



Metastasectomy of the lung



Contents

Metastasectomy of the lung	3
The operation	4
After the operation	5
Further information	6

This leaflet gives you general information about metastasectomy of the lung. This is an operation to remove cancer secondaries. It does not replace the need for personal advice from a healthcare professional. Please ask us if you have any questions.

Metastasectomy of the lung

A lung metastasis is a tumour that develops when cancer from another area of the body (the primary cancer or sarcoma - for example, bowel, testis, bone or soft tissue), spreads to the lung. When this happens, the tumours in the lung are called lung secondaries. However, because these deposits are made up of cells that came from another part of the body they are still considered to be the original cancer, or sarcoma, and not "lung cancer".

For some patients, it is possible to consider surgery to remove a single lung metastasis or a number of metastases.

There are several factors that need to be thought about before having surgery for lung metastases:

- The primary (original) cancer, or sarcoma, should be controlled.
- All other sites of cancer spread, outside of the lungs, should also be controlled.

- After surgery you will need enough healthy lung for a good quality of life.
- It is possible to offer surgery where a patient has lung metastases on both the left and right lung, but these may need two separate operations.

When deciding to have lung surgery to treat metastases, you and your surgeon will discuss:

- Whether the surgery is possible in your case.
- The likely number of tumours that he or she is going to remove.
- The benefits of having the surgery.
- The possible risks of having the surgery.
- What the surgery involves.
- Whether this can be done during one operation or whether a second operation will be required.

- The effect, if any, the surgery may have on your long-term breathing.
- The care and support you will need during your recovery.

Patients who have a lung metastasis are usually being looked after by an oncologist (cancer specialist doctor). Some patients may have recently had treatment for their primary cancer – chemotherapy, radiotherapy or surgery. For other patients, lung metastasectomy may be followed up with further chemotherapy afterwards. It is important to discuss your overall plan and where the surgery may fit in, with your oncology team.

The operation

For most patients, a lung metastasectomy will involve having a thoracotomy. This means this is an open lung operation, which involves a cut between the ribs of the chest. This usually allows the best way in to the lung to check for possible sites of metastases. Occasionally, it may be possible to undergo video-assisted thoracoscopic surgery (VATS), also known as keyhole surgery. You should discuss this with your surgeon.

For some patients, the metastasis may be present in the space between the two lungs, known as the mediastinum. Depending on the location of the metastasis, it may be necessary to have an

operation known as a sternotomy, where a cut is made through the sternum (breast bone).

Each lung is made up of lobes. There are two lobes on the left and three on the right. Usually the metastasis can be removed in a small wedge of healthy tissue. By removing a small amount of healthy tissue surrounding the metastasis your surgeon is trying to make sure that all of the cancer has been removed. This means your surgeon does not have to remove a larger segment or whole lobe of the lung. This helps to make sure that as little as possible of good lung is removed during the operation.

For some patients the surgeon may also use a laser during the surgery. A laser is a device that produces a high-energy light beam. The laser allows the doctor to

make very fine cuts around the metastasis and avoid healthy tissue. The laser can also be useful where a large number of metastases need to be removed.

After the operation

All the lung tissue and the metastases removed during the operation will be sent to the laboratory for further tests. This provides you and your doctors with the most accurate picture of your cancer. The results can take a number of days to process and may not be available before you go home. If this is the case, the results will be discussed with you when you come back to hospital for your clinical appointment.

These tests can show or confirm:

- The type of cancer or sarcoma.
- The number of metastases removed.
- Whether the tumour cells were still viable (alive).
- For patients with germ cell cancer or teratoma (testicular cancer) that has apparently spread to the lung, whether these cells were differentiated (not malignant) or malignant.

Further information

Further details about coming to Royal Brompton and Harefield Hospitals for your lung operation, and full contact details for the wards and teams, can be found in our booklet entitled "Before your lung surgery".

Advice on your recovery and managing at home is contained in the booklet "After your lung surgery". If you would like a copy of this, or any other literature that we have available, please ask any member of the team.

The Macmillan lung nurse specialists can be contacted on:

Royal Brompton Hospital: 020 7352 8121, extension 4134 or

4133, or bleep 7068 or 7079

Harefield Hospital: 01895 828 989, 01895 823 737,

bleep 6181 or 6310

If you have concerns about any aspect of the service you have received in hospital and feel unable to talk to those people responsible for your care, call PALS on 020 7349 7715 or email pals@rbht.nhs.uk. This is a confidential service.

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إذا كنت ترغب في الحصول على ترجمة فورية لمضمون هذه الوثيقة إلى اللغة العربية، يرجى منك الاتصال بأحد مستخدمينا بجناح المصلحة التي يتم فيها استشفائك. أحد موظفينا سيسعى لترتيب إجراءات الترجمة وإتمامها في الوقت المناسب لك.

Brosurteki bilginin Turkçe tercumesi için tedavi goruyor oldugunuz bolume bas vurunuz. Bolum personeli tercumenin gerçeklesmesini en kisa zamanda ayarlacaktir.

