

Thoracic surgery

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Careful fluid management is important in patients undergoing a lobectomy or pneumonectomy as they are susceptible to fluid overload in the first 24–48 hours postoperatively . Chest drains require regular review . If the fluid in a chest drain swings then the drain has been correctly inserted into the pleural cavity . Bubbling of the chest drain confirms the release of air from the pleural cavity; however, if the bubbling persists, this may represent a bronchopleural fistula. A haemothorax or pleural effusion will reveal itself as a prolonged loss of blood or fluid, - respectively , into the drain. Cardiac patients require continuous ECG monitoring postoperatively (see also Chapter 60). Postoperatively the patient should be kept under close observation. A rise in intracranial pressure may be signalled by a deterioration in the state of consciousness, as well as by neurological signs. Urgent imaging and intervention are likely to be necessary in these cases to avoid the risk of mortality from complications such as an intracranial haematoma. Some patients may have an intracranial monitoring device to allow for more sensitive monitoring. Thoracic surgery

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