Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:	HKID No.:	
Case No.	:		
Name	:		
DOB	:	M / F	
Adm Date	:		
Contact No.	:		

Procedure Information Sheet – Video-Assisted Thoracoscopic Surgery (VATS)

1. Introduction

1.1. A Video-Assisted Thoracoscopic Surgery (VATS) is an operation using a thoracoscope and surgical instruments inserting into the chest through small incisions under general anaesthesia.

1.2. The thoracoscope transmits images of the inside of your chest onto a video monitor, guiding the surgeon in performing the operation.

1.3. Indications for VATS include:

- 1.3.1. Biopsy for diagnosis of pulmonary, pleural or mediastinal pathology.
- 1.3.2. Tumors resection of the lungs, pleura and mediastinum.
- 1.3.3. Pleurodesis for pneumothorax and recurrent pleural effusions.
- 1.3.4. Sympathetic nerve excision for hyperhidrosis.
- 1.3.5. Thymectomy for thymic diseases.

1.4. For technical reasons the surgeon may need to convert to an open operation.

2. Procedural Preparation

2.1. Quit smoking before the operation.

2.2. Admission one day before operation for the following tests:

- 2.2.1. Blood tests for renal & liver functions, Coagulation and complete blood picture
- 2.2.2. Electrocardiogram
- 2.2.3. Chest X-ray or Computer Tomography (CT) scan
- 2.2.4. Pulmonary function tests

2.3. A signed consent is required before operation.

2.4. The chief surgeon and the anaesthetist will advise on fasting time and pre-medication.

2.5. In order to minimize the risk of infection, take shower before operation.

2.6. Fast for 6 to 8 hours. No food and drink is allowed.

2.7. Compression stockings will be put on, to prevent blood clots formation in the deep veins of legs due to being immobile during and after the operation.

3. Peri-Procedure

3.1. After returning to ward, a chest drain inserted during the operation will be connected to underwater sealed container and low suction. The chest drain normally stays in for 24 to 72 hours depending on the clinical conditions.

3.2. Pain relief medication are delivered either by Patient Controlled Analgesia (PCA), Intravenous drip, Intramuscular injection or orally.

3.3. Post operation Physiotherapy might be needed.

3.4. The majority of patients are able to start mobilizing on the first day after their operation.

4. Possible Risks and Complications

4.1. The possible risks associated with this kind of operation include:

- 4.1.1. Bleeding & blood clot inside chest cavity (may need blood transfusion and re-operation)
- 4.1.2. Persistent air leak & air space problems
- 4.1.3. Sputum retention, lung collapse
- 4.1.4. Infection of lung, chest cavity and wound
- 4.1.5. Broncho-pleural fistula
- 4.1.6. Respiratory failure and mechanical ventilation

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4.1.7. Cardiac complication: arrhythmia & myocardial infarction

4.1.8. Nerve injury (hoarse voice/ diaphragm paralysis/ Horner's syndrome/ spinal cord injury)

4.2. Rare complication:

4.2.1. Lung torsion

4.2.2. Heart herniation

4.2.3. Deep vein thrombosis & pulmonary embolism

4.2.4. Esophageal injury

4.2.5. Gastrointestinal bleeding

4.2.6. Renal failure

4.2.7. Chylothorax

4.2.8. Cerebral vascular accident

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____