

Respiratory Care

Video Assisted Thoracoscopy (VATS)

Introduction

Following your consultation you will have been advised that a further investigation is required to help your doctor find the cause of your symptoms.

A Video Assisted Thoracoscopy (VATS) is performed by a thoracic (chest) surgeon and will mean you will be admitted to hospital for two or more days. This investigation will require a general anaesthetic and therefore you will be asleep during the investigation.

What is a Thoracoscopy?

A VATS is a procedure, which allows the surgeon to look into your chest. A very small camera is inserted through two or three small cuts into your chest. The surgeon may perform various procedures, which may include taking a biopsy (a small piece of tissue) or draining fluid.

After the procedure a drain is inserted into the side of your chest for a few days until the lung re-expands (returns to normal size).

Admission to hospital

You will be admitted to hospital the day before the investigation. Information will be sent or given to you explaining what time to arrive and what to bring with you. It is advisable to leave valuables at home.

Please inform your lung nurse if you are taking Aspirin, Clopidogrel, Warfarin, Rivaroxaban, Dabigatran, Phenindione or any diabetic medication.

Complications

There are risks involved with any investigation and general anaesthetic. Your surgeon will explain and advise of any potential risks or complications before asking you to sign the consent form for the procedure.



Patient Information

On the day of the procedure

Preoperative Fasting Instructions:

For MORNING Operations	STOP TAKING AT:
Food or milk	2:30 am
Black tea/coffee/ squash (not juice)/ Pre-Op carbohydrate drink	6:30 am
Water	Arrival to hospital
Please do not chew gum on the day of surgery	

For AFTERNOON Operations	STOP TAKING AT:
Food or milk	7:30 am
Black tea/coffee/ squash (not juice)/ Pre-Op carbohydrate drink	11:00 am
Water	Arrival to hospital
Please do not chew gum on the day of surgery	

You will be asked to take a bath or shower and dress in a theatre gown and remove any undergarments and jewellery, except wedding rings or religious bangles which will be taped to your skin.

Your bed will be prepared clean and ready for theatre.

If you wear a hearing aid, this can be left in until the last minute as you will be asked questions by theatre staff and it will also help in waking you afterwards. Dentures and glasses will need to be removed before you leave the ward for theatre.

The nurse will ask you a list of questions to ensure your details and planned investigation is correct i.e. name, address, date of birth. These questions will be repeated when the nurse checks you into the theatre.

At the appropriate time a member of theatre staff will collect you from the ward on your bed. A ward nurse will go with you and remain with you while you are 'checked in' by the theatre nurse. You will then be transferred to a theatre trolley and taken into the anaesthetic room.

Here you will be attached to a monitor to record your heart rhythm and rate, oxygen levels and blood pressure. A small needle will be placed into the back of your hand to administer drugs. While you are asleep 'drips' may be set up to flow into this needle.

After the procedure

When you return from theatre:

- You will be nursed in the 'step down' area on the ward.
- Your blood pressure, pulse and oxygen levels will be regularly monitored.
- A 'drip' may be attached to your arm for a short while.

Patient Information

Pain relief

You may experience some discomfort or pain following the procedure. In order for the staff to assess and treat your pain they will need to ask you to score the level of pain you have.

- 0 = No pain
- 1 = Mild pain
- 2 = Moderate pain
- 3 = Severe pain

Eating and drinking

As soon as you are fully awake you will be allowed to eat and drink as normal.

Wound care

The nursing staff will check that the wound is clean and dry.

Chest drains

The drain will remain in place until the lung has re-expanded. It may be attached to a 'suction pump' (a small vacuum to help it do so more quickly). X-rays will be taken to assist the surgeon in assessing when the lung has fully re-expanded. Once the lung has expanded the drain will be removed.

Whilst the drain is in place **it is important that you do not lift it above the height of where the tube goes into the chest.** This is to avoid the contents of the tube from going back into the chest.

Mobilising

As soon as you have recovered from the anaesthetic you will be encouraged to sit out of bed and begin moving about.

Results

The results of your investigation take approximately seven to ten days and during this time they will be discussed at the Lung Team Thursday morning meeting.

You will then receive an appointment to see your consultant so that the results can be discussed with you.

Patient Information

Further Information

If you need any further information or clarification, please contact the Lung Support Nurse Team on 024 7696 5505

We would like to express our thanks to the Consultants, Surgeons, patients and their relatives for helping to compile this information booklet

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 5505 and we will do our best to meet your needs.

The Trust operates a smoke free policy

Document History

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