Thoracic Surgery and Intrathoracic Vascular Surgery
at the Central Hospital Delmenhorst

Medical Director: Prof. Dr. med. Martin Teschner
HUST Wuhan
Central Hospital Delmenhorst
- Germany -

Informations for Patients

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A. A journey from the past to the present

In April 1928 the “Städtische Krankenanstalten”, the communal hospital of Delmenhorst, was opened. The facility included not only a farm to provide self-grown food, but also the first “Infektionshaus” of the area, a clinic for the treatment of infectious diseases. Mainly patients suffering from tuberculosis, a widespread disease also called the “white plague”, were looked after in generous buildings, called pavilions, with wide balconies providing excellent conditions for the treatment.

Both trends resulted in a growing need for medical therapy of pulmonary diseases in Delmenhorst.

At the end of the second world war the population of Delmenhorst multiplied and the hospital had to be extended. The introduction of antitubercular medication led to a decrease in patient numbers, but at the same time more and more patients suffered from lung cancer or malignant diseases of the pleura. This was due to growing cigarette consumption after the war and an occupational exposition to asbestos in the wharves and the ports of the area, the danger of which was not known at that time.
Other benign diseases of the airways, like asthma, traumatic injuries and all kinds of infections, had to be treated frequently. Advances in anaesthetic and surgical technique allowed the removal of lung tumors and the control of complications, for example thoracic infections. This caused the establishment of thoracic surgery as a specialist field of general surgery, parallel to the development of non-surgical pulmonary medicine.

**B. Thoracic Surgery today**

The Center for Thoracic Surgery and Intrathoracic Vascular Surgery includes three major facilities:

The new patient wards, opened in 2008, with spacious, comfortable rooms, modern sanitary facilities, TV and radio in every room.
Abb. 1  Center for Thoracic Surgery, newest building, opened in 2008

Pic. 2  Reception area of ward C2 (thoracic surgery)
Pic. 3 Patient rooms, spacious and friendly, equipped with facilities for physically handicapped persons

Pic. 4 Lounge of ward C2 (thoracic surgery)
The north wing of the old building was converted to a modern outpatient clinic, conserving the architectural details.

Pic. 5   Outpatient clinic of the Center for Thoracic Surgery and Intrathoracic Vascular Surgery

For surgical treatment the Center for Thoracic Surgery and Intrathoracic Vascular Surgery can dispose of adequate capacities in the modern intensive care unit, the operation theatres and the department for endoscopy.
Pic. 6 The Interdisciplinary Intensive Care Unit
C. The Team

A team of specialists is prepared to treat patients with all kinds of thoracic diseases:

**Pic. 7**  
Prof. Dr. med. Martin Teschner, specialist for general, thoracic and vascular surgery and medical director of the Center for Thoracic Surgery and Intrathoracic Vascular Surgery  
(e-mail: Teschner.Martin@klinikum-delmenhorst.de)

**Pic. 8**  
Mrs. Iris Martens, chief secretary of the Center for Thoracic Surgery and Intrathoracic Vascular Surgery  
Tel.: 0049/ 4221 – 994263; FAX 0049/ 4221- 994265.
Dr. med. Matthias Esch,
Specialist for general surgery and assistant medical director

Dr. med. A. Müller, psychooncologist; specialist for the psychological assistance to patients with malignant diseases
Pic. 11 und 12 The nursing team of ward C2 (thoracic surgery)
Pic. 13 Specialised and experienced in the care for patients of thoracic surgery: the nursing team of ward
Pic. 14 The team of the department for physiotherapy
D. Operations

The Center of Thoracic Surgery and Intrathoracic Vascular Surgery can dispose of all modern technical methods surgical therapy, including minimally invasive procedures (“key hole-technique”), Laser- or Argon-Beamer carbonisation, vascular replacements and digital bronchoscopy.

All other than pulmonary affections are specially looked after by an interdisciplinary network of internal, pneumological, cardiological and anesthesiological therapists. Severe conditions are treated by the team of our intensive care unit. Patients with highly contagious diseases are cared for in a special unit for infectious diseases.

Very important for all operations are techniques to conserve lung tissue to achieve a maximum of pulmonary function after a resection has been performed. To that end modern methods of tissue-sparing resections and vascular replacement are regularly employed, allowing the conservation of functioning lung tissue, which otherwise would have to be removed. The quality of life after a tissue-sparing operation is significantly better, because the physical capacity is less incurred. Methods of vascular surgery can also be used to treat congenital or acquired malformations of blood vessels. For that reason the department for thoracic surgery has been combined with the clinic for vascular surgery to form the Center of Thoracic Surgery and Intrathoracic Vascular Surgery.

New developments of the Center of Thoracic Surgery and Intrathoracic Vascular Surgery are procedures combining classical surgical and minimally invasive techniques, called “interventional surgery”. By using these methods of interventional surgery only small skin cuts are needed even for large resection, reducing the physical stress of the operation (Abb. 14 und 15).

Pic. 15 Size and localisation of the skin cuts for the performance of a thoracic operation using classical technique (blue marks) or combined with minimally invasive methods (red marks)
Pic. 16 Small wounds and cosmetically favourable approach to a lung operation
(here a 26 year old patient, 21 days after the resection of destroyed parts of the lung)

The Center of Thoracic Surgery and Intrathoracic Vascular Surgery has also developed several methods for the treatment of disorders of the diaphragma or its nerves. Because the diaphragma is the most important muscle in breathing, its paralysis can cause a severe impairment. The proper function of the diaphragma can be restored using our new procedures.

E. **A Survey of our medical therapies**

A. Operative procedures are performed on

Children (5 years and older) and adults (regardless of age) suffering from

- Tumors of the airways, the lung or the mediastinum, such as
  - Bronchial or tracheal carcinoma
  - Metastasis
  - Benign or malignant pleural tumors (e.g. mesothelioma)
  - Benign or malignant tumors of the thymus gland

- Intrathoracic infections with empyema or abscess
- Effects of traumatic lesions
- Cysts or bullae (pulmonary emphysema)
- Residual symptoms of tuberculosis
- Congenital anomalies (e.g. bronchiogenic cysts, anomalies of blood vessels or lung tissue)
- Lesions and diseases of the trachea

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B. No operations are performed on

- Patients with cardiac diseases necessitating the use of a heart-lung-machine (e.g. cardiac bypass operations or cardiac valve implantations);
- Vascular Alterations of the central Aorta (from the heart to the branch of the artery supplying the left arm).

The implantation of small catheters allows a continuous spinal application of analgetic medications for the efficient control of postoperative pain.

**Pic. 17**  Example of the resection of a tumor of the windpipe. After the tumor-bearing segment has been removed, the ends are united using special sutures.
F. Contacts

Our secretary can be reached from Monday to Thursday from 8 a.m. to 5 p.m. and on Fridays from 8 a.m. to 2 p.m.

Tel.: from Germany 04221/ 99 4263, from other countries: 0049/ 4221 – 99 63

FAX: from Germany 04221/ 99 4265, from other countries: 0049/ 4221 – 99 4265

e-mail: Teschner.Martin@klinikum-delmenhorst.de

B. Patients from China, Russia or Eastern Europe

Tel.: 0049/ 4221 – 99 4263

FAX: 0049/ 4221 – 99 4265

e-mail: Teschner.Martin@klinikum-delmenhorst.de

or

via the Institut for International Medical Contacts:

Mrs. Monika Kellner,
Director of the Institut for International Medical Contacts, Contact for Poland
e-mail: MonikaKellner@yahoo.de
G. How to get to the
Center of Thoracic Surgery and Intrathoracic Vascular Surgery

The Center is situated in

Western Europe → Germany → Lower Saxony in the North of Germany → Delmenhorst (near Bremen).

How to get to us by plane

Take a flight to Bremen airport (BRE), then a taxi to Klinikum Delmenhorst or use the shuttle service of our hospital (please inform us at least 24 hours in advance of the exact date and time).

How to get to us by car

Coming from Bremen take the A1 (direction of Osnabrück) until exit “Delmenhorst-Ost”, then get on the A28 (in the direction of Oldenburg) until the exit “Delmenhorst-Deichhorst”. Turn right at the autobahn-exit, the hospital is on the left hand side after ca. 500 meters.

How to get to us by train

Get of the train at “Delmenhorst-Hauptbahnhof” (Delmenhorst main station), exit the station to the bus terminal (“ZOB”). Take the bus line Nr. 201 and exit at the bus stop „Wildeshauser Straße/ Krankenhaus“ directly in front of the hospital.

How to get to us by bus from Bremen

At the bus terminal beside Bremen main station take the Bahnbus to “Delmenhorst-Hauptbahnhof”. Change there to bus line Nr. 201 and exit at the bus stop „Wildeshauser Straße/ Krankenhaus“ directly in front of the hospital.
Pic. 18 Delmenhorst in Lower Saxony/North Germany, near Bremen.

Pic. 19 Natural and comforting area surrounding the Klinikum Delmenhorst.
Pic. 20  The hospital premises with forest and meadows.

Impressum
Thoraxchirurgie
Chefarzt: Prof.Dr.med. Martin Teschner
HUST Wuhan
Klinikum Delmenhorst,
Wildeshauser Str. 92, 27753 Delmenhorst/ Deutschland
Tel.: 0049/4221/994263 FAX: 0049/4221/994265

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HUST Wuhan