Instructions for
Chest Surgery Patients

We hope this guide answers some of the questions that you and your family might have about your chest surgery. If you have any other questions or concerns, be sure to ask your doctor or nurse.

NOTE: If your doctor’s instructions differ in any way from the ones listed in this guide, always follow your doctor’s instructions.

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Thoracic Surgery Services
Thoracic Surgery Service
(314) 362-7260
toll-free long distance:
(888) 287-8741

See the back cover of this booklet for other important telephone numbers

Lung Center
at the Center for Advanced Medicine
8th Floor, Suite B
(314) 454-8917

If you start at BJH-South Campus, take the indoor link to the Center for Advanced Medicine elevators.
If you start from home, park at the North Garage and cross the skywalk over Euclid Avenue to the Center for Advanced Medicine elevators.
Take the Center for Advanced Medicine elevators to the eighth floor.
**MEDICATION ALERT!!**

If you are taking any medicines that thin your blood, they may need to be stopped before surgery. Please discuss your medication list with your surgeon and/or Nurse Practitioner for your individual pre-surgery instructions.

Most blood thinners need to be stopped for at least one week before your surgery.

*Please alert us if you are taking any of these medicines:*

- Abciximab
- Aggrastat
- Aggrenox
- Asaphen
- Aspirin
- Celebrex
- Clopidogrel
- Coumadin
- Dipyridamole
- Ecotrin
- Empirin
- Eptifibatide
- Halfprin
- Heparin
- Ibuprofen
- Integrilin
- Lovenox
- Motrin
- Naproxen
- Persantine
- Pepto-Bismol
- Plavix
- ReoPro
- Ticlid
- Ticlodipine
- Tirofiban
- Vitamin E
- Warfarin

If you are not sure if your medicine is on this list, please ask us to check.

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**About the Lungs**

There are *TWO LUNGS* in the chest. The right lung has three lobes and the left lung has two lobes. Air comes into the mouth and nose. The air goes down past the trachea into the air sacs of the lungs. The job of the lungs is to breathe in oxygen for the body to use and to breathe out carbon dioxide.

The *DIAPHRAGM* is a large, flat muscle that separates the contents of the chest from those of the abdomen. The muscles between the ribs and the muscle of the diaphragm help us to breathe.

*LYMPH NODES* near the Lungs are small, round masses of tissue that filter the blood and trap cancer cells and bacteria.
Understanding Your Operation

Your Operation: Removing a Section of Your Lung

There are different approaches that your surgeon can take to remove part of your lung. The approach used is based on the location and extent of your disease, and the surgeon’s level of expertise with certain procedures.

Wedge resection: A small, pie-shaped section from the lung is removed.
Segmentectomy: Each lobe contains three segments. A segmentectomy removes a slightly larger section of the lung, but not the entire lobe.
Lobectomy: An entire lobe of the lung is removed. The right lung has three lobes (lower, middle, upper) and the left lung has two lobes (lower, upper). When an entire lobe is removed, the remaining lung inflates to fill up the space.
Pneumonectomy: An entire lung (right or left) is removed. The sac that contains the lung (pleural space) fills with fluid.

Your Operation: Surgical Approach

Video Assisted Thoracic Surgery (VATS)
Three to four small incisions are made on the chest. Surgical tools and a scope with a video camera and light source are placed in the incisions. The lung tissue is cut away and placed in a small bag and then removed through the incision.

Thoracotomy
A four to eight inch incision is made on your chest. It can extend from under your arm around to your back. Some muscle is cut and the ribs are spread apart. Occasionally a small portion of the rib must be removed to allow access to the lung.

Other Surgical Procedures
The surgeons may need to go in through the middle of the chest to reach both right and left lobes as well as lymph nodes in the mediastinal area.
Pre-Admission Testing:  Date:___________  Time:__________

- Blood and urine tests.
- Chest x-ray and ECG (electrocardiogram)
- Visits with an anesthesia staff member
- Completion of paperwork
- Please bring your insurance card, list of medicines, including doses and how often you take them, and your “Advance Directive”, which is your Health Care Treatment Directive, Durable Power of Attorney for Health Care or Living Will
  - If you do not have an “Advance Directive”, please let us know so we can help.

Things to Do Before Surgery:

Depending on what is best, you may come into the hospital the day before surgery or on the day of surgery. Whether you are in the hospital or at home, your plan of care will not change.

C - Call us for any questions you have about your operation. Our phone numbers are listed on the back cover of this booklet.

H - Hot shower or bath the night before and the morning of surgery
The Center for Pre-Operative Assessment and Planning may give you a small bottle of “Scrub Care” anti-bacterial soap. Otherwise, use any brand of anti-bacterial soap, such as Dial for your showers or baths.
Make sure that you wash your chest and back well.

E - Eating is out!
No eating or drinking after - 12:00 a.m.
Check with your doctor if you need to take pills before surgery.

S - Sleep
Rest and relax the night before surgery. Ask for a sleeping pill if needed.

T - Timely
Please arrive on time on the day of surgery. Family members should plan to arrive two hours before the planned time of the surgery.
Going to Surgery

Things to Do:

Bring with you:
- Bring someone with you to the hospital.
- Bring comfortable shoes with non-slip soles to walk in after surgery.
- Bring toiletries, such as toothbrush, toothpaste and hairbrush.

Please do not bring any valuables to the hospital.

If you are already in the hospital, you will be awakened early and taken to the Cardiothoracic Holding Area.

If you are coming into the hospital the day of surgery:
- You will need to check in at the Surgical Registration and Waiting Area.
  The waiting area is conveniently located on the main level of the Barnes-Jewish Hospital South Campus.
- Either park with the valet or park in the South Campus subsurface garage across the street.
  - If you park with the valet, take the escalator up to the main floor lobby, the entrance to the Surgical Registration and Waiting Area is located by turning right and walking down the hallway. The entrance is immediately on the left.
  - If you park in the underground garage, you will take the walkway across to the main floor lobby of Barnes-Jewish Hospital South Campus.
    There are signs in the main lobby directing you to the Surgical Registration and Waiting Area. If you are facing the large water fountain, turn right and walk straight down the hallway, past the escalators and the mirrored wall. You will see the entrance to the Surgical Registration and Waiting Area on your left.
- Check in at the main desk.
- The telephone number to the waiting area is (314) 362-1164 should you get lost, or your family needs to reach you.
- There is an Information Desk in the main lobby to help with these directions. Please feel free to ask for help.

Once in the Holding Area:
- Go to the bathroom before you receive your medicine.
- You will be given a hospital gown to wear to the operating room.
- Remove all of the following:
  - dentures
  - jewelry
  - hairpins
  - makeup
  - glasses
  - hair pieces
  - nail polish
  - contact lenses
  - all underwear
  - artificial body parts
Give all your **belongings to your family** for safekeeping while you are in surgery and in the 7100 Progressive Care Unit (71 PCU) or in 56-ICU. It is best to ask your family member to take your belongings to the trunk of your car. There are lockers in the Surgical Registration and Waiting Area to hold your items while you are in surgery. The hospital takes responsibility only for valuables checked into the Security Office safe.

**What the Patient Can Expect**

- The hair on your chest and back will be clipped in the operating room before surgery.
- You will receive medicine that will make you feel relaxed and sleepy.
- You may wear oxygen if needed.
- The operating room is chilly. Ask for a blanket if you need one.
- We will place a mark on your body on the side of the surgery. We will ask you to confirm which side will be operated upon.
Using the Incentive Spirometer

Your doctor wants you to use an incentive spirometer to help you breathe deeply after surgery. This device helps you track how deeply you breathe. Using it will help prevent pneumonia.

Here’s how you use it:

1. Breathe out (exhale) normally. Then place your lips tightly around the mouthpiece.
2. Breathe in (inhale) slowly to raise the piston in the chamber. See the picture below. When you have taken a full breath, remove the mouthpiece.
3. Breathe out normally. Let the piston return to the bottom of the chamber.
4. Rest. Repeat these steps ten times. Try to do this every hour that you are awake after your surgery.

Taking deep breaths and coughing helps prevent pneumonia after your surgery.

1. To help you cough, take a slow, deep breath. Breathe in through your nose. Concentrate on feeling your chest expand fully.
2. Breathe out through your mouth. Concentrate on feeling your chest sink down and in.
3. Take another breath this same way.
4. Now, take a third breath. This time, hold your breath for a moment.
5. Cough forcefully. As you cough, concentrate on forcing all the air out of your chest.
6. Do this exercise two more times.

In the Operating Room and Recovery Room

What the Patient Can Expect

- **In the Pre-Operative Holding Area**, the anesthesia doctor will put an intravenous (I.V.) line in your arm and give you medicine to help make you feel relaxed and sleepy. You may also have an epidural tube placed in your back for receiving your pain medicine.

- **After you are asleep**:
  - You will have special IV’s put in your neck and wrist. They will remain in place for several days after surgery.
  - The anesthesia doctor will put a breathing tube in your mouth. This will help your lungs breathe during and after surgery.
  - You will have a tube in your bladder to drain the urine. This tube will remain in place for several days after the surgery.

- **After the surgery**:
  - You will be in a recovery room until you are fully awake. The nurse will check your blood pressure, heart rate and breathing every 15 minutes.
  - You may have chest tubes to drain air and fluid from your chest.
  - You might wake up with a breathing tube in your mouth. The breathing tube will be attached to a machine that helps you breathe. This machine is called a ventilator.
    - Do not try to talk while the tube is in your mouth.
    - The breathing tube will be suctioned when needed. This will make you cough. Try to relax and take slow deep breaths.
    - The breathing tube will be taken out when you are awake and able to breathe on your own.

- You will be moved to the 7100 Progressive Care Unit (71 PCU) or to 56-ICU when the doctor says you are ready.

What the Family Can Expect

- **Take all of the belongings** for safekeeping while your loved one is in surgery and the 7100 Progressive Care Unit (71 PCU) or 56-ICU. There is not a secure storage space for the belongings in the PCU or ICU. Ask if you need help to take the belongings to the trunk of your car.

- Please wait in the Surgical Registration and Waiting Area while your loved one is in the operating room and the recovery room.

- The doctor will let you know how long to expect the surgery to take.
- **Expect to be updated** during surgery and recovery.
  - When transferred from the holding area to the operating room.
  - About every 2 hours during the operation.
  - When your family member is moved to the recovery room.
  - The update may be as a telephone call to Surgical Registration and Waiting Area, or the operating room coordinator may visit the waiting area.

- Please **leave a message** when you leave the waiting area for lunch or a break.

- A **doctor will talk** to you after the surgery.

- You will be **able to visit the patient** in the **7100 Progressive Care Unit (71 PCU), 56-ICU** or the **7100 Thoracic Surgery Floor**. Check in at the nurses’ station to see if your loved one is ready for visitors.

- Please **let us know** if you have special needs or have not received information. Concierge Services (314-362-5196) can help you with special rates at area hotels.

- The **chaplains** and **social workers** are available to care for you and your family as needed throughout your hospital stay. If you need help coping with feelings, or if you have spiritual or financial concerns, please let us know.

**What the Patient Can Expect**

- You will be **sleepy** for several hours after arriving in the PCU or ICU.
- You will have a **regular hospital bed** with many pieces of equipment around you. This equipment helps the nurse monitor your progress.
- The **nursing staff will call** for your family when you are ready for visitors.

**Observation:**

- Nurses and patient care technicians will care for you.
- We will teach you how to use the **call light** to contact your nurse.
- We will check your blood pressure, heart rate, breathing and temperature.
- We will watch your ECG (heart rhythm).
- You will wear **oxygen** and a finger cover that helps to check your oxygen level.

**Pain:** You will have **some pain**. Please ask your nurse for pain medicine if needed. Let the doctor or nurse know if the pain medicine does not help.

The pain medicine may need to be changed to make you more comfortable.

- **PCA** - patient controlled pain medicine
- **Epidural** - a tube placed in your back for giving pain medicine
- **Shots** - intravenous or intramuscular pain medicine
Food and Water:
- You will have nothing to eat or drink after surgery. You will start with liquids when your doctor says you are ready.
- You will have an intravenous (I.V.) in your arm. You may also have an I.V. in your neck. You may also have a special I.V. (arterial line) in your wrist.

Tubes:
- You might have chest tubes that drain air and fluid from your chest. The chest tubes will be taken out when the doctor says you are ready.
- You will have a tube in your bladder to drain urine.

Exercise:
- You will cough, deep breathe and use the breathing machine every hour.
- Turning from side to side in the bed will help clear your lungs.
- We will help you get up in the chair and walk soon after surgery.
- We will teach you some exercises for your shoulders.
- We will move you to the 7100 Thoracic floor when the doctor says you are ready.
In The Progressive Care Unit (71 PCU) or 56-ICU

What the Family Can Expect

- Please wait in the 7th Floor Queeny Tower Waiting Area or the 5th Floor Southwest Tower after your loved one is out of surgery. The nursing staff will call when your loved one is in the PCU or ICU and ready for visitors.
- You will see your loved one in the PCU or ICU. The patient will look pale and tired or sleepy. This is normal and will get better over time.
- Limit visitors to two at a time. This is to allow the patient time to rest. Please remember that rest is very important for both the patient and the family. Be sure to get enough rest yourself, and be sure to eat.
- You will be able to talk to the patient and hold his/her hand.
- Please schedule your visits with the nurse. This will allow time for your loved one to rest and receive the needed nursing care.
- We will teach you how to use the call light to contact the nurse.
- Your loved one will be cared for by nurses and patient care technicians.
- Before leaving, please give a telephone number to the PCU nurse where you can be reached. Ask about the PCU password policy. Only one or two people will be given the password to ensure your loved one’s privacy.
- You will see your loved one be assisted to:
  - Cough, deep breathe, and use the breathing machine every hour.
  - Get up in the chair and walk according to the exercise plan.
  - Do exercises for the shoulders to avoid stiffness.
  - Please ask any questions that you might have of the nurse or doctor.
- We will move the patient to the 7100 Thoracic Floor when the doctor thinks he or she is ready.

Visiting hours for 71PCU and 7100 are 11:00 a.m. to 9:00 p.m.
No overnight visitors for 71PCU or 7100

All visiting hours are modified to meet the needs of each patient.
You may be asked to step out during doctor rounds, during procedures, or when the nurse needs to focus on patient care.
We ask that only two people visit at a time.
Do NOT bring food or drinks into the patient’s room.
Children under 12 years of age must remain in the waiting room with a responsible adult.

Visiting hours for 56ICU are open 24 hours.
The same other visiting rules above apply in 56ICU.
On the 7100 Thoracic Floor

What the Patient Can Expect

- You will have a regular hospital bed with less equipment than you had in the OU. You may have a roommate.

Observation:
- Nurses and patient care technicians will care for you.
- We will teach you how to use the call light to contact your nurse.
- We will check your blood pressure, heart rate, breathing, temperature and weight regularly.

Pain:
- You will have some pain. Please ask your nurse for pain medicine if needed.
  Let the doctor or nurse know if the pain medicine does not help you.
  Your medicines may need to be changed to make you more comfortable.

Food and Water:
- Your doctor will order your diet. You will start liquids soon.

Exercise:
- As part of your recovery, we want you to do as much as you can for yourself. This includes feeding yourself, doing all or part of your bath, and walking.
- Sit up in the chair for your meals.
- Walk at least 3 or 4 times a day. You should try to walk farther each time.
- Practice the shoulder exercises several times each day. These exercises will avoid stiffness and keep your arms and shoulders flexible.
- Please ask for help with all of these exercises. These activities help to prevent complications such as pneumonia, blood clots, stiff joints and other problems.

It is normal:
- You may not have much of an appetite.
- You may become constipated. Please do not wait to tell the nurse if this is a problem.

What the Family Can Expect

- Your loved one will be in a regular hospital room. There may be a roommate. Please respect the privacy of the roommate.
- The patient will be looking more like himself/herself, but will tire easily.
- Your loved one will spend more time up in the chair and will walk several times a day.
- Nurses and patient care technicians will provide care.
- Please ask any questions that you might have of the doctors and nurses.
- You will be taught about going home. Any home services your loved one may need will be arranged before going home.
Questions for the Doctor or Nurse:

☐ _______________________________________________________________

☐ _______________________________________________________________

☐ _______________________________________________________________

☐ _______________________________________________________________

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☐ _______________________________________________________________

Going Home

What You Can Expect

☐ Plan to stay with a family member or friend, or to have someone stay with you for several weeks after you go home. You should not plan to go home alone.

☐ If needed, Home Health Care will be arranged for you before you leave the hospital.

☐ Bring comfortable clothes and shoes to wear home.

☐ Please read the section on pages 17 and 18: “If You Have Problems at Home”

Activities:

☐ You need a balance of rest and exercise for recovery. Plan to rest between activities and take short naps when needed. Do not stay in bed. Get dressed every day.

☐ Gradually progress your activity as you get stronger.

☐ Walking is a very good exercise. Walk at your own pace. Stop and rest when you get tired. Try to walk outside daily if the weather is mild.

☐ Posture: Please sit and stand up straight. Do not let yourself bend toward your incision. This makes you stiff and uncomfortable.
- Continue doing your shoulder exercises as taught by the physical therapist.
- **Lifting:** Do not lift anything heavier than a gallon of milk until your doctor says you can.
- **Stairs:** Unless your doctor tells you differently, you can climb stairs. Take your time. Stop and rest if you tire. Use the handrail, but do not pull yourself up with your arms. Use your legs.
- **Driving:** No driving until your doctor says you can. You may ride as a passenger, but get out and walk around about every 2 hours. Be sure to wear your seat belt.
- **Sexual Relations:** You can resume sexual relations when you feel comfortable. For many people this is about 2 to 4 weeks after discharge from the hospital.
- **Return to Work:** You may return to work when your doctor says you can.

**Medicines**

- **Pain Medicine:**
  - You may still have some pain after you go home.
  - Before you go home, you will receive a pain medicine prescription and instructions about taking your pain medicine.
  - If the pain medicine does not help your pain, **call your doctor**.
- **Other medicines** will be explained to you before you go home.

**Care of your Incisions**

- **Stitches or Staples**
  - Your surgeon will remove your stitches or skin staples 7 to 10 days after your operation, or at your return appointment.
  - Your surgeon may put small strips of tape over the incision after removing the stitches or staples. Wash over the tapes with soap and water.
  - Remove the strips of tape after 7 days if they have not fallen off.
- **Dermabond**
  - This sterile, liquid skin adhesive film holds wound edges together.
  - The film usually stays on your skin for 5 to 10 days.
  - The Dermabond film falls off naturally as your incision heals
- **Examine your incisions and chest tube sites:**
  - Examine your incisions and chest tube sites before you go home and at least once a day.
  - If you see drainage, redness, separation of the wound edges, or more swelling, **call your doctor**.
Bathing
- Gently wash your incisions with mild soap and warm water every day.
  - Please report any redness, rashes or odors to your doctor right away.
  - You may start showering two days after your stitches or staples are out.
  - If you still have surgical tapes, wash over them with soap and warm water.
  - Avoid very hot water on the incision.
  - Do not soak in a bath until your incisions heal.
  - You do not need lotion, ointments or creams on your scar.
  - Do not use powder for at least one month.

It Is Perfectly Normal:
- You may not have much appetite. It may take several weeks for your appetite to return. You may need small, frequent meals instead of larger ones.
- You may have difficulty sleeping at night. If this becomes a problem, tell your doctor. Try to go to bed at your regular time.
- You may have some pain.
  - Take the pain medicine as ordered.
  - If the pain medicine is not helpful, call your doctor if this problem continues.
- You may feel discomfort.
  - Many patients feel stiffness in the chest in the morning.
  - This may be helped by a long warm shower or by using a heating pad with a towel placed between you and the pad.
  - The puffiness under your arm, above your incision, will improve over 3 to 6 weeks.
  - Women may feel breast pain during healing.
    - Keep the breasts well supported to avoid pulling on your chest.
    - A bra larger in the chest measurement (not in the cup size) may help.
    - If your bra rubs your incision, place a small clean pad over the scar.
- You may have problems with constipation.
  - It is important for you to move your bowels before you leave the hospital.
  - If you have not moved your bowels or if your bowels don’t move well after you go home, eat more fruits and vegetables, and drink more fluids.
  - You may take Senokot-S twice a day or MiraLax if needed.
  - Call your doctor if your constipation continues.
- You may have mood swings and feel depressed.
  - You may have good days and bad days.
  - Do not become discouraged.
  - Call your doctor if this problem continues.
Shoulder Exercises

Your doctor wants you to do a simple exercise to prevent stiffness in your shoulder.

Here’s how you do it:

1. Stand facing the wall.
2. Keeping your elbow straight, “walk” your fingers up the wall as high as you can.
3. Repeat this 10 times. Try each time to “walk” your fingers a little higher.
4. Turn your body slightly. Repeat the “wall walk” 10 times.
5. Turn your body again so that you are at a right angle to the wall.
6. Repeat the “wall walk” 10 more times.
7. Repeat these exercise steps with the other arm.
8. Do this exercise for 10 minutes, two or three times each day.

Illustration from Ciullo, J.V. Shoulder Injuries in Sport: Evaluation, Treatment and Rehabilitation, W.B. Saunders Co, 1996
If You Have Problems at Home

Questions You May Have at Home

Call the Outpatient Nurse Practitioner. The toll free number is: **1-888-287-8741**

<table>
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<tr>
<th>Call with questions about:</th>
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<tr>
<td>Post operative recovery</td>
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<tr>
<td>Discharge instructions</td>
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<td>Management of symptoms</td>
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<td>Questions related to surgery</td>
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<tr>
<td>Home Health Care</td>
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<tr>
<td>Directions for helpful community services or agencies</td>
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</tbody>
</table>

What your doctor or nurse might ask if you call:

- What was your surgery?
- How long have you had these symptoms?
- What medicines are you currently taking?
- What was the date of your discharge from the hospital?

Regarding incision drainage: color of drainage, does it have an odor, how long has it been draining, is the drainage getting better or worse?

All of the staff at Barnes-Jewish Hospital wishes you a speedy recovery.

Please call if you have questions or need help.

Our important phone numbers are on the back cover of this booklet.
### If You Have Problems at Home

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<th>NEEDS IMMEDIATE ATTENTION</th>
<th>CALL 911 OR Go to your local Emergency Room</th>
<th>URGENT PROBLEMS Call Your Doctor</th>
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<tbody>
<tr>
<td>Chest Pain</td>
<td></td>
<td>Elevated temperature more than 100°F or 38°C or chills.</td>
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<tr>
<td>Heart rate faster than 150 beats/minute with shortness of breath or new irregular heart rate</td>
<td></td>
<td>Wounds are reddened, warm to touch, swollen or draining</td>
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<tr>
<td>Shortness of breath NOT relieved by rest</td>
<td></td>
<td>Worsening ankle swelling, leg pain or calf pain that becomes worse when pointing toe up to head.</td>
</tr>
<tr>
<td>Coughing up bright red blood</td>
<td></td>
<td>Worsening shortness of breath</td>
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<tr>
<td>Sudden numbness or weakness in arms or legs</td>
<td></td>
<td>Sharp pain when taking a deep breath</td>
</tr>
<tr>
<td>Sudden, severe headache</td>
<td></td>
<td>If you have:</td>
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<td>Fainting spells</td>
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<td>Skin rash</td>
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<td>Severe abdominal pain</td>
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<td>Pain control problems</td>
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<td>Bright red blood in stool</td>
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<td>New onset of nausea, vomiting or diarrhea</td>
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<td></td>
<td></td>
<td>Urinary tract infection</td>
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</table>

If any of the above symptoms occur and you are unable to reach your doctor, call Barnes-Jewish Hospital immediately.  

**314) 362-4054**  
Ask the secretary to page the Thoracic Surgery Fellow on call.
Important Chest Surgery Phone Numbers

Long Distance (toll free): 1-888-287-8741
Local Number: (314) 362-7260

Doctors:

Daniel Kreisel, MD. (314) 362-6021
Bryan Meyers, MD. (314) 362-8598
G. Alexander Patterson, MD. (314) 362-6025
Varun Puri, MD. (314) 362-4191
Benajmin Kozower, MD. (314) 362-8089

Outpatient Nurse Practitioners:

Andrea Naes, RN, FNP-C. (314) 362-3706
Nicole Lee, RN, ANP. (314) 747-4580
Laura Thomas, RN AGPCNP-BC. (314) 362-5692

Inpatient Nurse Practitioners:

Jennifer Burns, APRN-BC. (314) 362-4158
Terri Frazier, APRN-BC. (314) 362-4158

Nurse Manager: Erin Goodson, RN. (314) 362-1948
Dietitian: Hillary Orneto. (314) 362-3833
Nurse Educator: Heather Wagner, RN, FNP-BC. (314) 362-9430
7100 Progressive Care Unit (71 PCU). (314) 362-3852
7100 Thoracic Floor. (314) 362-4054

7th Floor Waiting Area Phones:

7th Floor Waiting Area: (314) 747-8869

This booklet prepared especially for our esophageal surgery patients and their families.
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