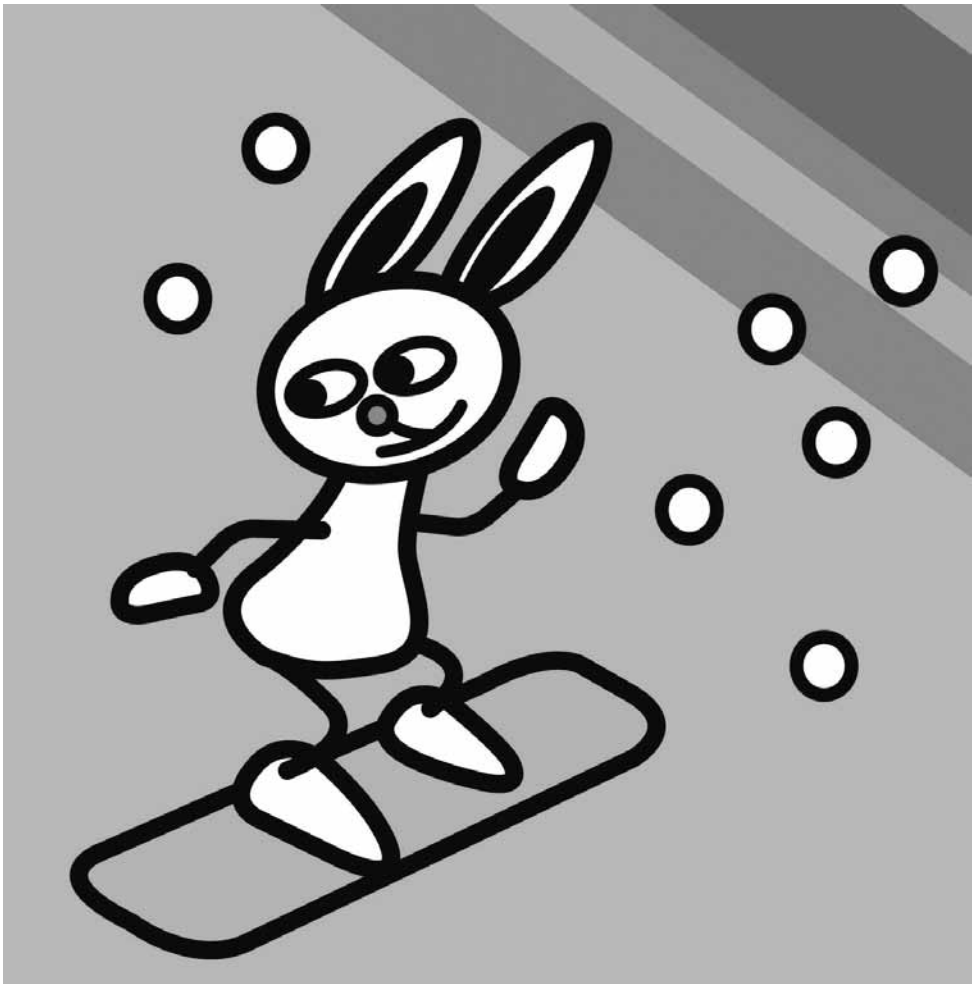


The Children's Hospital

Thoracotomy

Information for parents



What is a thoracotomy?

A thoracotomy is an operation to open the chest wall in order to examine and operate on the organs inside the chest. The organs in the chest include the heart, lungs, windpipe (trachea) and food pipe (oesophagus).

What are the risks?

The specific risks depend on the exact procedure your child is having. General risks include:

- Bleeding.
- Infection.
- Air leaks from the lungs into the pleural space or pneumothorax (space between the lungs and chest cavity).
- Damage to organs close to the lung or surrounding organs.
- Air getting trapped in the pleural space (pneumothorax).

The doctor will discuss these risks in more detail and explain any specific risks that apply to your child. If there is anything you don't understand, or if you or your child have any concerns, please speak to the doctor.

Consent

We will ask you to give your consent for the operation to go ahead. We will discuss the risks with you and ask you to sign a consent form. If you have any questions, please ask your child's doctor before you sign the consent form.

What happens during the operation?

The operation will be done under a general anaesthetic (your child will be asleep). You will be able to go with your child into the anaesthetic room, and one parent may stay until the child is asleep.

There are two ways that this operation can be done:

- as an **'open'** procedure
- as a **'thorascopic'** procedure.

In the 'open' operation, a cut is made around the side of the chest allowing the surgeon access to the organs inside.

It may be possible to do the operation 'thorascopically', using keyhole surgery. A number of small cuts will be made into the chest wall and the operation is done using a very small camera and special instruments.

At the end of the operation, a tube is inserted into the chest in order to allow fluid and air to drain out. The tube will be left in at the end of the operation and removed several days afterwards.

After the operation

You will be able to see your child soon after the operation has finished. Your child will need to stay in the hospital for a number of days after the operation to be monitored and to make sure they have the pain relief they need. Your child will be closely watched by the nurses and doctors, who will make sure they are comfortable.

The anaesthetist will talk to you about pain relief before the operation.

How to contact us after your child has been discharged (sent home)

If you have any questions or concerns when you get your child home from hospital, please get in touch with us or speak to your GP. We will write to your GP to tell them about your child's operation. If you notice any signs of infection such as a raised temperature, increasing redness, pain or discharge from around the wound or any bleeding, please telephone the Ward and ask to speak to one of the nurses.

Tom's Ward: Tel (01865) 234 109

John Radcliffe switchboard: Tel (01865) 741 166

Children's Day Care Ward: Tel (01865) 234 148

Follow-up

You will need a follow-up appointment several weeks after your child has been discharged from the hospital. Your nurse will tell you about this and also about your child's clinic appointment.

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **PALSJR@ouh.nhs.uk**

Dr Ashley Ridout, SHO in Paediatric Surgery
Miss Kokila Lakhoo, Consultant Paediatric Surgeon

Updated by Claire McLaren, Senior Staff Nurse

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Oxford University Hospitals NHS Trust

Oxford OX3 9DU

www.ouh.nhs.uk