

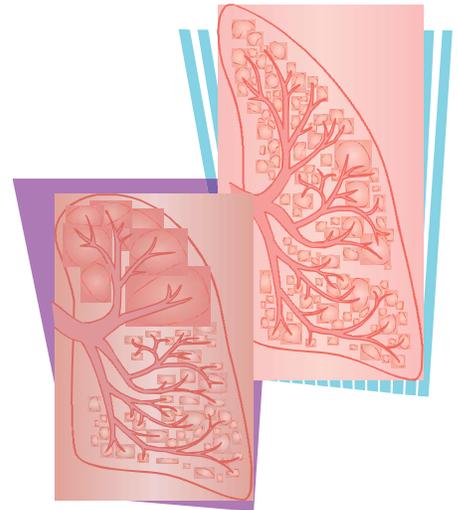


Surgery for Chronic Obstructive Pulmonary Disease

COPD MINI-SERIES #5

If you have COPD, you may benefit from lung surgery. Only a small number of people however, have the type of COPD that will benefit from surgery. The major types of surgery for COPD are bullectomy, lung volume reduction (LVRS) and lung transplantation.

If you have COPD and require surgery for other reasons, you should speak with your health care provider before having any operation.



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What is a bullectomy?

Emphysema (not chronic bronchitis) causes air sacs to become over inflated. When air sacs get extremely large, they are called bullae (bull-eye). A bullectomy is the removal of these extra-large air sacs that are pressing on healthy lung, causing healthy air sacs to work poorly. Very few people have these extra-large bullae. Most people with COPD from emphysema have many small areas of damaged air sacs in their lungs. These small damaged air sacs are often scattered throughout both lungs and therefore would not benefit from a bullectomy

What is lung volume reduction surgery (LVRS)?

Lung volume reduction surgery (LVRS) is the removal of the upper portion of one or both lungs. Like a bullectomy, LVRS involves removing non-working air sacs. However, unlike the bullectomy, LVRS removes all of the air sacs in the upper one third of one or both

lungs including some good air sacs. After taking out this mostly non-working part of the lung, you may breathe better. Because LVRS is a major surgery, you must have a strong heart and healthy remaining lungs after the surgery to make the risk of having the surgery worthwhile. You must also show that you are willing to keep physically fit by stopping smoking and completing a pulmonary rehabilitation program (see ATS Fact Sheet: *Questions About Pulmonary Rehabilitation**) before having LVRS.

What about lung transplantation?

Lung transplantation replaces one or both of your lungs with a lung(s) from an organ donor. The best COPD candidates for lung transplantation have no other major health problems, and have such severe lung disease that the benefits of surgery outweigh the risks. Most patients with COPD are not good candidates for a lung transplant because of the risk of serious complications.

What if I need general surgery for some other condition?

Like anyone else, the more health problems you have, the greater the risk of complications during or after surgery. When you have COPD, your chances of complications from surgery are increased. Before having any surgery, discuss with your healthcare provider the type of surgery you are having, the possible risks, and what you need to do to lessen your chances of having problems after the surgery.

Are there tests or treatments I should have before any general surgery?

Before surgery, it is important that your healthcare provider knows the condition of your lungs. One or more breathing tests [ATS Patient Information Series Fact Sheet: *Pulmonary Function Tests in COPD**] may be ordered to test your lungs. Before the surgery you may be given additional medicines such as steroids or antibiotics. Your healthcare provider may also contact your surgeon to discuss your surgery. Besides knowing the condition of your lungs, your healthcare team will want to be sure that you are in good physical shape before surgery. They may suggest that you enter a pulmonary rehabilitation program [ATS Fact Sheet: *Questions About Pulmonary Rehabilitation**]. If a pulmonary rehabilitation program is not available, you should begin an exercise program of your own to build up your strength. Walking is a very good form of exercise. If you smoke, you must stop at least 4 weeks before surgery, and then hopefully for good.

Source: P. Meek, S. Lareau, B. Fahy, E. Austergard.
ATS/ERS Standards for the Diagnosis and Management of COPD,
<http://www-test.thoracic.org/COPD/20/other.asp>

*ATS patient education fact sheets are available at
<http://www.thoracic.org/sections/education/index.html>

Additional Lung Health Information

American Thoracic Society

www.thoracic.org/COPD/patients.asp &

<http://www.thoracic.org/sections/publications/statements/index.html>

American Lung Association

<http://www.lungusa.org/site/pp.asp?c=dvLUK9O0E&b=23012>

American College of Chest Physicians

http://www.chestnet.org/health.science.policy/patient.education.guides/living_well/

National Emphysema Treatment Trial (NETT)

<http://www.nhlbi.nih.gov/health/prof/lung/nett/lvrsweb.htm>

Key Points

- ✓Surgery (bullectomy, LVRS and lung transplant) is not the best treatment option for most patients with COPD
- ✓Be in the best physical shape possible before any surgery
- ✓If you smoke, stop smoking at least 4 weeks before having any type of surgery
- ✓Let your surgeon know that you have COPD
- ✓Let your healthcare provider know you are having surgery so they can be sure your COPD is under good control
- ✓If you can, enroll in a pulmonary rehabilitation program. If a program is not available, begin a walking program on your own.

Doctor's Office Telephone:
