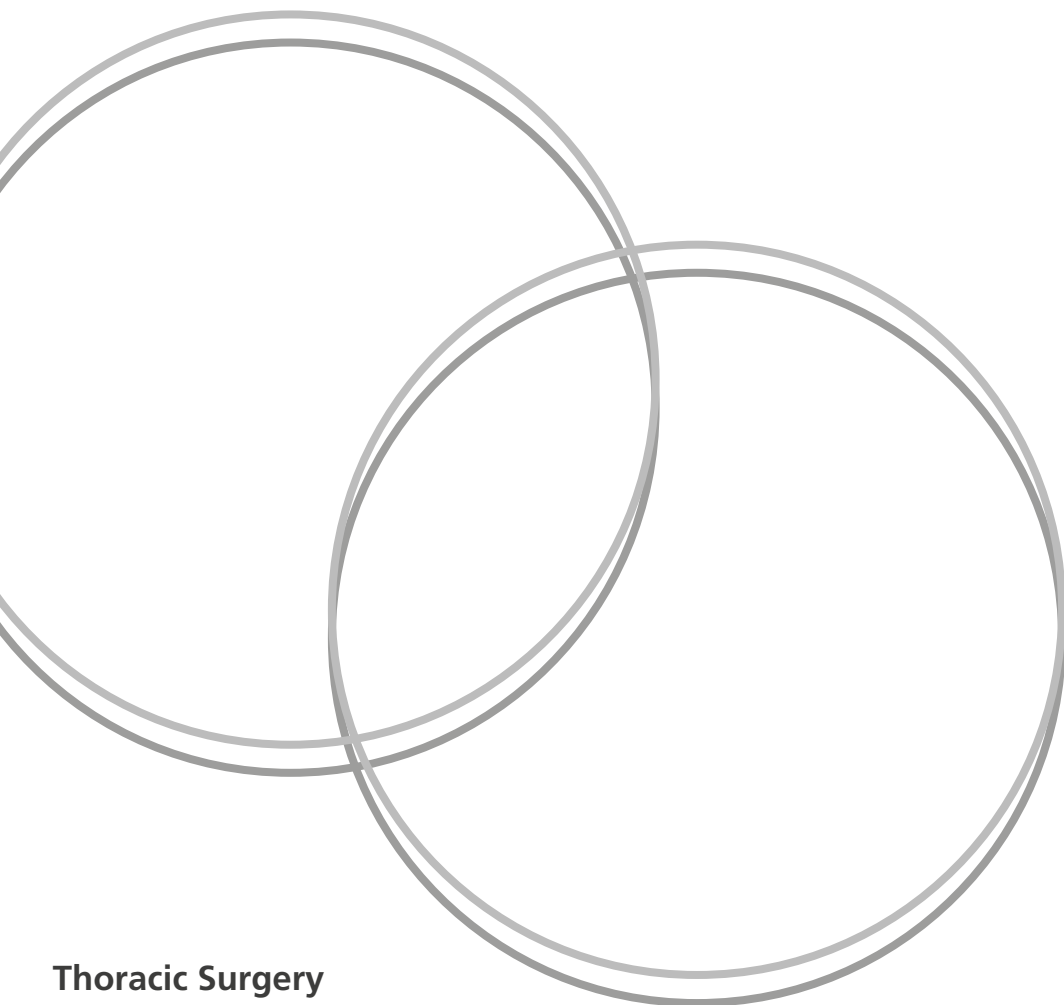


Mediastinoscopy

Information for patients



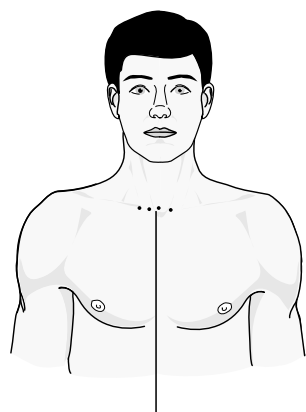
Thoracic Surgery

Welcome to the Oxford Heart and Lung Centre

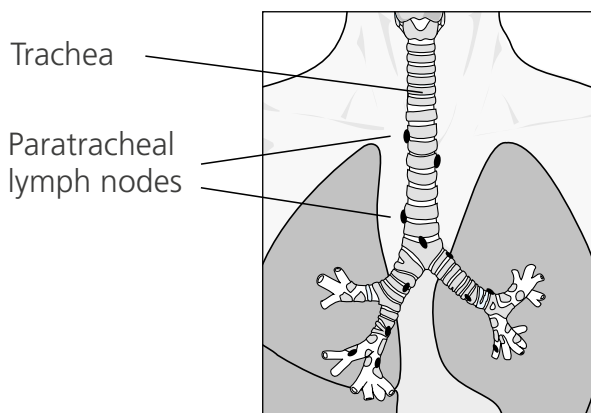
The information in this booklet will help to prepare you for coming into hospital for your mediastinoscopy. It will help to remind you about the explanations and information the medical or nursing staff will give you. We hope it will be a useful and helpful guide. If you need any extra information, please ask one of the pre-admission nurses or contact the Macmillan practitioners, their contact details are at the end of this booklet.

What is a mediastinoscopy?

This is an operation carried out under a general anaesthetic, where the surgeon makes a small cut in the skin at the front of your neck to allow them to have a look at the space between your lungs. They can then also take biopsies from your lymph nodes. The surgeon will make a 3 to 4cm incision (cut) which will be closed with dissolvable stitches at the end of the procedure. The procedure takes about 45 minutes.



Area of incision for mediastinoscopy



Why do I need a mediastinoscopy?

After looking at the investigations you have had up to now your doctor has asked the surgeon to take a look at the lymph nodes inside your chest and take biopsies, in order to confirm or determine your diagnosis and a treatment plan.

What kind of assessment will happen before my operation?

Before your operation you will be invited to come to the pre-admission clinic. This is run by the pre-admission nurses. At this clinic you will be assessed by:

- A **doctor or a physicians associate**, who will examine you and ask you questions about your previous medical history. The doctor will explain the operation and why it is necessary, including the risks involved.
- The **pre-admission nurse**, who will ask you questions about your daily activities and about any support that you may need when you go home. The nurse will take your blood pressure, heart rate, weight and height. They will also give you an opportunity to ask any questions you might have about your admission.
- An **anaesthetist**, who may see you to explain how they will look after you during your operation and answer any questions you may have about having an anaesthetic.

What tests will I have before my operation?

Before your operation we will arrange tests to assess your health and fitness for surgery. The tests you need will depend on any other health issues you may have. Some of these tests will be done at the pre-admission clinic.

Blood tests – These can tell us about your general state of health and fitness for surgery.

Chest X-ray – These images help us look at your heart and lungs.

Electrocardiogram (ECG) – This machine measures the electrical activity of your heartbeat and muscle function.

Lung function tests – These look in more detail at lung capacity (how much air you can hold in your lungs) and assess how well your lungs are working. You will need to spend up to an hour in the lung function laboratory for these tests.

What are the risks of mediastinoscopy?

Any operation which involves having a general anaesthetic carries with it a risk of complications. Your surgeon will discuss with you the common risks and also any specific risks that relate to you, before you are asked to sign that you are happy to have the operation (give your consent).

Make the most of this opportunity to discuss any questions or worries you may have. You need to feel confident that you understand what the operation involves, as well as the risks, before you sign the consent form.

Who will look after me during my hospital stay?

You will be under the care of a Consultant Thoracic Surgeon, who is assisted by two other doctors; a Registrar and a Senior House Officer.

Nursing staff are all fully qualified and many have specialist cardiothoracic qualifications. This means they specialise in the care and treatment of people with heart and lung problems.

The **Matron** manages the Cardiothoracic Unit. A Sister is responsible for the cardiothoracic ward.

Anaesthetists are fully qualified doctors who will put you to sleep for your operation. They monitor your condition very carefully throughout your operation and make sure that you have enough pain relief during your recovery period.

Physicians associates have undertaken specialist training enabling them to work with the medical team, they work under the supervision of a doctor.

What happens on the day of my operation?

When you come to the pre-admission clinic, the nurse will give you instructions about when you should stop eating and drinking before your operation. You will also be given an antiseptic lotion, mouthwash and nasal cream and instructions on how to use them before your admission. You will be told what time to arrive at theatre direct admissions (TDA) on the day of surgery.

When you arrive you will be asked to change into a clean hospital gown and you will be fitted with surgical stockings. These will help to prevent blood clots forming during the operation.

Before the operation

The nurse or operating department practitioner (ODP) will check some important details with you, such as your name, date of birth, and any allergies you may have. They will also confirm that you have signed your consent form.

When it is time for your operation you will be taken to the anaesthetic room. We will help you to move onto a trolley and the nurses will then connect you to heart and pulse monitors. Your anaesthetist will insert a small needle in your arm to give you drugs to make you go to sleep.

Throughout the operation the anaesthetist will be looking after you and will give you medication to keep you asleep and relieve pain.

What happens after my operation?

When the operation is over you will be woken up. You will be transferred to the recovery ward where specially trained nurses will look after you. They will make sure you have good pain relief and that you are breathing well. You will be given oxygen through a face mask to help you recover.

Once the medical team and recovery nurses are happy that you have made a good recovery from your anaesthetic you will be taken to the transfer lounge. You will need to stay in the transfer lounge for a minimum of two hours before going home.

Pain relief

This operation can cause pain around the area where we have made the cut on your neck. You may find that you need to take a painkiller such as paracetamol for a few days after your surgery. Please do not take aspirin (unless prescribed) as this thins your blood and makes your wound more likely to bleed.

When will I be able to go home?

You will be discharged from hospital about four hours after your surgery, if we are happy with your recovery.

When you return home, you must make sure there is someone responsible with you for the first night after your operation. If you live alone you could arrange to stay with a relative. If this is not possible, please tell us when you come to the pre-admission clinic so that arrangements can be made for you to stay in hospital overnight.

Please arrange for someone to collect you from hospital and take you home. You will need to go home in either a car or taxi. This will be more comfortable for you, and also quicker for you to return to the hospital if there are any complications on the journey home.

When you leave the transfer lounge we will give you:

- A letter for your GP.
- Information about your follow-up appointment. This may be with the surgeon or with the doctor who referred you for the mediastinoscopy. The date of this appointment will be sent to you in the post about a week after you return home. If you haven't received your letter after this time, please contact the thoracic secretaries (contact details are on our letters).

Signs and symptoms to look out for

If you have any of the following problems when you leave hospital please see your GP or contact the Advanced Nurse Practitioner (contact details are at the end of the leaflet):

- An increase in the amount of pain you have, despite taking regular painkillers.
- Your wound becoming redder than before, swollen, warm to touch, or leaking fluid.
- Any part of your wound coming apart.

Contacts

If you have any question or concerns, please contact one of the numbers below.

Advanced Nurse Practitioner, Thoracic Surgery

Telephone: **01865 572 653**

Telephone: **01865 741 166** and ask for bleep 1184 (if urgent)

Macmillan Advanced Nurse and Therapist Practitioners

(Monday to Friday, 8am to 5.00pm)

Telephone: **01865 223 874**

Telephone: **01865 741 166** and ask for bleep 8113 (if urgent)

Cardiothoracic Ward

(24 hours)

Telephone: **01865 572 662**

Co-ordinator

Telephone: **01865 741 166** and ask for bleep 1971

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: Jenny Mitchell, Advanced Nurse Practitioner, Thoracic Surgery

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Oxford University Hospitals NHS Foundation Trust

www.ouh.nhs.uk/information



Making a difference across our hospitals

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