickly. So work can be part of your recovery.

Getting back to work

How quickly you return to work depends on a number of things.

People whose work involves a lot of heavy lifting, or standing up or walking for long periods of time, will not be able to return to work as quickly as those who have office jobs which are less demanding physically.

In most cases it's usually safe to return to work six weeks after the emergency Thoracotomy.

If your employer has an occupational health nurse or doctor they will advise you on this. Alternatively your GP can give you advice.

Ultimately, it's your decision when you want to go back, and there's no insurance risk to your employer if you choose to do so.

You do not need your GP's permission to go back to work - this is ultimately your decision.

Depending on the nature of your job, you might want to ask your employer about returning to work on lighter duties at first. This means:

- Spending more time sitting rather than standing or walking.
- Doing work that is mostly paperwork, using a computer or telephone.

Not carrying more than around five kg any significant distance.

- Avoiding tasks such as prolonged loading or unloading, packing or unpacking.

If you have an HR Department at work, they will be able to advise you on how your absence might affect any benefits you may be receiving during your time off.

Driving

You should inform your insurance company about your operation.

Some companies will not insure drivers for a number of weeks after surgery, so it's important to check what your policy says.

Before resuming driving, you should be free from the sedative effects of any painkillers you may be taking.

You should be comfortable in the driving position and able to safely control your car, including freely performing an emergency stop.

Driving exercise

It is advisable not to restart driving for about four weeks after an emergency Thoracotomy.

After about four weeks, you might want to test your fitness to drive.

Do this in a safe place without putting the keys in the ignition.

Simply sit in the driving seat and practise putting your feet down on the pedals. Again, build up gradually.

If you feel pain, stop immediately. If you feel sore afterwards, you may need to wait a day or two and try again.

Only when you can put enough pressure on the pedals to do an emergency stop - without feeling any pain or soreness afterwards - should you think about driving again.

It is advisable not to restart driving with a long journey.

Holiday and flying

A restful holiday in this country may be undertaken at any time, providing you are able to cope with the travelling.

Holidays abroad should be deferred for at least six weeks after the operation.

Risk of your lung collapsing again is increased if you fly in an aeroplane. This increased risk lasts for around a year.

The most recent advice is that this risk is quite small and most airlines will allow you to fly within two weeks of an X-ray confirming that your lung is re-inflated.

If you do plan a flight in the six weeks following your injury it would be sensible to check with the airline.

You should not fly in an unpressurised aeroplane or SCUBA dive unless you have been assessed as fit to do so by a doctor with a special interest in chest medicine.

At your outpatient appointment discuss your plans with the surgeon. Avoid strenuous holidays and extensive travelling at first.

Cover the scars with complete sun block when sunbathing in the first six months. It is also important to clarify your holiday insurance.

Key activities, in summary

Until informed otherwise we advise you:

No removal of skin staplers or stitches for two weeks.

- No work for, at least, two weeks.
- No school, college, or university for, at least, two weeks.
- No driving for four weeks; you must inform the DVLA of your injury who may also advise you in regards to when you can drive.
- No physical activity for six weeks (including physical education).
- No strenuous physical activities for, at least, 12 weeks (three months).

These activities include skiing, skating, mountain biking, diving, skydiving, contact sports, military combat, rigorous sexual intercourse, and lifting of heavy objects.

For very specific groups of patients the interval of limited activity can range from six weeks to six months (this will be discussed with you prior to your discharge).

When should you return to hospital?

You should bear in mind that there always is a risk of developing complications after every operation.

Call your doctor or attend the Accident & Emergency Department, if you have:

- ✓ Increased or persistent pain not relieved with pain relief medications.
- ✓ Redness or swelling around the wound.
- ✓ Discharge of pus or blood from the wound.
- ✓ Increased pain in the chest.
- ✓ Persistent fever.
- ✓ Temperature above 38.5°C.
- ✓ Shakes, swelling, chills, rigors.
- ✓ Uncontrolled vomiting.
- ✓ Inability to have a bowel movement after four days.
- ✓ Dizziness/feelings of faintness.
- ✓ Blood in your vomit, urine, or cough.
- ✓ Swollen leg or both legs.

Follow up appointments

It is important that you do not miss any of your follow up appointments.

Your surgeon will inform you prior to discharge if you will require a follow up in our Major Trauma or Emergency General Surgery Clinic to ensure that your wound and tummy are healing and for us to also monitor how you as a whole are recovering from your injury.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

Who do I contact if I have questions or concerns?

- ✓ **Major Trauma Nurse Coordinators: Major Trauma Nurses 24hr answering machine. Leave name contact number and short message. Telephone number 0151 529 2551
Office Number 0151 529 8595.**
- ✓ **Nursing staff on Major Trauma Ward: Telephone number: 0151 529 6255**
- ✓ **During working hours 8am - 5pm Monday to Friday you can Contact the secretary and leave a message for the surgical team.**
- ✓ **If you think that your condition is serious then it is best to come straight to Aintree Accident & Emergency department*.**

Please seek advice from your GP.

***When you come to the hospital please bring this and any other relevant discharge documents that you may have been given at the time of discharge to help the A&E doctors to decide your management.**

**Author: Major Trauma
Review date: June 2026**

All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

يمكن توفير جميع المعلومات المتعلقة بالمرضى الموافق عليهم من قبل انتمان المستشفى عند الطلب بصيغ أخرى، بما في ذلك لغات أخرى وبطرق تسهل قراءتها وبالحروف الطباعية الكبيرة وبالصوت وبطريقة برايل للمكفوفين وبطريقة مون والكترونياً.

所有經信托基金批准的患者資訊均可以其它格式提供，包括其它語言、易讀閱讀軟件、大字體、音頻、盲文、穆恩體 (Moon) 盲文和電子格式，敬請索取。

در صورت تمایل میتوانید کلیه اطلاعات تصویب شده توسط اتحادیه در رابطه با بیماران را به اشکال مختلف در دسترس داشته باشید، از جمله به زبانهای دیگر، به زبان ساده، چاپ درشت، صوت، خط مخصوص کوران، مون و بصورت روی خطی موجود است.

زانیاری پیومندیدار بهو نه خوشانهی له لایهن تراستهوه پهسهند کراون، نهگهر داوا بکریت له فؤرماتهکانی تردا بریتی له زمانهکانی تر، نیزی رید (هاسان خویندنهوه)، چاپی گهوره، شریتی دهنگ، هیلی موون و نهلیکترۆنیکی ههیه.

所有经信托基金批准的患者信息均可以其它格式提供，包括其它语言、易读阅读软件、大字体、音频、盲文、穆恩体 (Moon) 盲文和电子格式，敬请索取。

Dhammaan warbixinta bukaanleyda ee Ururka ee la oggol yahay waxaa marka la codsado lagu heli karaa nuskhado kale, sida luqado kale, akhris fudud, far waaweyn, dhegeysi, farta braille ee dadka indhaha la', Moon iyo nidaam eletaroonig ah.