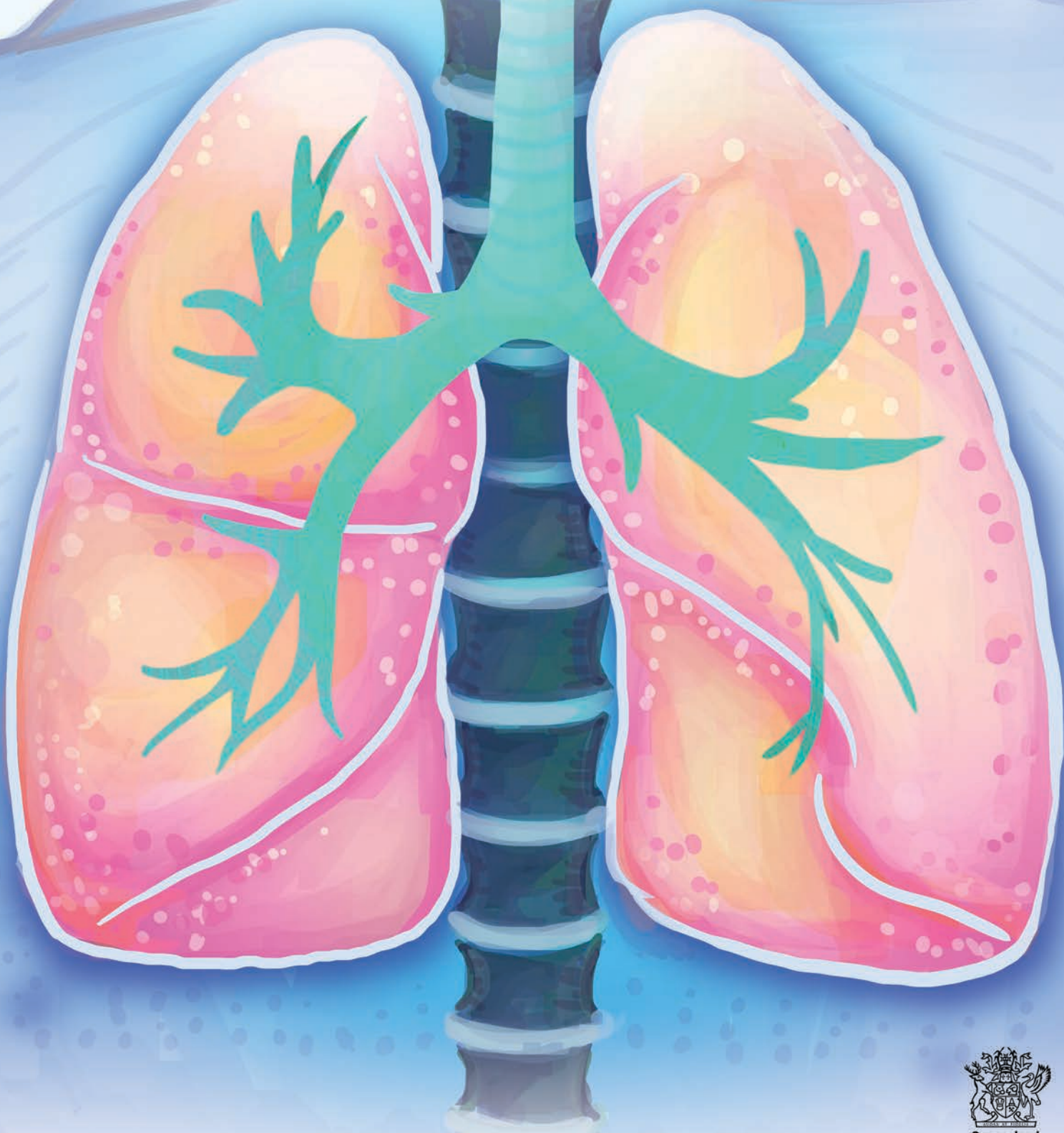


YOUR GUIDE TO THORACIC SURGERY

PNEUMONECTOMY • LOBECTOMY • WEDGE RESECTION



**Please keep this book with you throughout your stay at
The Prince Charles Hospital**

Visiting hours in Ward 2AB

10am to 2pm and 4pm to 8pm

There is a strict rest period for patients from 2pm to 4pm

Visitors are not permitted at rest period

The patient enquiries number is (07) 3139 4000



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Your guide to thoracic surgery

This book has been designed to help you plan for your thoracic surgery and to assist you in recovering as quickly as possible. You have an important role in your recovery and a responsibility to follow the instructions and guidelines given to you by our health care team. You are required to plan for your discharge from hospital before you are admitted. We have provided details for assistance if you need it, however on discharge, most patients are capable of carrying out their own personal care, and will only require help with domestic tasks and driving for a short time.

Your physiotherapy exercises are also included in this book, along with the occupational therapist's recommendations for returning to your previous activities of daily living. Please keep this book with you and refer to it during your stay in hospital.

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What to do before your admission to hospital

- You should start planning your discharge NOW. It is important to have support when you return home. You will require help from family, friends or neighbours with driving, cooking, cleaning and shopping. If you require community services to help you, ask your GP for a referral.
- Organise your own transport to and from hospital. It is not provided by the hospital or the ambulance service.
- The Queensland Patient Travel Subsidy Scheme (PTSS) provides financial assistance to patients who need specialist medical services not available in their local area. For eligibility, check with your referring local hospital before your surgery admission. For details go to www.health.qld.gov.au/ptss
- If income support is required contact Centrelink to ask about your eligibility.
- If your relatives require a family leave certificate, it must be obtained from your GP.
- If you are the carer for another person you will need to organise alternative arrangements for their care with family or friends, otherwise ask your GP for services available.
- A list of accommodation for relatives can be obtained from our social work service on (07) 3139 4443 or at www.health.qld.gov.au/tpch/documents/accomm.pdf
- Your surgery cannot take place if you have a fever, cough, cold, or cuts or scratches on your skin. If you have any of these when you are due to have your surgery, please contact the surgical procedure allocation centre on (07) 3139 6690 or see your GP.
- The expected length of stay for major thoracic surgery is 4 to 6 days after surgery. It is important to appropriately plan for your return home.

Recovery from lung surgery depends on many factors. If you smoke, the risk of serious complications during and after surgery is increased. **You must stop smoking.** Help can be obtained from the following:

- call Quitline on 13 78 48 or visit www.quit.org.au for free support
- your local GP or pharmacist, or
- The Prince Charles Hospital Occupational Therapy department on (07) 3139 4259.

What to bring with you to hospital

- Pyjamas (not provided by the hospital)
- Appropriate footwear – these should be comfortable, low heeled and non-slip shoes that fit you well (slippers are available for purchase at the Breeze Café)
- Toiletries – include tissues
- Glasses with case, dentures, hearing aid, walking aid (if required)
- Small amount of money for phone card, TV or newspaper
- All medications you are currently taking
- Remove all your jewellery and keep your valuables at home in a safe place
- Remove all nail polish (including clear coats of polish or false and acrylic nails)
- If you bring electrical equipment (laptop, iPod, or radio), please be aware The Prince Charles Hospital takes no responsibility for your items, and they must meet electrical safety standards.
- Please only bring essential personal belongings into hospital. There is limited storage space in the ward.

Surgical techniques

There are various types of thoracic surgery. Your doctor will explain in more detail your particular surgery. It will usually be performed in one of the following ways:

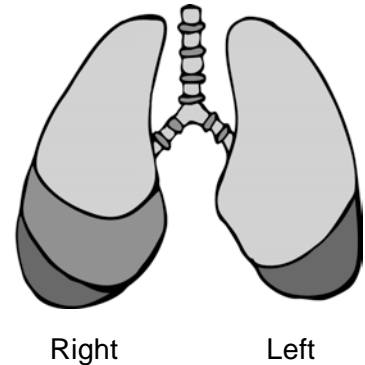
- **Thoracotomy or mini-thoracotomy** – the most common incision, made between your ribs, from your back to the side of your chest
- **Video-Assisted Thoracoscopic (VAT)** – usually 3 small incisions on your back and side (one almost in the arm pit)
- **Sternotomy** – incision down the front of your chest (sternum/breast bone)

Types of major thoracic surgery

Surgery may involve removing part of the lung, or a lobe of the lung, because of cancer or infection. Sometimes it is necessary to remove the whole lung on one side.

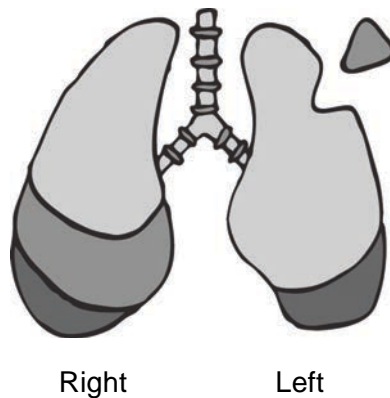
Normal Lungs

There are 2 lungs, a right and a left. The right lung is divided into 3 lobes and the left lung is divided into 2 lobes.



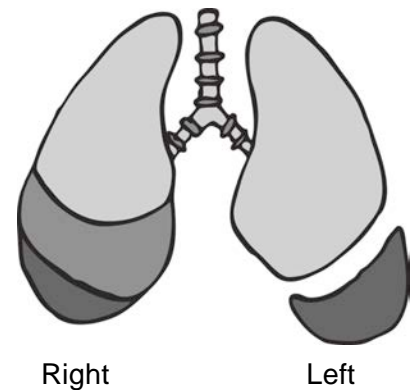
Wedge Resection

A wedge resection is the removal of a piece of a lobe because of cancer or infection. This illustration shows removal of a section of the left upper lobe.



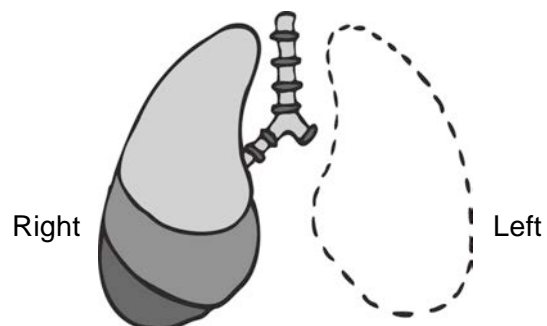
Lobectomy

A lobectomy is the removal of a whole lobe of a lung because of infection or cancer. This illustration shows the removal of the left lower lobe.



Pneumonectomy

A pneumonectomy is the removal of a whole lung on one side because of cancer or infection. This illustration shows the removal of the left lung.



Day of surgery

- You must not eat or drink anything from midnight before your operation unless specified by your doctor or anaesthetist.
- Do not take any medications without first discussing it with your nurse or doctor.
- Hair removal will be done in hospital if required. DO NOT attempt to shave or wax yourself, as any cuts or abrasions may prevent your surgery from going ahead.
- You will be given a special soap to shower with and a theatre gown to wear. After using this special soap DO NOT apply any face or body creams or deodorant.
- You may be given tablets or an injection before you are taken to theatre. This is ordered by your anaesthetist and will make you feel drowsy and help you relax.
- Actual operation times will vary depending on the type of surgery you are having. Generally it will be about 1 to 3 hours, but you can expect to be away from the ward for 4 to 6 hours.
- Sometimes surgery can be delayed or postponed due to emergency needs of other patients.
- Visitors can wait in the TV lounge in Ward 2AB or the Breeze Café. They are not permitted to wait in the patient's room. You may select one visitor to ask the ward receptionist to call when the patient has returned to the ward. This person can pass information on to others.
- Visitors will be permitted after the nurse has commenced monitoring and the patient is settled

Immediately after your operation

- You will go to the theatre recovery room until you are awake and comfortable, then transferred to the close observation room in Ward 2AB. Both males and females are sometimes cared for together in this area as it is confined to one room. We aim to maintain your privacy during your stay in this area. Some types of major lung surgery may require you to go to the Intensive Care Unit for 1 to 2 days. Your doctor will indicate if this applies to you.
- Your nurse will closely monitor your vital signs, chest drain and pain levels. Your heart rhythm may also be continuously observed for the first 12 to 24 hours by a heart monitor.
- You will not be able to eat for the first few hours after your operation. Gradually you will be able to have ice, progressing to fluids, light meals and back to eating normally.
- For 6 to 8 hours following your operation you will be resting in bed. After this time, if you are stable, your nurse will assist you to move out of bed.

Managing your chest drain

One or two chest tubes will be inserted during your surgery via small incisions. They will be stitched in and attached to a drainage system called a chest drain. The tube is placed into the pleural space, located between the lung and the chest wall. Any air or fluid that has accumulated will drain through the chest tube, and into the chest drain. As the air or fluid is removed, the lungs will expand and reinflate.

The chest drain operates as a one-way valve. It allows air and fluid to escape from the pleural space, but does not allow air and fluid to enter the space. Therefore, it is important to maintain the drainage system in an upright position, and always below the level of your chest.

While you have a chest drain:

- take regular deep breaths and support your chest with a clean pillow or rolled up towel when coughing
- try to walk around the ward or bed area (ask the nurses for help if attached to suction)
- keep your drain in a chest drain cage attached to an IV pole, especially when walking
- ensure your chest drain tubing is well supported and not catching on the bed or rails
- **do not** knock your drain chamber over
- **do not** kink or obstruct the chest drain tubing
- **do not** disconnect the suction unless the nurses or doctors agree that you can
- **do not** lift the chest drain above your waist
- when sitting in low chairs or toilet, **do not** raise the chest drain off the floor or designated holder
- **do not** leave the ward without a nurse escort while you have a chest drain.

Recovering from surgery

- You will return from surgery with the chest drain, and will be attached to other lines for fluids, antibiotics and pain relief. These will usually be removed 2 to 5 days after your surgery. Sometimes it is necessary to have a urinary catheter inserted after you return to the ward.
- Your surgeon may request that you wear a pair of white compression stockings after your operation. These help prevent clots forming in your legs (Deep Vein Thrombosis). While wearing them, ensure there are no folds in the stockings. They will be removed for your daily shower and can be washed at this time. Only one pair of compression stockings is provided for each patient. At home they can be hand washed. Do not put them in a dryer or hang in direct sunlight.
- Non-slip socks will be provided. Wear these, or appropriate footwear over your stockings.
- A physiotherapist will visit you regularly after your surgery. Follow all instructions to assist in your recovery (refer to exercises on page 14).
- Hand hygiene is essential when recovering from surgery. Please wash your hands regularly.

- **Pain**

Major thoracic surgery is painful. It is important to have good control of your pain so you are able to move around, deep breathe, cough and do your physiotherapy exercises. Your anaesthetist will discuss the pain relief options with you before your surgery. You will be seen by the Acute Pain Service regularly after your surgery to ensure your pain relief is adequate.

You must remember that everyone experiences pain differently. It is better to report your pain early so it can be treated effectively with pain medication or non-drug relief methods like supporting your wound, changing position, sitting out of bed, walking or using relaxation techniques.

- **Wound Care**

The dressings around the chest tubes will be changed every day. The main dressing from your operation will stay in place for 2 to 5 days, depending on the type of dressing used. After your nurse removes this dressing it will be left uncovered to air and heal. If you notice any increase in swelling, redness, discharge or pain, please tell your nurse or doctor. Do not touch your wounds.

Staples or dissolvable stitches will be used if you have a thoracotomy wound on your back. If you have staples, they will need to be removed 7 to 10 days after your surgery, while you are in hospital or by your GP. A staple remover will be given to you before discharge for your GP to use. There may also be some drain sutures for your GP to remove. A dressing will be placed on the drain site after it is removed, and this will stay in place until you see your GP.

Preparing for home

- Depending on your operation and how well you recover, it is anticipated you will be discharged home 4 to 6 days after your operation.
- We aim for discharge from the ward to be between 10am and 11am.
- You should have already organised your own transport home, and help with meals, driving, domestic tasks and shopping. Make sure the people helping you are aware of your discharge.
- It is important to understand which medications you will be taking when you are discharged. The doctor, nurse or pharmacist will discuss this with you and answer any questions you have.
- You will be sent to the Transit Lounge if you are waiting to be picked up by private transport. The Transit Lounge is staffed by nurses and is open 8am to 6pm Monday to Friday.

Discharge checklist

- I have organised my own transport home
- I have been given my discharge medications and understand how to take them
- I have seen the doctor
- I know how to care for my wounds and when to have my stitches or staples removed
- I have been given a staple remover for my GP to remove my staples (if required)
- I have checked all cupboards and drawers for my belongings and they have been packed, including glasses, hearing aid, dentures, and walking aid
- Medications I brought in from home have been returned to me
- Private X rays and scans I brought in from home have been returned to me
- Any valuables or trust items have been returned to me.

After you are discharged from hospital

- A letter for your GP outlining the surgery you have had, test results, medications, and any follow up required will be posted or electronically sent to your GP.
- Visit your GP 3 to 5 days after discharge so you can have a general check-up following your surgery and your wounds can be reviewed.
- If you have staples in your wounds, book an appointment for your GP to remove these at the time your surgeon instructed (usually 7 to 10 days after your operation).
- An outpatient appointment to come back and see your surgeon, if required, will be posted to you.
- Clearance for returning to work and driving must be obtained from your GP.

Cancer resources

Social Worker

If you are diagnosed with lung cancer, there is a social worker available who works specifically with cancer patients. A diagnosis of cancer can mean the need for extra support. Should it be necessary, the social worker can provide you with information and literature about any further treatment options. Information about community support is also available. An oncologist may review you while you are in hospital, or outpatient information provided.

The Cancer Council Queensland can be contacted on 13 11 20 or visit www.cancerqld.org.au. They can provide you with information and options for ongoing support.

Activities of daily living

Recommended by the occupational therapist

This guide will help you return to your maximum level of functioning at home doing everyday activities. Activities should be gradually increased. It is important not to overdo it. During the initial recovery period all activities are considered work by your body. Therefore you need to listen to your body and rest when you are tired. Do not be surprised at how tiring simple activities can be.

Remember, if physical activities are too excessive you may not feel the discomfort or muscle pain for 12 to 24 hours. If you have a sedentary lifestyle you may settle back into daily activities in around 3 weeks. However if you need to do more strenuous activities it may take as long as 3 to 4 months.

Some suggestions to avoid tiredness:

- limit visitors initially
- space your activities with rest periods
- take short rest breaks frequently during the day
- aim to get a good night's sleep.

General activity:

- wait at least an hour following meals before attempting any strenuous activity
- stop any activity if you experience excessive wound or other pain
- slow down if you get short of breath while doing an activity
- do not commence any activity when it is very hot or very cold weather, or when you are tired
- remember to space activities with rest periods to avoid fatigue.

Movements to avoid during the first 4 to 6 weeks after your operation:

- Do not engage in activities that involve heavy pushing, pulling, lifting or carrying, such as pushing a lawn mower or walking the dog. Do not lift or carry heavy weights, such as the groceries or children.
- While lifting of light items is allowed, it should be carried out within pain limits and when doing so use both arms. This equalises the load and reduces the workload that one arm would otherwise be required to take.
- Do not hold your breath while lifting, pushing or straining.
- Avoid prolonged repetitive movements that cause a twisting effect, such as vacuuming or hanging out washing.
- Do not perform sharp, jerky movements such as shaking out blankets. Slower, smooth flowing movements are better and will not strain your body.

Activities of daily living

Self caring

At home, showering and washing your hair are allowed anytime. It is best if you keep the water at a moderate temperature. You may initially prefer to sit while washing, drying and dressing yourself. Lying or sitting in a bath should be avoided for several weeks until your wounds are healed. It may also be too difficult for you to get in and out initially. The occupational therapist can advise you of assistive equipment that is available to make bathing safer and easier for you.

Sex

Usually sexual relations can be resumed within 2 to 3 weeks following discharge from hospital or when both partners feel that the time is appropriate. As with any activity it should be undertaken considering the general activity guidelines mentioned previously. Find a comfortable position. Initially avoid using arms and shoulders to support your body weight. Your heart rate will increase during sexual activity, but this is normal and should not concern you. Check with your GP if you have any concerns.

Driving

Driving can usually be resumed 4 to 6 weeks after surgery when you have approval from your GP. Initially, drive short distances and for short periods of time in non-peak hour traffic. Gradually increase the time and always wear a seatbelt. Use a small pillow or folded towel if the seat belt irritates your wound. When travelling, stop every 30 to 45 minutes for a walk to improve circulation in your legs.

Housework

You should not expect to resume total responsibility for household duties until about 6 to 8 weeks after your operation. After the first two weeks at home you may wish to do light household duties. Do not do heavier activities until at least 6 weeks after your operation.

Gardening

Light gardening such as watering and light weeding while sitting can be resumed 2 to 4 weeks after surgery. Leave heavier gardening (raking, digging) for 8 weeks or until your GP tells you it can be resumed. Mowing can usually be resumed between 6 to 8 weeks after surgery applying the following work simplification techniques:

- mow across the gradient
- do not use a catcher
- attempt small sections of lawn for short periods of time.

Returning to work

Clearance to return to work must be obtained from your GP. As a general guide:

- individuals involved in low activity occupations (for example, clerical) may usually return to work 4 to 8 weeks after surgery
- manual workers may usually return to work after 8 to 12 weeks
- some heavy manual workers may be off work for longer periods
- a gradual return to work program should be followed. This means – start with shorter days and progress as confidence and fitness returns.

Physiotherapy exercises after thoracic surgery

Aim of exercise

- to ease or prevent back, neck and shoulder pain and stiffness
- improve your breathing pattern and keep your lungs clear
- improve your stamina, making your normal daily activities easier.

A physiotherapist will instruct you in your exercises and tell you which ones you should include in your home program.

In hospital YOU will need to do:

- arm and trunk exercises 3 to 4 times EVERY DAY
- breathing exercises 10 times EACH HOUR
- cough, sit out of bed, change position in bed REGULARLY
- walk in the corridor 3 to 6 times EVERY DAY
- EVERY DAY increase your walking distance and gradually increase your speed
- sit out of bed for all meals.

At home after your surgery:

- continue these exercises for 4 to 6 weeks or until your chest feels back to normal
- you can continue these exercises after your recovery from surgery, and incorporate them into your normal exercise routine
- continue walking regularly - see page 17 to 18
- if you do not feel back to normal, tell your GP and you may be referred to a physiotherapist if necessary
- stop the exercises if you get excessive pain or shortness of breath – seek medical advice.

The following exercises will be started after your surgery

To start, position yourself either:

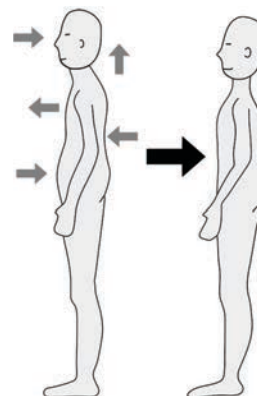
SITTING - seated well back in the chair with feet flat on the floor, or

STANDING - with feet slightly apart.

1. Posture

After thoracic surgery, patients often have rounded shoulders and stooped posture. Check your posture in a mirror and ask your family or friends to check you daily.

- sit or stand up straight
- stretch the crown of your head towards the ceiling
- lift your sternum up and out
- keep your shoulders relaxed but back
- keep your back straight and tummy tucked in
- keep your chin tucked in.



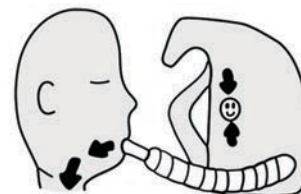
Physiotherapy exercises after thoracic surgery

2. Breathing exercises

- take a deep breath at a moderate rate, allowing the air to swell your ribs out at the sides
- hold, trying to breathe in a bit more for 2 to 3 seconds
- relax as you breathe out.

Using your incentive spirometer, breathe in slowly and as deeply as possible. The indicator should be in the blue outlined area – the 'happy face'

- hold your breath for 3 to 5 seconds
- relax as you breathe out
- rest for a few seconds
- repeat **10 times every hour** when you are awake.



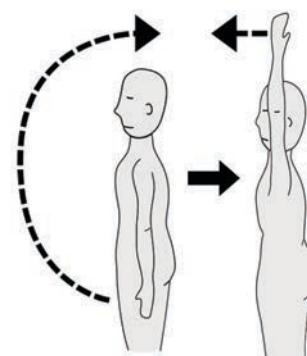
If you feel the need to cough, support your incision by placing a clean rolled towel or pillow firmly against it as demonstrated by your physiotherapist.

3. Shoulder and trunk exercises

Repeat exercises about 5 times EACH. Gradually increase the shoulder and trunk exercises by 3 to 5 repetitions twice a week. Maximum number 20.

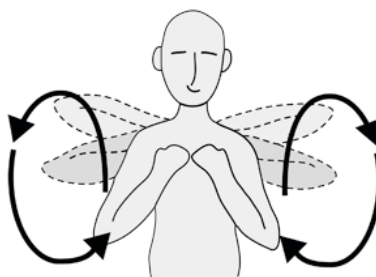
Start with arms by your sides:

- raise both arms up in front of you and lower
- take a deep breath as you take the arms up and breathe out as you lower them for the first 5 repetitions
- repeat with arms out to the side.



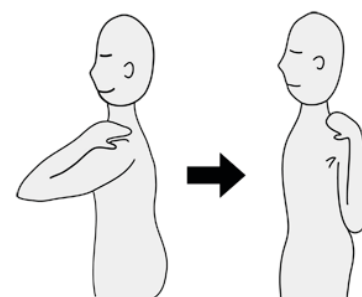
With hands on your shoulders:

- circle elbows forward and backwards.

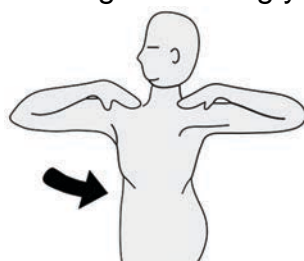


With hands on your shoulders:

- bring elbows together in front of your chest, then back behind your chest, bracing your shoulders



- twist your trunk around to the right ensuring you follow through with your head and neck
- repeat to the left.



Physiotherapy exercises after thoracic surgery

Shoulder and trunk exercises cont....

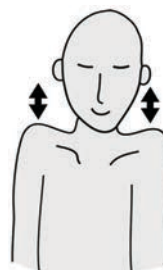
With hands on your shoulders:

- reach your elbows down to one side and then to the other
- if standing, you can reach your hand down towards one of your knees and then the other.



With your arms resting by your sides:

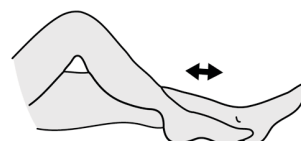
- shrug your shoulders up towards your ears, and relax
- now circle your shoulders forward, then backward
- relax.



4. Circulation

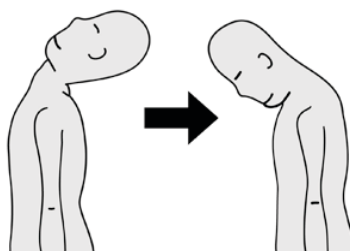
Lying on your back in bed:

- pump your feet up and down
- draw circles with your feet without lifting your heels off the bed
- bend one leg, sliding it up the bed
- slide it down again
- repeat 5 times
- now do the other leg 5 times.

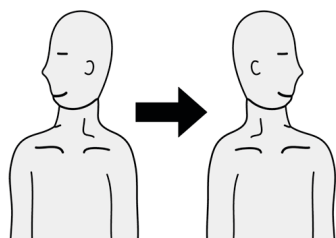


5. Neck exercises

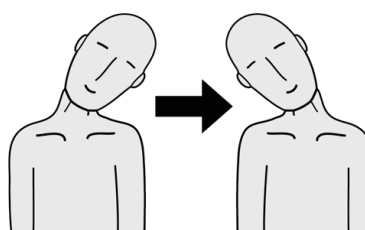
- look up to the ceiling and then put your chin on your chest



- turn your head to one side and then to the other



- lean your head so that one of your ears moves towards your shoulder
- repeat to the other side.



Walking program

After thoracic surgery it is important to gradually build up your physical fitness by some form of regular whole body exercise. Walking is thought to be the best exercise when recovering from surgery, as most of us walk with the same level of effort. It does not cause much trunk or upper limb movement and is freely available to most people.

Other forms of exercise such as cycling, dancing or swimming can give similar benefits later in your recovery. Exercising for at least 30 minutes a day on most days of the week is recommended for the health and well being of all adults. This exercise may be accumulated in several short bursts – for example 3 x 10 minutes, or 1 or 2 sessions a day. Your physiotherapist can prepare a walking program suitable for you. If you can't walk, they will prepare a different program for you.

In hospital

- Start by walking 3 to 5 minutes in the hospital corridor. Choose a pace you find comfortable.
- If you get short of breath – REST, and when you have recovered, recommence at a slower pace.
- Walking at this same pace, gradually increasing your walk time.

At home

- Once you are home maintain walking on flat ground along the street, verandah or hallway. When you feel fitter, gradually include hills.
- Aim to build up to a total of at least 30 minutes of walking on most days of the week. As you become fitter you may find you can increase the pace and distance of your walk while maintaining the same 30 minute time period.
- Everyone has individual exercise tolerance and will be able to walk a different distance, speed and time period.

By end of Week number: (count weeks from the day of your surgery)

Week number after surgery	Distance	Time (minutes)	Number of times per day
1 (on getting home)	200 – 300 m	5	2 - 3
2	500 – 600 m	10	2
3	1 km	15	1
4	1.5 km	20	1
5	2 km	25	1
6	2.5 km	30	1

Walking program

Safety rules for walking

- Walk at a normal walking pace ensuring that you are able to talk comfortably throughout. If you can't - slow down. Stop and rest if you become excessively short of breath or tired. Then start again at a slower pace. See your GP if these feelings do not go away.
- Not everyone will be able to reach 30 minutes walking. The amount you can do depends on many factors including your age and general health. Your GP or physiotherapist will advise you about how much walking is appropriate for you.
- Wear comfortable, loose fitting clothes that are suitable to the climate. Wear shoes that support and protect your feet and minimise slipping for example, sandals or sneakers.
- Do not walk or exercise until 1 to 2 hours after meals.
- Walk in the cooler parts of the day.
- Drink water before and after your walk, and during if need be.

Other walking programs

- Heart Foundation program - 1300 362 787 or visit their website www.heartfoundation.org.au
- Check your local council, hospital or community health centre for walking programs
- Ask your GP or check your shopping centre information directory.

Other forms of exercise

If you are interested in other forms of exercise, for example cycling or using fitness equipment, discuss these with your physiotherapist or GP. The general recovery time after major thoracic surgery is usually 6 to 12 weeks. You should gradually return to usual leisure and work activities during this time. Discuss any exercise program with your GP before starting.

Nutrition and healthy eating

While good nutrition is always important, it is particularly important before surgery. It can improve your recovery through reduced risk of infection and better wound healing.

If you are underweight, have lost weight without trying or are unable to eat due to a poor appetite, it may take you longer to recover from surgery. Introducing smaller, more frequent meals rich in protein and energy can assist you in gaining weight. Eggs, meat, fish and full cream dairy products such as milk, yoghurt and cheese are all good sources of protein and energy.

A well balanced diet following 'The Australian Guide to Healthy Eating', combined with moderate activity can assist in decreasing your weight if you are overweight.

If you have any special dietary needs or nutritional concerns during your hospital admission, ask the nursing staff to refer you to the ward dietitian.

Help us find cures and save lives

Breakthroughs in medical research are rare and take significant time and effort. The Prince Charles Hospital is Australia's largest cardiac service and a world-renowned centre for research.

The dedicated researchers at The Prince Charles Hospital are doctors, nurses, allied health professionals and scientists. They balance busy work and family life with their desire to find cures for some of the most debilitating illnesses facing Queenslanders.

The Prince Charles Hospital Foundation is the charity which supports research at your hospital, including providing funding for projects by experienced researchers as well as fostering the next generation of novice researchers. Our generous donors support research to change the lives of people with heart failure, lung cancer, cystic fibrosis, degraded joints, asthma and mental illness, and unwell husbands, children, mothers, wives and grandfathers.

Our Patron is His Royal Highness Prince Charles. We are governed by a Board of Directors drawn from the corporate community.

The Foundation raises money to find cures and save lives through the Breeze Café, corporate partnerships, fundraising events such as selling the iconic Ekka strawberry sundaes, and through bequests and donations.

Donations to **The Prince Charles Hospital Foundation** are tax deductible. We offset our administrative costs with our commercial activities such as running the Breeze Café and catering service, so that your donation is dedicated to research.

If you would like to make a donation or find out more:

- Call us on 3139 4636
- Email info@tpchfoundation.org.au
- Write or visit us at Level 1, TPCH Admin Building, 627 Rode Rd, Chermside 4032
- Or donate online at www.tpchfoundation.org.au