



Cervical Mediastinoscopy

Welcome to the Thoracic Surgery Department, at the Queen Elizabeth Hospital Birmingham. The Thoracic Team are a surgical team who deal with problems involving the chest (e.g. lungs, airways, heart etc).

We hope that this information leaflet can answer some questions or queries you might have about your procedure. The information provided in this leaflet will be discussed with you in full before/during your admission.

What is a cervical mediastinoscopy?

This is an operation that is carried out to get biopsies of the lymph glands in the upper part of the chest (mediastinum), which are behind the breastbone. This is done through a cut at the base of the neck.

Why do I need a cervical mediastinoscopy?

A cervical mediastinoscopy is a procedure which is used either to get a diagnosis, or to stage cancer, in order to guide treatment options. The results of the biopsy usually take around 2-3 weeks to come back.

1. If you have a known cancer (mainly lung), this procedure will help us to see whether the cancer has spread into the lymph nodes in the chest. This will enable us to identify what stage your lung cancer is.
2. If you have been found to have a lump in the centre of your chest, which was seen on scans, the biopsy will help to give you a diagnosis.

In both cases, the results guide the best course of treatment.

What does the surgery involve?

You will be fully asleep under a general anaesthetic; the surgery takes about 45 minutes. A small cut, about 2-3cm long, is made at the base of your neck. A camera is then passed down behind your breastbone, just on top of the windpipe, to get into the upper part of the chest. Biopsies of lymph glands, next to the windpipe, can then be taken. The incision is closed with dissolvable stitches. This is usually a day case procedure, and you would be able to go home later in the day.

What are the risks?

The risks outlined here are a guide; your own individual risk may vary. You should discuss the risks and benefits of surgery with your surgeon, especially if you are worried.

MINOR and COMMON RISKS:

Wound infection

If your wound becomes more painful, red, or leaks fluid, there may be a wound infection. This is usually treated with antibiotics and dressings.

Information for Patients

Bleeding

Bleeding is usually minimal but you should expect some bruising and swelling on the neck.

SERIOUS AND UNCOMMON RISKS:

False negative

Sometimes it is not possible to get an adequate sample of tissue to be able to make a diagnosis.

Collapsed lung (Pneumothorax)

The top of the lung is close to where biopsies need to be taken. Sometimes, when taking a biopsy, the lining of the lung may be disrupted, causing the lung to collapse, known as a Pneumothorax. This may settle with observation or require a chest drain to be inserted to remove the air. If you have chest pain or feel short of breath after your procedure, tell your nurse.

Hoarse voice

The chest is full of important structures which sit closely to one another. There are many important nerves that sit within the chest which can get damaged. This includes the nerves that supply the voice box (recurrent laryngeal nerve), which run close to the windpipe. They may become stretched or damaged during the operation. This would result in a hoarse voice which is usually temporary but in some rare occasions, can be permanent.

Major bleeding

There are many important blood vessels that sit within the chest which can get damaged. There is a very small risk of major bleeding (1 in 500 cases) if one of these vessels becomes injured. If there is severe bleeding, you may need a blood transfusion. You will be asked to give consent to a blood transfusion prior to the operation. To repair the vessel in an emergency, a large cut down the centre of your breast bone would need to be made. This is called a median sternotomy. This is a vertical cut, approximately 20cm long, in the centre of the chest.

Death

This is a rare but possible complication. It can happen when a person has a medical condition that leads to a complication.

Blood clots

This is general risk with any operation that involves staying in hospital. These can occur in the legs (deep vein thrombosis) and then travel to the lung (pulmonary embolism).

Heart attack or stroke

This can occur during or after surgery. The risk is higher in patients with a cardiac history or undiagnosed cardiac disease. For this reason, every patient will be fully assessed before surgery.

What are the alternatives to cervical mediastinoscopy?

There are alternative ways in which biopsies of the lymph glands can be obtained, these include:

- Using ultrasound during bronchoscopy (known as endobronchial ultrasound (EBUS)) or endoscopic ultrasound (EUS). This is usually tried first but samples may be too small, or difficult to access, to get a diagnosis.
- Relying on existing tests (such as CT scans) to judge which disease is most likely.
- Performing a biopsy through an alternative route, such as a CT guided biopsy (you may have had this before).

Information for Patients

It is your choice whether to go ahead with surgery. We will respect your wishes and support you in choosing the treatment that suits you best. You are always welcome to seek a second opinion.

What can I expect during my admission and during my recovery?

Cervical mediastinoscopy is nearly always an elective procedure. This means you will have been brought in from home for your surgery. In almost all cases, this is a day case procedure. You will usually be sent home later that day after some monitoring and observations. You will not be able to drive yourself home after the operation as you will have had a general anaesthetic.

After the procedure, you may experience some discomfort or a hoarse voice. This will settle and can be managed with simple painkillers (e.g. paracetamol). You will need someone to stay with you for 24-48hrs, until the effect of the general anaesthetic wears off. We will speak to you in clinic in 2-3 weeks following the surgery, to go over the results of the biopsy.

If you require this information in another format, such as a different language, large print, braille or audio version, please ask a member of staff or email patientexperience@uhb.nhs.uk