MELBOURNE NEUROSURGERY

PROCEDURE INFORMATION

THORACOTOMY FOR VERTEBRAL TUMOUR (Metastasis)

www.neurosurgery.com.au

WHAT IS A VERTEBRAL METASTASIS ?

A Vertebral Metastasis is a tumour in the bone of the spine that has come from a tumour somewhere else in the body.
It has usually spread by the blood stream. It may be the only lesion or there may be more than one. An M.R.I. is usually done to find out if there are more lesions.

WHAT IS A THORACOTOMY ?

This is where the side of the chest is opened by making a cut between the ribs. The ribs are then seperated so that we have enough space to see inside. The lung is collapsed to make space. Everything is put back together at the end of the operation

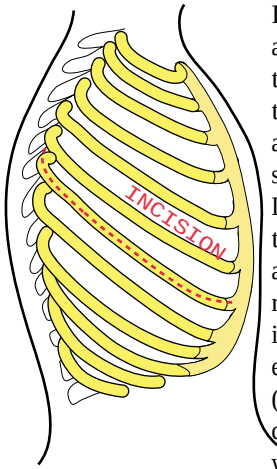
WHAT ARE THE REASONS FOR REMOVING A METASTASIS ?

The commonest reason is that the tumour has either spread back from the vertebral body to press on the spinal cord or that the vertebra has collapsed and this is pushing on the spinal cord. When this happens your legs go weak or stop working. Other reasons are because you have a lot of pain from the tumour. If it is not removed and you have leg weakness the legs may stop working completely.

WHAT YOU NEED TO TELL THE DOCTOR BEFORE SURGERY ?

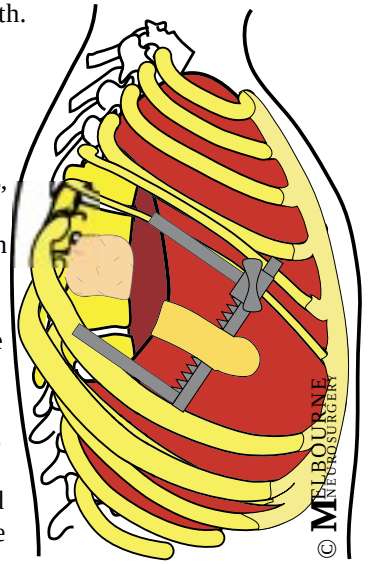
If you have clotting problems.
Any recent new Health problems.
If you are taking blood thining agents.
e.g. Warfarin/aspirin/anti- inflammatory
Drug or other allergies

HOW IS IT PERFORMED ?



In the operating theatre you are given a general anaesthetic and then positioned on your side. The incision is then marked out and prepared with anti-septic. You are covered in drapes so that only the incision can be seen. Local anaesthetic is injected and then the skin is cut. We cut down to the rib and then cut the muscle between the ribs. The rib is cut at one end to allow it to be moved with a spreader.This will expose the lining around the lung (pleura) which is opened.The lung is collapsed and held out of the way. You will be using the other lung to breathe with.

The vertebra(e) that is abnormal is identified either by the way it looks, or by counting your ribs from the top. This is then removed. If the spinal cord is squashed this is the most risky part of the procedure. The space left behind is filled with something (bone, plastic, metal, or a bone substitute). Titanium rods and screws are placed over the top and screwed into the vertebra above and below to hold this all in place.

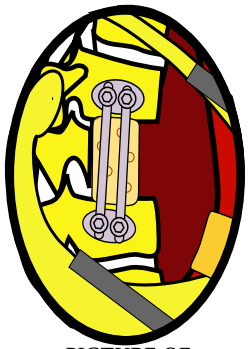


PICTURE OF
RIBS HELD OPEN AND
RETRACTED LUNG

When this has all been completed two chest drains are pushed between the ribs. These are to allow the lung to reinflate, drain any air from holes in the lung and to remove any blood that may ooze. The lung is then re-inflated by the aneasthetist and the opening is closed up. All the layers are sewn back together in the reverse arder that they were opened.

WHAT HAPPENS NEXT ?

You will wake up in recovery and after about 1 hour you will be transferred to the ward. The nursing staff will be continually checking your pulse/blood pressure/limb strenghts and level of alertness looking for any changes to indicate a complication. During the first night on the ward you will be woken for these observations. You will have intra venous and then oral analgesia . Operations on the chest are usually sore at the cut mostly. It is usually difficult to cough but this is important to help the lung recover. Sometimes you will have difficulty passing water and a you may require a catheter(this may have been inserted for the operation).



PICTURE OF SUPPORT AND GRAFT OVER TUMOUR SITE

In the next day or so catheters in your chest will be removed and the lung and plate will be checked with an X-ray. The next day you will be encouraged to go for a walk, a brace will be required and this will be fitted before the operation. Gradually over the next 3-4 days you will be able to get around as normal (If the legs were strong preoperatively). When you are comfortable you will be able to go home. The sutures are usually removed about 7-10 days after the surgery.

HOW LONG WILL YOU BE IN HOSPITAL

Unless you have been admitted as an emergency you may be admitted on the day of surgery or the day before. You will fast from midnight on the day of surgery.
You will be discharged about 5-9 days post-operatively.
On discharge you will be able to perform most tasks of daily living (e.g. showering/dressing/etc.) Depending on how quickly you recover from any preoperative disability you may require rehabilitation. Some times you will be referred to another hospital for X-ray therapy.

WHAT YOU SHOULD NOTIFY YOUR DOCTOR OF AFTER SURGERY

Shortness of breath
Increasing chest pain
Fever
Swelling or infection in the wound
Fluid leaking from the wound
Weakness or numbness

WHAT HAPPENS WHEN YOU GO HOME ?

Most people do require rehabilitation first
You will be tired
It is common to require a rest in the afternoon
You will get some chest discomfort for a while
Your steroids dose should be reducing slowly
You may have an appointment for X-ray therapy.
You may have an appointment for chemotherapy.
DO NOT DRIVE UNTIL YOU ARE REVIEWED
You will be reviewed at 4 - 6 weeks post operatively.

WHAT ARE THE RISKS?

Discuss these and others with your surgeon

THE COMMON RISKS ARE

Infection (treated with antibiotics)
Post operative blood clot requiring drainage
Paraplegia
Pneumonia
Death (rare)
Blood Clot in the legs(can travel to the lungs)
Complication not related directly to the surgery
e.g. Heart attack
Urine infection

IS THERE A CHANCE OF A RECURRENCE OF THE TUMOUR ?

YES It depends on the origin of the tumour and what is found at surgery. Sometimes the tumour is so extensive that it cannot all be removed. The main aim of the surgery is to take the pressure off the spinal cord or prevent this happening. Radiotherapy is usually given to prevent recurrence.

WILL YOUR SYMPTOMS GET BETTER ?

The tumour usually pushes the Spinal cord out of the way as it grows but there comes a time when it may be so compressed that it will not recover. With removal the spinal cord returns to its normal position and we hope things will improve. It is important to remember that there is always a chance of things getting worse again if the tumour does not respond to other treatments.

YOU WILL BE ASKED TO SIGN A CONSENT FORM TO SAY THAT YOU UNDERSTAND THE RISKS .
IF YOU ARE NOT SURE ASK BEFORE YOU SIGN.

MELBOURNE NEUROSURGERY
neurosurgery.com.au

545 ROYAL PARADE
PARKVILLE VIC 3052

PHONE 03 9816 - 9844
FACSIMILE 03 9816 - 9877

MELBOURNE NEUROSURGERY
PTY LTD
ACN 082 289 316