University College Hospital at Westmoreland Street

Thymectomy

Information and advice for patients, relatives and carers
If you would like this document in another language or format, or require the services of an interpreter, contact us on 20 3456 7898. We will do our best to meet your needs.

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1. Introduction
Your specialist Doctor has referred you to a Thoracic Surgeon either because you have been diagnosed with a thymoma or because you have myasthenia gravis (MG), an autoimmune disorder. Thymoma is a tumour of the thymus gland.

A thymectomy may be carried out as a treatment for thymoma.

This leaflet provides information about having a thymectomy and caring for a loved one who is having a thymectomy. Information regarding support, help and information about this operation, and getting answers to any questions you might have can be found on page 12 and 13.

2. What is a thymectomy?
A thymectomy is an operation to remove the thymus gland.

The thymus gland sits behind the breastbone (sternum) in the chest cavity. It is associated with the immune system and helps fight infection and disease. It becomes fully developed in puberty and then gradually shrinks when it is replaced by fatty tissue.

3. What happens during a thymectomy?
The Surgeon will have already discussed with you the risks and benefits. Your operation will be performed under a general anaesthetic.

Your Surgeon will make a short, vertical incision down the centre of your chest, splitting open the breastbone (the sternum).

Over time the scar from this procedure will become very faint, but, if you are concerned about the scarring, please discuss this with the Surgeon before the operation.
4. What are the risks involved in having a thymectomy?
All treatments and procedures involve risks.

When your Surgeon discussed with you the benefits and risks involved in having a thymectomy, your general health was taken into account, but you can have any further questions answered at any time before the operation.

We must point out that each patient is different and recovers from surgery differently.

5. What will happen if I choose not to have a thymectomy?
You can, of course, choose not to have a thymectomy, but you should bear in mind that when you were assessed, this was thought to be the best treatment option.

If you have any reasons for not wanting to go ahead with this operation, please discuss them with your specialist Doctor, Surgeon or Clinical Nurse Specialist (CNS). They will do everything they can to support you.

6. What alternatives are available?
We will discuss all the options available to you and support you so that you can make an informed decision.
7. How should I prepare for a thymectomy?

**Pre-assessment:** You will need to attend a pre-assessment clinic to have some or all of the following:

- Blood tests
- Chest X-ray
- ECG (Electrocardiogram – a simple and useful test that records the heart’s electrical activity).
- MRSA screening (a simple nose swab to test for Methicillin-Resistant Staphlococcus Aureus – a type of bacterial infection that is resistant to a number of antibiotics. Screening helps reduce the chance of patients developing an MRSA infection or passing an infection on to other patients).

During the pre-assessment, you should tell the Doctor or Nurse if you will need help after the operation.

You will need to arrange for a relative to bring you into hospital and collect you afterwards.

For female patients: You will need a soft, non-under wired bra to support your breastbone after surgery. Please discuss this with your CNS.

**Eating well:** Continue to eat a balanced diet so that you are in the best condition possible for your surgery.

**Support at home:** Before you come into hospital, please make arrangements for someone to help you with shopping, cooking and housework while you are recovering at home.

You will be unable to lift anything heavier than six pounds (about half the weight of a kettle) for six weeks after your surgery, while your breastbone heals.
Your Doctor will already have discussed with you any specific preparations before surgery. These include:

- **Stop smoking**: if you smoke you will be advised to stop before the surgery, as this reduces the chance of breathing problems and chest infection. Smoking also impairs wound healing.

- **Lung function tests**: you will also have some special lung function tests to see how well your lungs are working.

- **If you are taking anticoagulants** such as warfarin, dabigatran (Pradaxa®), rivaroxaban (Xarelto®) or apixaban (Eliquis®) please check with the doctor or surgeon if they need to be stopped and for how long. The exact duration to stop may differ depending on the reason you are taking them and in some instances we may need to give you an alternative to take before surgery.

**You should bring the following items with you to hospital:**

- Dressing gown, nightdress or pyjamas
- Slippers
- Toiletry bag and toiletries
- All medication that you normally take
- Loose change (for newspapers, etc.)
- Mobile phone.

Please don’t bring jewellery, valuables or large amounts of money.
8. Admission to hospital
You will receive information from your Surgeon’s Secretary with clear instructions for you to follow.

There are two pathways for patients coming in for a thymectomy: Pathway A and Pathway C. The letter from the Secretary will tell you what pathway you will be on.

If you are on Pathway A you will be admitted the night before your surgery.

If you are on Pathway C you will be admitted on the day of surgery. You will be given information about fasting.

The Surgeons, Anaesthetist and Nurse will complete the final pre-operative check list.

If you have not been pre-assessed you will need to have MRSA screening, blood tests, ECG, chest X-ray and a shower. If you do not have these, your surgery may be affected or delayed.

Thrombo-embolic stockings: Before going to Theatre you will be given Thrombo-embolic Stockings (TEDs™) to prevent deep-vein thrombosis, as you will be less active. You need to wear them until you are discharged home.

The Nurses will also give you small injections, usually in the stomach, to ensure you are not at risk from blood clots.

9. Asking for your consent
We want you to be fully involved in all the decisions about your care and the procedure. If you decide to go ahead with the procedure, by law we must ask for your consent and ask you to sign a consent form. This confirms that you agree to have the thymectomy and you understand what it involves.
Your Surgeon will already have discussed with you the benefits and risks, taking into account your general health. However, you may also want to ask the Anaesthetist the same questions.

Please ask about anything that is on your mind. We want you to be fully informed about the procedure and confident about signing a consent form.

10. What should I expect after a thymectomy?

**Recovery:** You may stay in intensive care for 24 hours, so that you can be closely monitored before you are transferred to the ward.

**Chest drain:** You may have one or two chest drains.

**Oxygen:** If the breathing tube you had during the operation has been removed, you will be given oxygen via a mask to maintain your normal oxygen levels whilst you recover.

**Pain:** There may be some chest soreness and pain after surgery. We will give you pain medication to ease this.

**Physiotherapy:** The Physiotherapist will teach you breathing exercises to perform regularly and will ask you to cough to clear mucus from your lungs. This may cause discomfort, but we will give you a rolled-up towel to hug and support the chest whilst you are coughing.

**Moving around:** The nursing staff will encourage you to sit in a chair by the on the first day after your operation and, later, to walk around the ward. This will speed up your recovery and can help prevent a chest infection and clots in the leg.

**Eating and drinking:** When you are fully awake, you will be given water. If you are feeling nauseous, you will be offered anti-sickness medication. You can start to eat and drink normally when you feel ready to. It is often best to start with small portions. The Nurses may send a Dietitian to see you and offer advice.
**Wound:** The Nurses will clean and dress your wound as needed. They will arrange for the District Nurses to check your wound when you go home.

**Hospital stay:** The hospital stay after a thymectomy varies from patient to patient but it’s normally between five and seven days.

**Medications:** When you go home we will supply you with any new medication you might need such as painkillers or laxatives. Please ensure you have your own supply of your usual medications. Your GP will provide you with any further supplies as needed.

**District Nurses:** The ward Nurse may refer you to a District or Practice Nurse who will visit you once you have gone home, if needed.

11. **Leaving hospital and returning home**
Before you leave hospital, your Surgeon will meet you and discuss follow-up arrangements.

Your Nurses, Surgeon and the Physiotherapist will provide you instructions on discharge, including written information on how to care for your sternum. Naturally you will have the opportunity to have any questions that you may have answered then.

It takes six weeks for the sternum to unite and stabilise. During this time your activities will be restricted - for instance, you may not drive a car.

**Calling your GP:** You should call your GP if the wound becomes infected, if you have fever or if there is oozing. You should also call your CNS on 020 3456 6053 or 020 3456 6047.

**Your recovery:** Recovering from surgery can be difficult emotionally as well as physically. It’s common to feel depressed and anxious. You may have trouble sleeping or eating but this will pass in time.
Talk to your Doctor about your feelings and share concerns with your family and friends, who can help you through any difficult times.

As you recover from surgery, you’ll see your Doctor for regular follow-up visits. During these visits, your healing and recovery can be monitored. Your Doctor or Nurse can also discuss your plan of care and outline your options if you need further treatment.

**If you’re relative or loved one has just had a thymectomy:**
He or she might feel depressed, frustrated, or scared during recovery. This is common. You might even feel that way yourself. Talk to each other about your feelings.

Let your relative or loved one do the things that he or she feels able to do. Offer encouragement and try not to be overprotective.
12. Contacts

University College Hospital at Westmoreland Street
16 -18 Westmoreland Street, London
W1G 8PH

If you have been diagnosed with thymoma or thymic carcinoma your Lung CNS will support you and your family. You might have already met your local Lung CNS. If you have not, please contact the Thoracic CNS who will advise you on how to contact the Lung CNS at your local hospital.

CNS direct Line: 020 3456 6053 or 020 3456 6047

Secretaries: Medical PA to Mr Lawrence and Mr Panagiotopoulos: 020 3456 6059

Medical PA to Mr Hayward & Mr Kolvekar: 020 3456 6046
Fax: 020 3456 6062

Switchboard: 020 3456 7898

CNS Extension: 66053 or 66047

Bleep (pager) number: 6993

Fax: 020 3456 6062

CNS email: CNSThoracicSurgery@uclh.nhs.uk

Website: www.uclh.nhs.uk
13. Where can I get more information?

If you would like further information about thymectomy or if any problems arise, please telephone any of the numbers below:

**British Lung Foundation**
Helpline telephone: 03000 030 555
Helpline email: helpline@blf.org.uk (Monday to Friday, 10:00 to 18:00).
Website: www.blf.org.uk

**NHS 111**
Dial 111

**Macmillan Support and Information Centre**
University College Hospital Macmillan Cancer Centre
Huntley Street, London WC1E 6AG
Telephone: 020 3447 8663
Email: supportandinformation@uclh.nhs.uk

**NHS Smokefree (Services to help you stop smoking)**
Telephone: 0300 123 1044 (Monday to Friday, 09:00 to 20:00 or Saturday and Sunday, 11:00 to 16:00)
Website: www.smokefree.nhs.uk

**Cancer Research UK**
Nurse helpline: 0808 800 4040
Website: www.cancerresearchuk.org
Email: supporter.services@cancer.org.uk

**The Roy Castle Foundation**
Telephone: 0333 323 7200
Website: www.roycastle.org
Email: info@roycastle.org
14. How to find us

Public transport to University College Hospital at Westmoreland Street

By bus:
Portland Place - no's 88, C2
Marylebone Road - no's 18, 27, 30
Oxford Street (Bond Street Station) - no's 7, 8, 10, 25, 55, 73, 98, 176

By Tube:
Bond Street (Central / Jubilee Lines)
Regents Park (Bakerloo Line)
Baker Street (Bakerloo / Circle / Hammersmith & City / Jubilee / Metropolitan Lines)

University College Hospital at Westmoreland Street
The old Heart Hospital
16-18 Westmoreland St
London
W1G 8PH

Telephone: 020 3456 7898
Space for notes and questions