



PATIENT INFORMATION

**Video-Assisted
Thoracoscopic
Surgery (VATS)
Pulmonary
Resection**

*Please bring this book to the hospital
on the day of your surgery*

THE OTTAWA HOSPITAL

Disclaimer

This is general information developed by The Ottawa Hospital. It is not intended to replace the advice of a qualified healthcare provider. Please consult your healthcare provider who will be able to determine the appropriateness of the information for your specific situation.

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Introduction

You will be hospitalized at The Ottawa Hospital for a Pulmonary Resection surgery. This book will tell you how to prepare for your surgery, your hospital stay and care at home after your surgery.

The Health Care Team has put together a Clinical Pathway that is a general guideline about your care so you will know what will happen to you before surgery and on a day to day basis after surgery. Please refer to *page 2 or 3* of this book.

Make sure to read this book and bring it with you to the hospital. The Health Care Team members will refer to this book during your hospital stay.

Clinical Pathway – VATS Lobectomy/Segmentectomy/Wedge Resection			
	Pre-Admission	Day of Admission / Surgery Pre-Op	Day of Admission / Surgery Post-Op
Tests	<ul style="list-style-type: none"> • Blood work (if ordered) • ECG • Chest x-ray • Urinalysis 	<ul style="list-style-type: none"> • Blood work (if ordered) 	<ul style="list-style-type: none"> • Chest x-ray • Blood work
Consults	<ul style="list-style-type: none"> • Physiotherapy 		<ul style="list-style-type: none"> • Physiotherapy if out of the operating room by 3 p.m.
Treatments	<ul style="list-style-type: none"> • Measure for TEDS thigh high 	<ul style="list-style-type: none"> • TEDS thigh high • Intravenous (IV) 	<ul style="list-style-type: none"> • Wound dressing • Urinary catheter • Intravenous (IV) • Chest tube • TEDS thigh high
Medications		<ul style="list-style-type: none"> • Patient specific medications • Antibiotic 	<ul style="list-style-type: none"> • Patient specific medications • Pain medication – IV • Oxygen as needed • Anti-coagulant • Bronchodilators
Activity		<ul style="list-style-type: none"> • Regular activity 	<ul style="list-style-type: none"> • Head of bed up • Deep breathing & coughing every hour while awake • Ambulate (as tolerated) • Foot and ankle exercises • Dangle x1 or up in chair x1
Nutrition		<ul style="list-style-type: none"> • Nothing by mouth after midnight the night before surgery 	<ul style="list-style-type: none"> • Sips of clear fluids after surgery
Patient & Family Teaching/ Discharge Planning	<ul style="list-style-type: none"> • Review of Clinical Pathway instructions & patient booklet: <ul style="list-style-type: none"> – skin prep – smoking cessation • Discharge Planning <ul style="list-style-type: none"> • Discuss discharge plans • Length of stay 2–3 days if uncomplicated recovery 	<ul style="list-style-type: none"> • Patient teaching <ul style="list-style-type: none"> • Review events of operative day 	<ul style="list-style-type: none"> • Patient teaching <ul style="list-style-type: none"> • Reinforce: <ul style="list-style-type: none"> – deep breathing and coughing – foot and ankle exercises – pain control goals – positioning

Clinical Pathway – VATS Lobectomy/Segmentectomy/Wedge Resection			
	Post-Op Day 1	Post-Op Day 2	Post-Op Day 3 / Discharge Day
Tests			
Consults	<ul style="list-style-type: none"> • Physiotherapy 		
Treatments	<ul style="list-style-type: none"> • Wound dressing • Urinary catheter removal at 6 a.m. • Discontinue (IV) solution • Chest tube • TEDS thigh high 	<ul style="list-style-type: none"> • Incisions open to air if no drainage • Chest tube removal • TEDS thigh high 	<ul style="list-style-type: none"> • Enema if needed • Removal of TEDS if walking independently
Medications	<ul style="list-style-type: none"> • Patient specific medications • Discontinue IV pain medication • Laxative • Anti-coagulant • Oxygen as needed • Bronchodilators 	<ul style="list-style-type: none"> • Patient specific medications • Pain medication • Laxative • Anti-coagulant • Oxygen as needed • Bronchodilators 	<ul style="list-style-type: none"> • Patient specific medications • Pain medication • Laxative • Oxygen as needed • Bronchodilators
Activity	<ul style="list-style-type: none"> • Deep breathing & coughing every hour while awake • Up in chair x 2 • Ambulate (with supervision or independently 3–5 times per day) • Post-op exercises as per booklet 	<ul style="list-style-type: none"> • Up in chair x 2 • Activity as tolerated • Post-op exercises as per booklet • Walk in hall 3–5 times per day with supervision or independently 	<ul style="list-style-type: none"> • Activity as tolerated • Exercises as per booklet • Walk in hall independently 3–5 times per day • Stairs as needed
Nutrition	<ul style="list-style-type: none"> • Full fluid diet, then resume normal diet 	<ul style="list-style-type: none"> • Normal diet 	<ul style="list-style-type: none"> • Normal diet
Patient & Family Teaching/ Discharge Planning	<p>Patient teaching</p> <ul style="list-style-type: none"> • Patient has education booklet • Reinforce: <ul style="list-style-type: none"> – deep breathing and coughing – smoking cessation – shoulder range of motion – activity – pain control goals – foot and ankle exercises – diet – exercises as per booklet – positioning – leg exercises 	<p>Patient teaching</p> <ul style="list-style-type: none"> • Reinforce: <ul style="list-style-type: none"> – deep breathing and coughing – smoking cessation – shoulder range of motion – activity – pain control goals – exercises as per booklet – leg exercises • Chest tube site suture to be removed 48 hours after removal <p>Discharge planning</p> <ul style="list-style-type: none"> • Review discharge issues/plan with patient/family • Discharge home at 10 a.m. if uncomplicated recovery • Follow-up appointment made • Prescription provided 	<p>Patient teaching</p> <ul style="list-style-type: none"> • Review discharge instructions as per education booklet • Pain control goals • Chest tube site suture to be removed 48 hours after removal <p>Discharge planning</p> <ul style="list-style-type: none"> • Review discharge issues/plan with patient/family • Discharge home at 10 a.m. • Follow-up appointment made • Prescription provided



Health Care Team

The following members of the health care team will help you during your hospital stay.

Thoracic Surgeon

The Thoracic Surgeon and team of surgical residents will discuss your care and answer any questions you might have. The thoracic surgeon will be in charge of your care.

Nurse

The Nurse will care for you before and after your surgery providing emotional support, medications, nursing care, and teaching instructions.

Patient Care Assistant

The Patient Care Assistant (PCA) will work with the nurse to help with your care, for example, baths, getting you out of bed, going to the toilet.

Physiotherapist

The physiotherapist (PT) will help you with getting out of bed, walking, deep breathing, coughing and arm & shoulder exercises.

Social Work

The Social Worker will meet with you and your family for counseling, community information, and discharge planning services **as needed**. Before and after surgery, you may feel a variety of emotions, such as fear, sadness, anger and/or loss of control. Sometimes help is needed to cope with these feelings.

6th Floor Observation Unit (Room 6330)

The 6th floor observation unit is a monitoring unit located on the thoracic unit. The Observation Unit Team includes doctors, nurses, physiotherapist, respiratory therapist, social worker, dietitian and occupational therapist.

6 North West Thoracic Unit

The Team also includes doctors, nurses, physiotherapist, respiratory therapist, social worker, dietitian and occupational therapist.

Visiting hours are between 3 to 8 p.m., except for exceptional circumstances. Two (2) family members at a time may visit you. There is a visitor's/patient lounge located on 6 North West Thoracic Unit. You will be given a visitor's pamphlet.



Preparing For Surgery

Helpful points before coming to hospital:

- **Stop Smoking!** Tobacco in any form should be avoided. This includes pipes, cigars, cigarettes, and chewing tobacco. Tobacco smoke has many harmful substances that damage cells. Smoking places you at risk for lung complications after surgery. Cilia lining of the airway help expel secretions. Long term exposure to tobacco smoking destroys cilia lining as a result you may have more difficulty clearing secretions after surgery. It is never too late to stop smoking. Smoking cessation programs can help you stop smoking. Ask your physician today for help.

Heart Health Education Center: 613-761-4753

- This six month program involves behavioural therapy; addictive disorders therapy; pharmacologic therapy (nicotine patch or gum); and relapse prevention.
- Covered by the Ontario Health Card or the Régie d'assurance maladie du Quebec
- Offered in English and in French

Ottawa Public Health Information Line: 613-580-6744, ext. 28030

- Multilingual

Pre-Admission Visit:

- Blood tests, urinalysis, electrocardiogram (heart test) and a chest x-ray may be done.
- An anesthesiologist will ask you questions about your health, explain your anesthetic and pain control.
- A physiotherapist will explain your activity and exercises for after your surgery.
- Ask to speak with a social worker if you have concerns related to discharge.
- A nurse will ask you questions and tell you about leg exercises, breathing and coughing exercises, pain control and skin preparation. It is helpful if you practice deep breathing and coughing exercises before your surgery. (See pages 11–14)
- You could discuss your discharge plans for going home after your operation.

Evening Before and Day of Surgery:

- Skin preparation:
 - 1) Buy 2 sponge brushes of Chlorhexidine soap at The Ottawa Hospital, General Campus – Desjardins Pharmacy on the main floor across from the coffee shop, or at your pharmacy. This is not available at all pharmacies.
 - 2) Night before surgery:

- a) Shower your entire body using Chlorhexidine soap.
 - b) Wash your chest (front, side and back) with the Chlorhexidine soap and a wash cloth for three (3) minutes.
 - c) Rinse
- 3) Morning of surgery:
- a) Repeat shower using Chlorhexidine soap.
 - b) Scrub your chest (front, side and back) with Chlorhexidine soap for three (3) minutes.
 - c) Rinse
- Do not eat or drink after midnight the night before your surgery. If you have been told to take your usual medication on the morning of surgery (for example, your blood pressure pills or heart pills), you may use only a sip of water.
 - Do not smoke or drink any alcohol twenty-four (24) hours before surgery.
 - Bring in both home and work telephone numbers of spouse/relative who will be helping you, so they can be contacted if needed.
 - Bring your personal care items such as toothbrush, toothpaste, comb, shampoo, cream and slippers with non-slip soles.

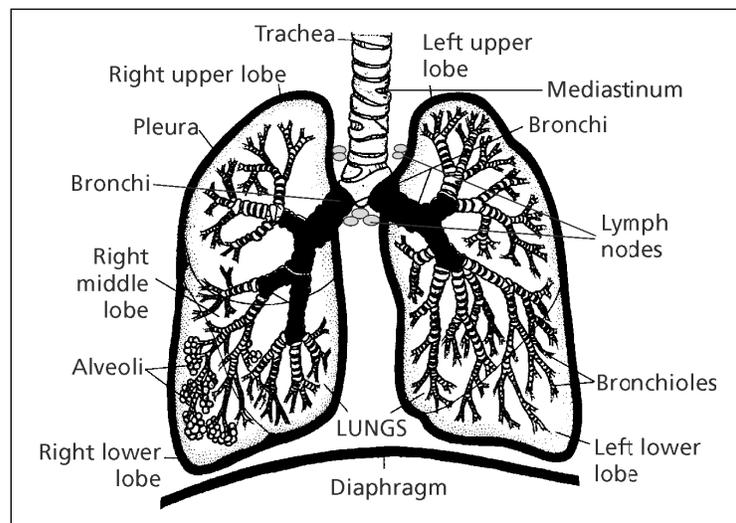


Thoracic Surgery

The Lungs

The lungs are part of the respiratory system. They make up most of the space in the chest and are separated from each other by the mediastinum, an area that contains the heart, trachea (windpipe), esophagus, and many lymph nodes. The right lung has three lobes and is a little larger than the left lung, which has two lobes. The lining of the lungs is called the *pleura*.

The lungs exchange oxygen and carbon dioxide. Air enters the nose and mouth, travels down the windpipe (trachea) into the large airways or tubes called *bronchi*. In the lungs, the bronchi



The Lungs

divide into smaller tubes called *bronchioles*. The bronchioles end in tiny air sacs called *alveoli*. This is where oxygen passes into the blood stream and is carried to the body's cells. The lungs also get rid of carbon dioxide, a waste product of the body's cells. At rest, a person breathes at a rate of 12-14 breaths/min. and moves about 500 mL of air with each breath.

Treatment of Lung Cancer

Treatment for lung cancer depends on the lung cancer cell type, size, and location in the lungs, extent, individual age, general health and feelings about the treatment. Surgery, radiation, and chemotherapy can treat lung cancer. Your treatment includes surgical removal of a part of your lung; called *pulmonary resection*.

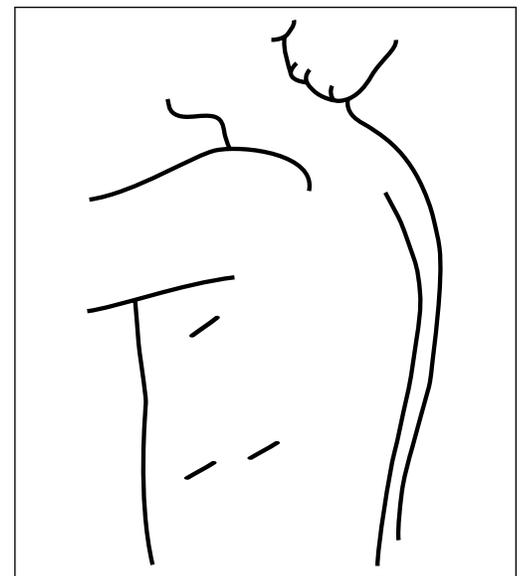
Pulmonary Resection

There are 3 main types of surgeries in lung cancer treatment. The choice depends on the size and location of the tumor, the extent of the cancer, and the general health of the patient. The surgeon removes only the diseased portion of the lung. An operation to remove a small part of the lung is called a *segmental* or *wedge resection*. The removal of a lobe of the lung is called a *lobectomy*.

A Video-Assisted Thoracoscopic surgery (VATS) is a minimally invasive surgical technique. It is a procedure in which approximately 3 or more one inch incisions are made in the chest in order to access inside the chest. A tiny fiber-optic camera (called a *thoroscope*) is inserted through one incision, and surgical instruments are inserted through the other small incisions. The thoroscope transmits images of the inside of the chest on a video monitor, guiding the surgeon in manoeuvring the instruments to complete the procedure and remove the diseased portion.

The incisions will usually be closed with dissolving sutures and may have "tape like" bandages called "*Steri-strips*" over the incisions and/or covered with "band-aid" like dressings.

The surgery is performed while you are sleeping as a result of a general anesthetic. The length of surgery depends on the extent of the resection, and can take up to 1½ hours. Following surgery, you will awaken in the Post-Anesthetic Care Unit (PACU). You will remain there until you are stable enough to be transferred to the 6th floor Observation Unit. When you are ready, you will be transferred to a room on the 6 North West Thoracic Unit.



Location of Incisions



After Surgery

Pain Management

The goal is to have well-controlled pain at rest and with activity. With good pain control at rest, you will be comfortable enough to sleep. With activity, there may be an increase in pain but should not prevent you from coughing, deep breathing, and moving about as well as you like.

You will have a pump containing medication to help control your pain. The pump will be connected to your intravenous (I.V.). The medication will be given through a hand held controller. Press the button on the controller as soon as the pain starts, or if you know your pain will worsen when you start walking or doing breathing exercises. Do not permit family or friends to push the controller for you.

Your pain will be assessed using a scale of 0–10. Zero is no pain and 10 is the worst pain possible. You will be asked to rate your pain level, both while resting and during activity. In addition, you will be asked if the pain prevents you from moving and if you are satisfied with your pain control.

These assessments will help determine how effective your treatment is and whether changes in medication are needed.

It is important to inform your nurse if you have any of the following:

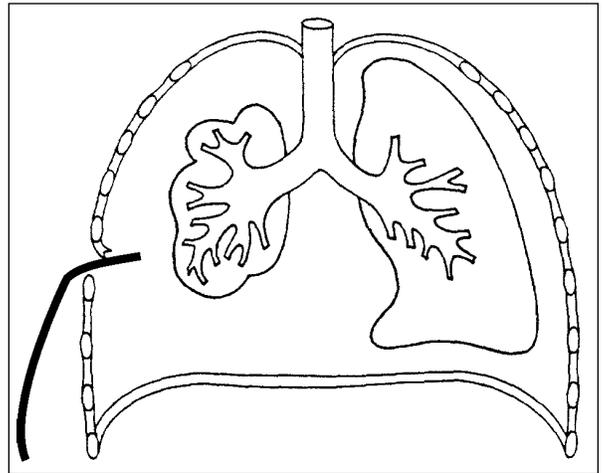
- itching skin
- nausea and/or vomiting
- unrelieved pain
- heaviness in your legs
- tingling or numbness
- increased sleepiness

On your first day after surgery, the pump containing pain medication will be stopped and you will be given pain medication by mouth as needed.

Chest Tube

After your surgery, extra air and/or fluid tend to collect in the chest cavity. A chest tube will be placed around the lung in the chest. It will be attached to a drainage system to help drain the fluid and/or the air. Expect to see blood in the tube. X-ray of your chest will be taken to monitor your progress. The tube is generally removed after a few days; however it may be removed as early as the day after your surgery.

You should avoid lying on the chest tube while in bed. Do not pull on the tube. You will be encouraged to walk in the hall while the chest tube is in place. Tell your nurse if you find it hard to breathe.



Chest tube drainage in the chest cavity

Intravenous (IV)

You will have an IV to replace your fluids until you are able to drink well. Do not pull on the IV tubing. When you are walking, push the IV pole using your hand that does not have the IV.

Urinary Catheter

You will have a urinary catheter (tube) to drain urine out of your bladder. This catheter will be removed the day after your surgery.

Wound Care

The dressings on your incision(s) are usually removed after a few days. Your incisions may also be open to air 48–72 hours after your surgery if there is no drainage. Steri-Strips (thin tape) may be placed over your incision(s).

You will have a dressing at your chest tube site. It will be changed every 3 days or as needed.

Ankle Exercises

These exercises help the blood circulate in your legs while you are less mobile. Do these ten (10) times each hour, while you are awake and until your activity level increases.

With your legs flat on the bed:

- Point your feet toward your body.
- Point your feet away from your body.
- Move your ankles in a circle clockwise and counter-clockwise.

TED Stockings (thigh high)

TED stockings are long elastic stockings. These stockings help prevent blood clots from forming by improving the blood circulation. They should be removed once during the day for about thirty (30) minutes. They are to be worn until you are walking on a regular basis. We can clean your TED stockings by washing them with soap and water and let dry overnight.

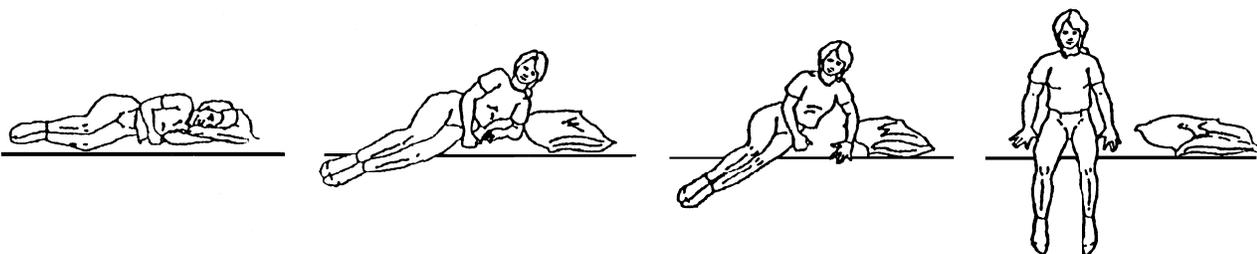
Moving in Bed

While you are in bed, it is important to move. Do not worry about the tubes you have in place, however avoid lying on your incisions and chest tube. Move every 2 hours while awake.

- Support your incisions with a small blanket or pillow.
- Bend your knees and roll from your non-operative side to your back.

Getting Out of Bed

- Roll onto your side where there is no incisions. Place your upper hand on the bed below your elbow.
- Raise your upper body off the bed by pushing down on the bed with your upper hand and pushing up with your lower elbow.
- Swing your feet and legs over the edge of the bed and bring your body to a sitting position.



Oxygen

Sometimes the body may require extra oxygen. During your hospital stay, you may receive extra oxygen. This is given through a mask placed over your nose and mouth or small tubes placed in your nostrils (nasal cannula).

The amount of oxygen in your blood is tested by placing a small clip on your finger. This is called pulse oximetry. This test is used to check that your body is getting the right amount of oxygen. When you no longer need extra oxygen, it will be removed.

Deep Breathing and Coughing

Deep breathing exercises work best when you are sitting up in a chair or on the side of the bed.

- Support your incisions with a small blanket or pillow.
- Take a deep breath in through your nose. Hold for five (5) seconds. Breathe out through your mouth slowly.
- Repeat this exercise ten (10) times each hour while you are awake and until your activity level increases.

Coughing exercises help to loosen any secretions that may be in your lungs. These can be done after your first five (5) deep breaths.

To produce an effective cough:

- Hold your incision with your pillow or blanket.
- Take a deep breath and cough.

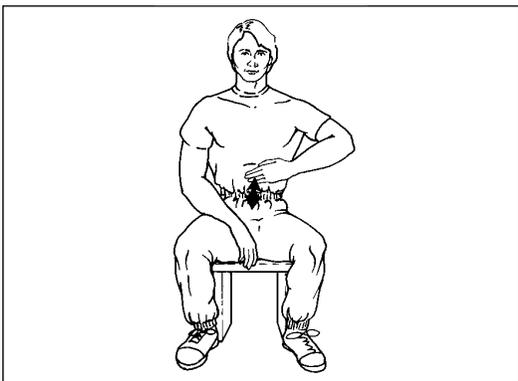
Post-op Exercises

The physiotherapist will supervise and assist you in the progression of this exercise program. Each exercise should be **repeated ten (10) times hourly initially** unless otherwise indicated. Do them slowly and continue doing the program for at least two (2) weeks when you are at home. Some exercises will assist you with airway secretion removal and help to avoid breathing problems such as pneumonia, others will generally get you active in the recovery period.

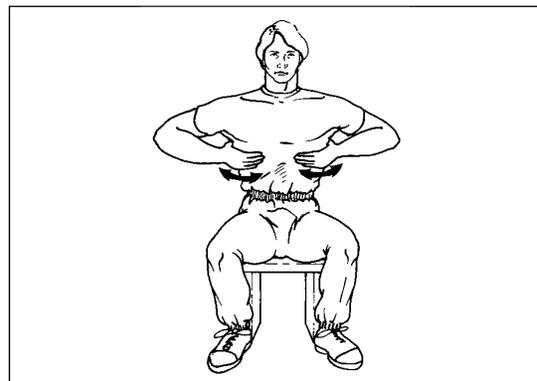
Day of surgery

- You will walk once a day with help from the physiotherapist.

- 1**
- While sitting in a chair or on the side of the bed with shoulders dropped and leaning forward, place one hand gently on your stomach just below your rib cage.
 - Take a deep breath and hold it for 2 seconds. You should feel your stomach expand as you breathe in. Hold for 2 seconds and let your stomach sink in as you breathe out. (This is diaphragmatic breathing.)



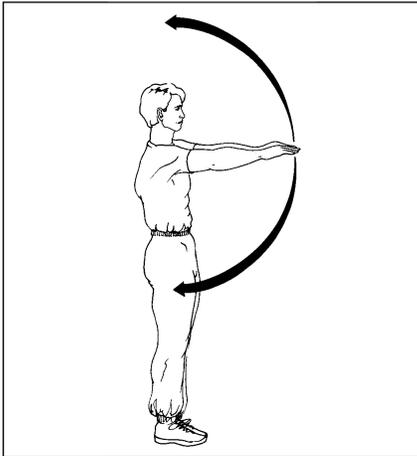
- 2**
- Sitting, place a hand on the ribs of the side of your surgery.
 - Breathe in deeply as you try to expand your rib cage sideways against your hand.
 - Hold for 3 seconds.
 - Breathe out of your mouth slowly



- 3**
- Take a deep breath in through your nose, hold 3–5 seconds, then let the air out slowly through your mouth (pursed lips) breathing out as long as possible.
 - You should repeat this cycle 3 consecutive times prior to coughing.

- 4**
- Supported cough: use a pillow or folded blanket to splint the drain area as you cough to clear secretions out of your lungs.

- 5 • In bed, sitting or standing, lift both arms up (keeping elbows straight) in front of you while breathing in.
- Lower straight arms while blowing out.



- 6 • Feet and ankles: pumping and circling constantly until walking independently.

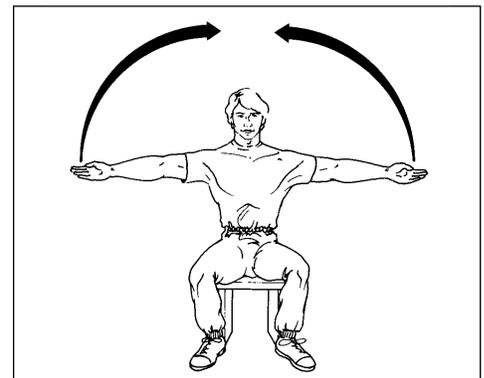
Post-Op Day #1 and #2

- Continue with the post-op exercises and add the following exercises 3–5 times in the day.
- With minimal assistance, you should walk in your room and progress to hallway 3–5 times.

- 7 • Sitting or standing, roll your shoulders in both directions (make sure both shoulders are doing the same movement).



- 8 • Sitting or standing with your arms by your side, take a deep breath in and lift your arms sideways (with elbows straight) leading with your thumbs. Lower arms straight while blowing out.



Post-op Day # 2 and #3

- Do all the exercises 3–5 times in the day.
- You should walk in the hallway independently 3–5 times.

NOTE

- Stairs can be practiced with help prior to discharge.
- Continue with exercises 2 times per day for at least 2 weeks while your incision is healing.
- Check your posture frequently in front of a mirror. You may tend to lean towards your operated side with that shoulder dropping down and forward. Watch for this and correct it.
- Progress all your activities **gradually**, pain should be your guideline!
- Discuss increasing your activity level with your surgeon at the follow-up appointment.
- Remember, exercises are needed in the recovery phase but rest is also important! It is important to find the balance.



Preparing For Going Home

Before coming to the hospital, make plans for help at home after your surgery. See if someone can stay with you for a few days or arrange for convalescent care. When you are discharged from the hospital, you may need that help at home. Discuss your discharge plans with your nurse.

You may have concerns or questions related to how you will manage at home after your surgery, if that is the case ask to speak with a social worker.

Look at your Clinical Pathway for you and your family to know what to expect on a daily basis.

Before leaving the hospital, make sure you have:

- Prescription for your medication
- Information regarding follow-up appointment to see your thoracic surgeon in 2–3 weeks.
- Arrange for someone to pick you up at 10:00 a.m. on the day of discharge.

Be sure you understand about:

- Activity
- Wound care
- Medications
- When to call the doctor
- Follow-up visit
- Exercises

Activity

- Continue with the shoulder/arm exercises, deep breathing exercises, and walking as discussed with your physiotherapist.
- Stairs are encouraged and are a great exercise during your recovery.
- Avoid strenuous exercise including lifting heavy objects, grocery bags, snow shoveling and pushing a lawn mower until after you have seen your doctor on your follow-up appointment.
- Resume your regular activities gradually over 6 weeks. Discuss any specific concerns with your doctor.
- Do not drive your car until after you have seen your doctor on your follow-up appointment.
- Take frequent rest periods as necessary. Let your body be your guide.

Wound Care

- Observe the incisions for increased redness, tenderness, drainage, and open areas. Notify your doctor if any of these occur.
- Swelling or bruising may appear around the wound. This may continue for several weeks.
- There may be a stitch at the chest tube site. This must be removed by your family doctor/walk-in clinic. (48 hours after your chest tube is removed.)
- You should let your Steri-Strips fall off on their own, do not pull them off yourself. Steri-Strips may remain for a maximum of 14 days.
- Shower or tub bath as you prefer. Avoid hot tubs, jacuzzis and saunas. Soaking in a tub for long periods may delay healing of your incisions. Clean your incisions with mild soapy water. Pat incisions dry, make sure there are no soap residues.
- Wear loose clothing while wound is still tender.

Medication

- Take pain medication as you need to, for example, before going to bed, prior to activity. You should expect some pain for a length of time after discharge.
- Add fiber to your diet to avoid constipation from the pain medication, e.g. bran, whole grains, fruit. A laxative or stool softener may be necessary until your bowels are regular.

When to Call the Doctor

Call your doctor if you have any of the following:

- Chills or fever (temperature greater than 38.5°C)
- Increased pain, redness, swelling or drainage or open areas in the incisions
- Persistent cough
- Difficulty breathing
- Blood in sputum
- Swelling in your leg(s)



Follow-Up

The thoracic surgeons are:

- Dr. S. Gilbert
- Dr. D.E. Maziak
- Dr. A.J.E. Seely
- Dr. F.M. Shamji
- Dr. R.S. Sundaresan

You will see your thoracic surgeon in 2–3 weeks after you leave the hospital. Your appointment will be at the 6310 Clinic **or** at the Ages Cancer Assessment Clinic.

You will need to have a chest x-ray done before your appointment. Please go to the x-ray department (Module X on the 2nd floor) 45 minutes before your appointment, the requisition for your chest x-ray will be there. During this visit, your thoracic surgeon will listen to your lungs, check your incisions, and review your chest x-ray. Discuss any specific concerns you may have at this time, with your thoracic surgeon. **If you are unable to keep your appointment, please telephone in advance to the clinic where your appointment is scheduled.**

- The **6310 Clinic** is located at the General Campus, 6th floor, Room M6310. Phone number: 613-737-8100.
- The **Ages Cancer Assessment Clinic** is located at the General Campus, 7th floor, Room 7410. Phone number: 613-737-8501



Resources

The diagnosis and treatment of lung cancer may have a major impact upon you and the people close to you. The disease may affect your physical, emotional, social, spiritual and practical needs. As a result, you may experience many issues. There are many resources available within the hospital, community and internet to help you and your family.

Health Information for Patients and Their Family Patient and Family Libraries at The Ottawa Hospital

The Ottawa Hospital's two patient and family libraries provide onsite access to:

- Reliable information on a variety of health, wellness and medical topics;
- Information about local associations and support groups;
- Books, videos and DVDs for loan;
- Computers with Internet connections.

Our Collection: The collection has over 2000 books, videotapes, audiotapes and DVDs. The collection includes medical dictionaries, home medical encyclopedias, reference texts, as well as books on a variety of health topics, such as medical tests, specific diseases and conditions, and caregiving.

Loaning materials: Patients and family can borrow items from the library for three weeks (21 days) and renew for a further three weeks if the material has not been reserved.

If you cannot visit us in person, please contact us by telephone or email – or visit us on the web at <http://www.ottawahospital.on.ca/patient/visit/chlib/index-e.asp>.

Come Visit Us!

Patient and Family Library – Civic Campus

Main Building, Room D100A (take the “C” elevators to the 1st floor)
1053 Carling Ave., Ottawa ON K1Y 4E9

Hours: Mon. - Fri.: 8:30 a.m. – 12:30 p.m. & 1:00 - 3:30 p.m.

Tel.: 613-798-5555 ext. 13315

Fax: 613-761-5292

Email: patientlibrary@ottawahospital.on.ca

Ninon Bourque Patient Resource Library – General Campus

Specializing in cancer-related information

Cancer Centre, Main Floor

503 Smyth Rd., Ottawa ON K1H 1C4

Hours: Mon. - Fri.: 8:30 a.m. – 12:30 p.m. & 1:00 - 3:30 p.m.

Tel.: 613-737-8899 ext. 70107

Fax: 613-761-5292

Email: patientlibrary@ottawahospital.on.ca

The Patient and Family Library service at TOH provides information only, not medical advice. Your healthcare professional is the only person qualified to give you a medical opinion.

Publications

Living with Lung Cancer: A Guide For Patients and their Families, 4th Edition.

Available in the Consumer Health Library or

Trial Publishing Co.,

P.O. Box 13355

Gainesville, Florida 32604

What You Really Need to Know About Cancer: A Comprehensive Guide for Patients and Their Families. R. Buckman, Key Porter, 1995.

Everybody's Guide to Cancer Therapy: How Cancer is Diagnosed, Treated, and Managed Day to Day. M. Dollinger, E.H. Rosenbaum, G. Cable. Sommerville House, 1995.

Coping With Cancer Magazine

Published bi-monthly phone: 615-790-2400

E-mail: Copingmag@aol.com

Telephone

Canadian Cancer Society 1-888-939-3333

Cancer Web Resources

Alliance for Lung Cancer Advocacy, Support, and Education (ALCASE): www.alcase.org

Canadian Cancer Society/National Cancer Institute: www.cancer.ca

Cancer Care Ontario: www.cancercare.on.ca

CancerNet (U.S. National Cancer Institute): www.icic.nci.nih.gov

Health Canada: Cancer Bureau: www.hc-sc/hpb/lcdc/bc

Cancer Care Inc.: www.cancercare.org

OncoLink (University of Pennsylvania Cancer Centre): www.OncoLink.upenn.edu

Wellspring (cancer support group): www.wellspring.ca

The Ottawa Hospital – Thoracic surgery web site: www.ottawahospital.on.ca

Click on: Health Professionals, Surgery, Thoracic Surgery, Patient Information

We hope this book has helped to guide & support you at this time. The information comes from team members and patients like yourself. Your suggestions are important.

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