

# Mediastinoscopy

Cardiothoracic Services

This information booklet is for patients who are due to have a mediastinoscopy. It will explain the reasons for the operation, the procedure itself and potential risks involved. It will also explain the care you need before and after surgery. Please feel free to ask any questions raised or not addressed by this booklet. The doctors and nurses are available to support you at this time.

The mediastinum refers to the area in the centre of the chest between the lungs. It contains the heart, major blood vessels and major breathing tubes (trachea and main bronchi). Lymph nodes are normally present around the breathing tubes and may become enlarged as a result of many different diseases.

Patients are referred to a thoracic (chest) surgeon for management and/or investigation of symptoms they have been having, or abnormalities detected on an X-ray or scan. These investigations may show enlargement of the lymph nodes normally present inside the chest.

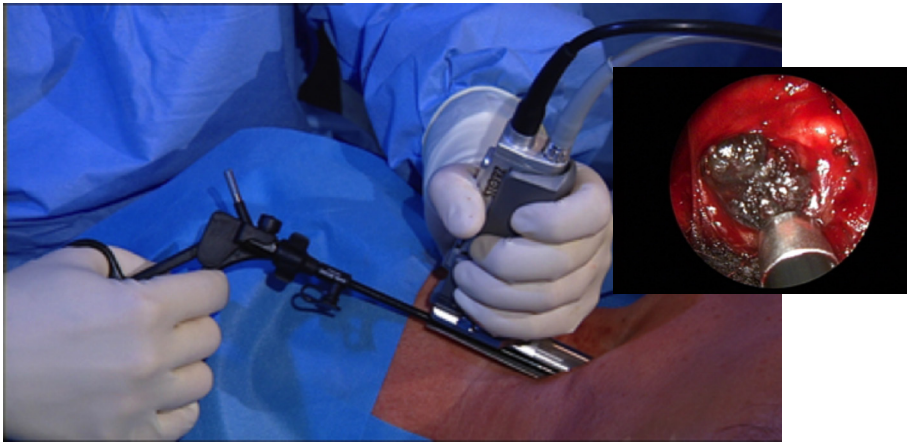
You will normally meet a chest surgeon at a clinic appointment to discuss the reasons for offering surgery, what is involved and any risks associated with the procedure.

It is your decision whether or not you have surgery. The doctors and nurses will be available to offer information, advice and support at this time, so please feel free to ask any questions and discuss concerns you may have.

**The prevention of infection is a major priority in all healthcare and everyone has a part to play.**

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

## What is a Mediastinoscopy?



Mediastinoscopy is a procedure in which a lighted instrument (mediastinoscope) is inserted through a neck incision to visually examine the structures inside the chest cavity. This procedure allows a thoracic surgeon to take pieces of tissue (biopsies) from the glands (lymph nodes) that surround the airways and large blood vessels in your chest. Often these glands have been found to be enlarged and your doctor would like a biopsy to find out why.

## Why do I need the test?

After looking at your chest X-rays, CT and PET scans, 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. Before the procedure the doctor will discuss why this procedure is recommended in your case.

It is important that you understand why this procedure is recommended and what is involved so that you can give your permission (consent) for it to be done. Please feel free to ask any questions and voice any concerns you may have about your procedure. The procedure is carried out under a general anaesthetic by a thoracic surgeon.

## The procedure

The operation is done under a general anaesthetic, with the addition of local anaesthetic to minimise discomfort.

The surgeon usually performs a bronchoscopy first, using a telescope to look into the windpipe and airways.

The surgeon will then make a small cut about two centimetres long in the lower neck. Using a special telescope (mediastinoscope), the surgeon will look into the mediastinum and sample or remove lymph nodes. The wound is closed with absorbable sutures.

The operation usually takes 20 minutes.

The biopsies or pleura will be sent to the laboratory for analysis. This normally takes ten to 14 days.

## Changes to the planned surgery

Very rarely if there is bleeding during the operation that cannot be controlled through the telescope, the surgeon will need to make a larger incision to gain direct vision and control the bleeding.

## What are the benefits of having the procedure?

The procedure can make a diagnosis of the underlying problem.

## What are the risks involved?

As with any procedure there is a small risk of complications, and this varies from patient to patient. The risks include injury to structures such as blood vessels and oesophagus which may result in bleeding, infection and pain.

## What alternatives do I have?

You may choose not to have surgery. Lymph nodes can be biopsied under X-ray or CT scan guidance, or during a bronchoscope procedure under sedation (Endoscopic Bronchial Ultrasound – EBUS)

Your doctor would be happy to discuss any alternative treatments or procedures if they are applicable to you.

## Preparation for surgery

You may be invited to a pre-admission clinic prior to your admission date, to prepare you for your procedure. Your health will be assessed by a nurse and/or doctor. This may involve having a chest X-ray, a heart tracing (ECG), routine blood tests and a breathing test.

Normally you will be admitted to the ward as a day case on the morning of the procedure, or you may be admitted the day before. Further investigations listed below may be performed:

- Blood tests
- ECG – heart tracing
- Chest X-ray
- A full set of observations - blood pressure, pulse, oxygen levels, temperature, respiratory rate, weight and height

All patients are screened for MRSA on admission by doing a nose, axilla and groin swab. If you need other tests specific to you these will be explained.

## What happens on day of surgery?

A nurse will need to complete some paperwork with you and a doctor or nurse specialist / practitioner will take a medical history and do an examination. This may have been done in the pre-admission clinic.

The anaesthetic and surgical team will review you and confirm the details of the proposed procedure.

The procedure will be explained to you again and any questions you may have will be answered.

Once everything has been completed a doctor will ask you to sign a consent form giving your permission (consent) for the operation to take place. Normally this has been filled out in the clinic, but the details will be checked.

We will give you a name band to wear with your name, date of birth and hospital number. If you are allergic to anything this will be a red band. Please let a member of staff know if you lose one, or if any of the information is incorrect.

It is very important that you do not eat anything for six hours before your surgery. However, you can drink water or black tea up to two hours before your surgery. You can also drink water with any pills that the anaesthetist asks you to take.

If you are unsure, please ask one of the nurses.

We will ask you to take a bath or shower and put on a clean hospital gown. We will also provide you with compression stockings to help prevent blood clots developing during and after surgery.

### **Premedication**

If you have been prescribed premedication, the nurse looking after you will give you this one to two hours before the surgery, which may make you a little sleepy. Therefore, it is important that you stay in bed after you have taken the premedication or ask us to help you if you need to get out of bed.

### **Leaving the ward**

If your family members want to wait with you before the surgery, please mention this to the ward staff.

Before going to theatre the nurses will complete a check-list with you. This will be repeated several times when you go to theatre. This is for your safety.

## **What happens in the anaesthetic room?**

We will check your consent form and wristband and help you onto the operating table.

We will place a small drip, usually in the back of the hand, to help you fall asleep. For major surgery, we may insert another small tube, usually in the wrist, to continuously measure your blood pressure during surgery. Both of these can be done with local anaesthetic so they are not painful.

So we can measure your heart rate and oxygen levels in your blood, electrodes (small sticky patches) will be attached to your chest and an oxygen mask placed over your mouth. This is not painful.

Once you are asleep, a breathing machine (ventilator) will support your lungs. The ventilator is connected to a tube inserted down your windpipe.

## **What can I expect after the procedure?**

After the procedure you will be taken to a recovery room in theatre and closely monitored until you are awake. You will then return to the ward where nursing staff will continue to regularly monitor your pulse, blood pressure and your breathing.

You may need to wear an oxygen mask for a few hours and you will be given fluids through a drip in your arm. Staff will inform you when you are able to eat and drink.

After surgery, you will be encouraged get out of bed and walk around.

## **Will I have any pain or discomfort after the procedure?**

You may feel some discomfort after the procedure but you will be given medication to help control this.

It is our aim to make patients as comfortable as possible after their thoracic surgery. It is important that we achieve this not only for your own comfort, but to ensure that we reduce the risk of complications after the operation, which can be caused by restricted breathing due to post-operative pain such as chest infections, sputum retention and poor oxygen take up into the blood stream through partially collapsed lungs.

Local anaesthetic placed into the wound at the time of surgery will last for a few hours. Following this you may require regular pain-relieving tablets. It is important, however, to let the nursing staff know if you are in pain or discomfort.

## What are the complications and side effects?

It is important that you are aware that these procedures can occasionally result in complications.

**Sore throat** - It is normal to have some throat discomfort; this should improve over the next few days.

**Coughing up blood** - It is normal to cough up a little blood for a few days but it is not normal to cough up large amounts. If this occurs it will be necessary to stay in hospital.

**Changes in blood pressure** - Often your blood pressure is lower following an anaesthetic. This is normally due to not having anything to drink for a while. You will either be asked to drink more or you may need to have fluids through a tube into a vein in your arm.

**Damage to teeth** - Because of the nature of the procedure there is a risk that your teeth can be damaged. Although the surgeon and anaesthetist will try to avoid this you must be aware of the risk. Please inform the surgeon / anaesthetist if you have dentures, loose teeth or crowns before the procedure.

**Chest infection** - After any anaesthetic there is a small risk of developing a chest infection, early mobilisation will help prevent this.

Swallowing difficulty - This may be a result of temporary swelling around the oesophagus (swallowing tube), or in rare cases due to damage to the oesophagus.

**Pneumothorax** - Very occasionally the lung will partially collapse following this procedure. It will either resolve on its own or require a chest drain, which will mean having to stay in hospital until it resolves.

**Wound infection** - Occasionally the wound will become infected requiring antibiotics and wound dressings. Normally this can be treated by your GP and practice nurse.

**Bleeding** - In very rare circumstances this occurs, requiring the surgeon to make an additional incision to control the bleeding. This will be explained as part of the pre-operative consent process.

**Blood clots** - These can occur in the legs and then travel to the lung. The risk is greatly reduced by wearing compression stockings and early mobilisation.

Please remember that you can ask questions at any time if there is anything that you are not sure about.

## When will I know the results of my mediastinoscopy?

After the procedure a member of the team will discuss with you how the procedure went. It will not be possible to give you any results at this time. If biopsies have been taken it normally takes two weeks for the results to be ready. You will normally receive the results at an outpatient clinic. You will be informed of the appointment by letter. Please ensure you ask about follow-up arrangements before going home.

## When can I resume normal activities?

Depending on your recovery you may be allowed home the same day, or you may have to stay in overnight. If the staff have any concerns about your recovery you will need to stay in overnight so your condition can continue to be monitored. You may go home once the staff feel you are recovered, you have passed urine, and managed to eat and drink without difficulty. Before discharge you will be checked to ensure you are ready to go home.

You will have a small dressing over your wound. All the stitches are under the skin and will dissolve on their own so there will be no stitches visible. After 24 to 48 hours the wound dressing can be removed and the wound left exposed if it is clean and dry. It is normal to have some slight swelling and bruising around the wound. This will normally settle in a few days. If the wound is still oozing slightly then a small light dressing can be put on.

Your wound will be uncomfortable for several days, so we would recommend that you take pain relief regularly as needed.

It is normal for more bruising to become obvious over the first week. If it becomes more swollen, painful, red and inflamed or is oozing anything then please see your GP or practice nurse. The staff will give you instructions about wound care before you go home.

It is normal to cough up old blood, i.e. rusty coloured, for a few days after the procedure. If this doesn't stop after a few days contact your GP or the ward.

Most patients will be advised to continue to wear the compression stockings on discharge until fully recovered. If you experience any pain or discomfort in your calves (lower legs) or they become swollen contact your G.P.

You will be given pain relief to take home if you require it, as you may need something a little stronger than paracetamol for a few days. Your GP will be sent a copy of your discharge letter informing them of the procedure, medication and follow-up.

You must not drive for 48 hours after your procedure, so will need a relative or friend to drive you home. If you go home the same day of your procedure, there must be someone able to stay with you for the first night at home.

Expect to feel generally tired and to have slight throat discomfort, this should improve over a few days. Ensure that you rest between activities for the first 24 to 48 hours. We do not recommend returning to work for at least 72 hours after leaving hospital and you may need a few days longer at home.

## Further information

We would advise you to contact the ward if you have any of the following:

- Increased shortness of breath
- Concerns about the amount of blood you are coughing up
- Vomiting
- A high temperature
- Concerns about your wound

You may be asked to either come back into hospital or to contact your GP.

## Contact information

### How to Contact us

#### **Cardiothoracic Ward/ B8**

2nd Floor  
Wolverhampton Heart and Lung Centre  
New Cross Hospital  
Wolverhampton  
West Midlands  
WV10 0QP  
Telephone 01902 694306 / 694307

#### **Cardiothoracic Wound Clinic / B3**

1st Floor / Outpatient Department  
Wolverhampton Heart and Lung Centre  
New Cross Hospital  
Wolverhampton  
West Midlands  
WV10 0QP  
Telephone 01902 307999 ext 6731  
(Monday – Friday 09.00-16.00hrs)

### Additional Information is available from:

#### **Patient Liaison Service (PALS)**

New Cross Hospital  
Tel: 01902 695362. Mobile 07880 601085  
Pager:1463 (Dial 01902 307999 and ask the switchboard operator to connect you to the pager).

Website: [PALS@rwh-tr.nhs.uk](mailto:PALS@rwh-tr.nhs.uk)



## English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

## Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

## Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

## Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

## Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

## Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。