

Esophagectomy

Information for patients and families

Read this book to learn:

- How to prepare for your surgery
- What to expect while in hospital
- What to expect after you return home
- Who to call if you have any questions

Your surgery has been scheduled for

Date: _____

Time: _____

Please arrive at the hospital at: _____

You can expect to be at the hospital for: _____



Preparing for your surgery

What type of surgery am I having?

Your esophagus is a muscle shaped like a tube. It connects your throat to your stomach. Food travels down this tube and goes into your stomach. The lining of the esophagus may get damaged by:

- reflux (also known as **heartburn**)
Reflux is stomach acid backing up into your esophagus. If this happens over many years, the damage can be permanent and may lead to cancer.
- swallowing a poisonous liquid
- cancer

If your esophagus is badly damaged or cancer develops, it must be removed. This is called an **esophagectomy**. If the damage or cancer includes your stomach, both your esophagus and stomach are removed. This is called an **esophagogastrectomy**.

What happens during the surgery?

Your surgeon will do your esophagectomy in 1 of 2 ways:

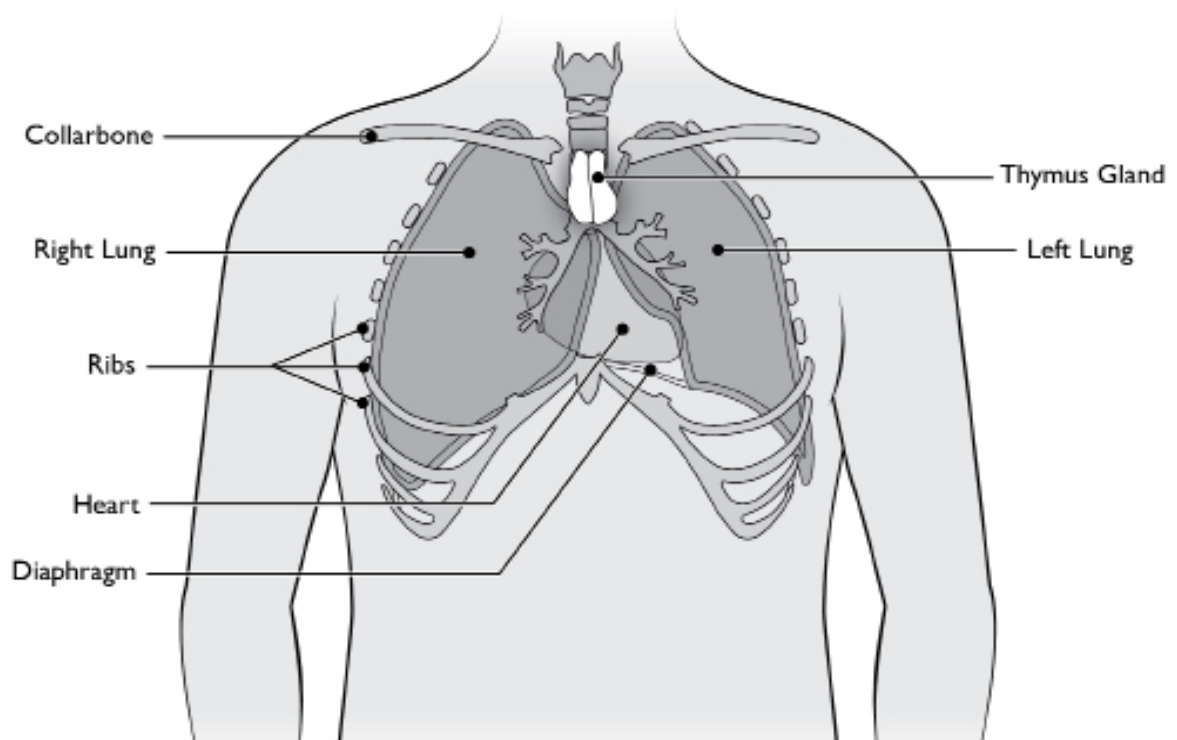
1. **minimally invasive esophagectomy (MIE)**

For MIE, 5 small incisions (cuts) are made on your abdomen and 4 small incisions are made to the side of your chest. Your surgeon uses special tools and the help of video cameras to remove your esophagus.

2. **open esophagectomy**

Your surgeon removes your esophagus by making larger incisions to your chest and abdomen.

They will talk to you about which way is best for you.



How long will I need to stay in the hospital?

Depending on your surgeon, you will stay in the hospital from 7 to 10 days. When you can go home will depend on how you are recovering. Your health care team may tell you during their morning rounds (check-ins) that you can go home that day.

Before coming to the hospital, plan to have someone pick you up when you are ready to go home after surgery.

What tests do I need before surgery?

Before your surgery, we do a complete check of your health. This may include many tests. These tests help your surgeon plan your surgery. They also help find other health problems. The risks of surgery can be lowered by managing these health problems before your surgery.

These tests **may** include 1 or more of the following:

- an esophagoscopy
- CAT (CT) scan of your chest and abdomen
- PET Scan
- chest x-ray
- endoscopic ultrasound
- pulmonary function test (PFT)
- 2D echo
- motility study
- barium swallow

We will let you know the tests you need and give you more information about them.

What happens during my pre-admission visit?

You must come for your pre-admission appointment before your surgery.
If you don't come for your pre-admission visit, your surgery will be canceled (unless you were given other instructions).

During your pre-admission visit, we will do a complete check of your health and talk to you about the surgery. You can find more information in the [My Surgery Guide](https://www.uhn.ca/PatientsFamilies/Health_Information/Health_Topics/Documents/SURGERY_BINDER_ALL.pdf) [https://www.uhn.ca/PatientsFamilies/Health_Information/Health_Topics/Documents/SURGERY_BINDER_ALL.pdf].

Can the time for my surgery change?

Yes. Many of our thoracic surgeons do lung transplants. If this or another kind of emergency surgery comes up, we may need to reschedule your surgery for another date and time.

Your hospital stay

Where do I go after surgery?

You will stay in the Post Anesthetic Care Unit (PACU) for a few hours. Once you are awake and stable, we will take you up to 6th floor Peter Munk Building (PMB). You will go to the Step Down Unit (SDU).

The SDU is a mixed gender room with 4 beds in each room. Both male and female patients are cared for in this room. A thoracic nurse will be in the room with you at all times. You will stay in the SDU for 2 to 4 days.

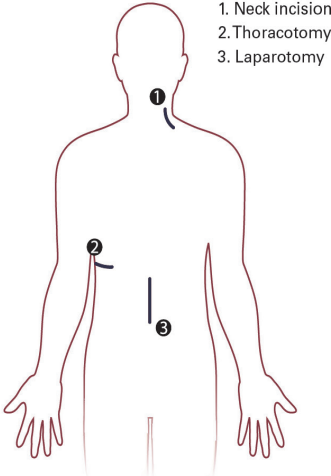
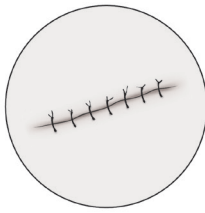
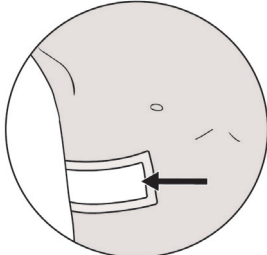
As your health improves you are moved to a regular ward room on 6 PMB until you are discharged home.

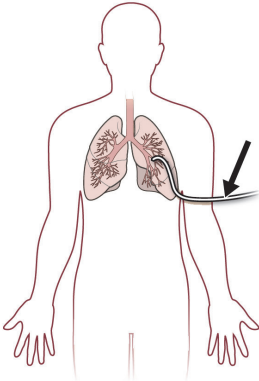
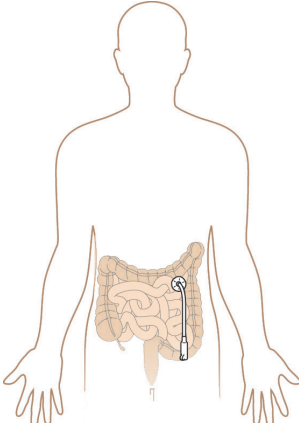

What can I expect?

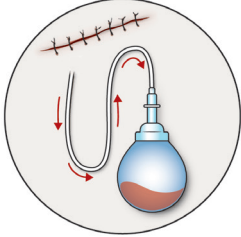
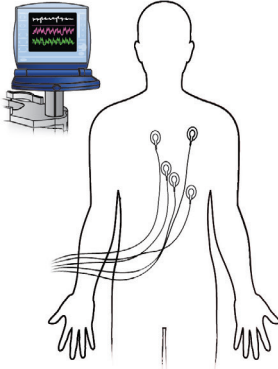


- A physiotherapist may treat you once or twice a day. The physiotherapist helps you improve your movement. They help you do:
 - deep breathing and coughing exercises to clear your lungs of mucous. This helps to prevent pneumonia.
 - shoulder exercises on the side of your surgery. These exercises help to keep your shoulder joint moving fully.
- How often you see the physiotherapist depends on your condition during the day. Your nurse helps you with these exercises at night.
- You will not be allowed to eat or drink anything for the first few days after your surgery. This is because your “new” esophagus (conduit) needs time to heal. It is very important that you do not eat or drink anything unless your surgeon says it is safe to do so.
- Your surgeon may arrange for you to have a barium swallow test 5 to 7 days after your surgery. This test shows us how you are healing. We want to make sure there is no fluid leaking from where you had surgery on your esophagus.
- If there is no leak, you will slowly be able to restart your diet. You start with sips of water, then clear fluids and then eat foods that follow a special diet. A dietitian follows you closely while you are in hospital.

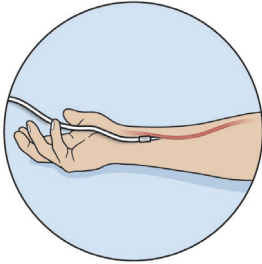

What can I expect to have on my body?

After your surgery, you will have incisions, tubes or drains. Here is what they do to help you recover and what you can expect.

Incisions, tubes or drains	What to expect
<p data-bbox="305 527 456 558">Incisions</p>  <p data-bbox="431 611 545 674">1. Neck incision 2. Thoracotomy 3. Laparotomy</p>	<p data-bbox="581 527 1419 611">If you have an open esophagectomy, you will have 2 or 3 of these incisions (cuts):</p> <ul data-bbox="618 632 1386 842" style="list-style-type: none">• an incision on your side (thoracotomy)• an incision down the middle of your abdomen (laparotomy)• an incision on the side of your neck <p data-bbox="581 894 1373 978">If you have an MIE, you will have 5 small incisions on your abdomen.</p> <p data-bbox="581 1041 1398 1125">The size of your incisions depends on the way your surgeon decided to do your surgery.</p>
<p data-bbox="237 1173 526 1205">Stitches or staples</p> 	<p data-bbox="581 1173 1406 1404">Your surgeon usually uses dissolvable stitches to close your incisions. This means they go away on their own. If they are not dissolvable, your nurse usually removes the stitches or staples 7 to 10 days after your surgery.</p> <p data-bbox="581 1457 1419 1646">If your stitches or staples need to remain in after you are discharged home, your family doctor can remove them. We will tell you if this is the case and give you a staple remover to take to your family doctor.</p>
<p data-bbox="305 1667 456 1698">Dressing</p> 	<p data-bbox="581 1677 1419 1803">You will have dressings covering your incisions. The first dressing is changed the day after your surgery. Then, they are changed at least once a day.</p>


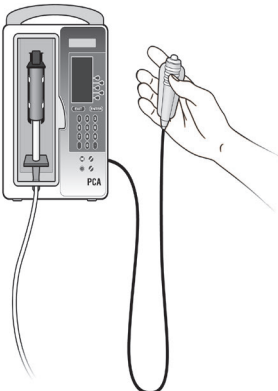
Incisions, tubes or drains	What to expect
<p>Chest tubes</p> 	<p>You will have 1 to 2 chest tubes coming out of the side of your chest. These tubes remove air and fluid from the inside of your chest area. The tubes are attached to a machine that helps suck the air and fluid out.</p> <p>We use stitches to keep the chest tubes in place. These are not dissolvable. We remove your chest tubes once it is safe. We remove the stitches 7 to 10 days after we take the tubes out.</p>
<p>J-tube (Jejunostomy feeding tube)</p> 	<p>You may have a small tube placed through your abdomen and into your small intestine during your surgery. It's called a J-tube, and it's used to give you liquid food and medicines until you are able to drink and eat well.</p> <p>You will go home with the J-tube still in. Your surgeon or nurse practitioner will let you know when it is safe to remove your tube. It will be removed in the outpatient clinic.</p>
<p>NG tube (nasogastric tube)</p> 	<p>You will have a small tube called an NG tube coming out of your nose. It was put in during your surgery. It drains fluid, bile (stomach acid) and air from your stomach to help prevent nausea and vomiting.</p>

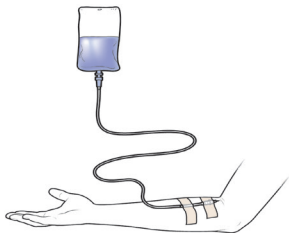
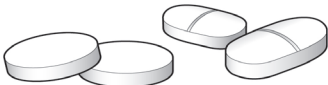
Incisions, tubes or drains	What to expect
<p>JP drain (Jackson Pratt drain)</p> 	<p>You will have a small tube called a JP drain that helps drain any extra fluid. It's removed when you no longer need it.</p>
<p>Heart monitor</p> 	<p>You will be on a heart monitor while you are in the Step Down Unit. This doesn't mean there is a problem with your heart. We do this for all patients who have your type of surgery.</p>
<p>Urinary catheter</p> 	<p>You will have a tube draining your bladder. You have this tube for 1 to 2 days. While you are in the hospital, the nurse measures how much you urinate.</p>
<p>Intravenous (IV)</p> 	<p>You have an IV so we can give you fluids and medicines. It stays in until you are drinking well. In about 5 to 7 days, you have a barium swallow test. This test will let your surgeon know if it is safe for you to drink fluids by mouth.</p>

Incisions, tubes or drains	What to expect
<p>Arterial Line</p> 	<p>This tube looks like an IV, and we use it to take blood samples without having to poke you with a needle. It also closely monitors your blood pressure.</p>
<p>Oxygen</p> 	<p>You may need oxygen after your surgery. You get the oxygen either by face mask or through your nostrils (nasal prongs). We remove the oxygen once your lungs are working well enough.</p>

How can I manage my pain?

We will work with you to manage your pain. We can give you pain medicine in different ways. These include:

Pain method	How it works
<p>Epidural</p> 	<p>With an epidural, a doctor puts a small tube in your back. They usually do this right before your surgery.</p> <p>The tube is left in place to give you pain medicine after your surgery. It's attached to a pump, which gives you the medicines. They include a pain killer and medicine that numbs the area where you had surgery. They may make your legs feel numb or heavy.</p>
<p>Intravenous (IV) Patient Controlled Analgesic or PCA</p> 	<p>A PCA pump is connected to your IV. The pump gives you pain medicine through your IV when you push the button. You should press the button:</p> <ul style="list-style-type: none">• when you start to feel pain• before you do something that brings on pain• before you do deep breathing and coughing exercises• before you start to move or turn <p>You should feel the effects of the medicine within 2 to 3 minutes. If you don't feel any pain relief, let your nurse know.</p> <p>You are only allowed to have a certain amount of pain medicine every 4 hours. To control how much medicine you get, the PCA pump has a safety timer called a lock out. If you press the button during the lockout time, you won't get more medicine. Only you should press the button.</p>

Pain method	How it works
intravenous (IV) medicine 	<p>You get your pain medicine through an IV. It's important to let your nurse know when you have pain so they can give you the pain medicine. If you don't feel any pain relief after getting the medicine, let your nurse know.</p>
J-tube (Jejunostomy feeding tube)	<p>You may get your pain medicine through your J-tube. Let your nurse know when you have pain, and they can give you pain medicine.</p>
medicine by mouth 	<p>You may get your pain medicine in pill form that you swallow. This will happen once you are drinking fluids. Let your nurse know when you have pain, so they can give you the pain medicine.</p>

You can expect to need pain medicine every 3 to 4 hours for the first few days after surgery. As you heal, you will feel less pain and will not need the medicine as often.

During your hospital stay, we will help you prepare for going home.

After discharge from hospital

Food and appetite

Your appetite and taste should return to normal within a few weeks. Your appetite will improve as you start to feel better and your activities increase. It's common to lose weight after this surgery. You may never gain this weight back, but it's important that you are eating enough.

- Follow the special diet your dietitian gives you. Your dietitian helps you progress in hospital from liquids to a soft diet before your discharge. Have smaller meals more often in the day. A large meal will not settle well in your stomach.
- Remember to eat slowly and separate fluids and solids to prevent from filling up too quickly.
- Make sure you drink enough fluids (at least 6 cups a day unless your doctor or dietitian gave you different instructions). Drinking water is good for you but does not have any calories to help maintain your weight. Try to drink other fluids as well.

If you continue to have problems with your appetite, call your nurse coordinator and/or dietitian.

Upset bowel

- Diarrhea is common after this surgery. This is also called **dumping syndrome**. Your surgical team will talk to you about this. It sometimes helps to separate liquids and solids by 30 minutes, eat a diet with less processed sugars, and avoid dairy products.
- If your pain medicines cause you to become constipated, drink plenty of fluids (unless your doctor or dietitian gave you different instructions).
- Add bran, high fibre foods and prunes to your diet. Your doctor may prescribe you a mild laxative. If you still have problems, see your family doctor.

Feeling tired and sad

It is normal to feel tired and discouraged for several days or weeks after surgery. Feeling depressed is also common after this surgery. As you recover and improve your strength, this should improve.

If you continue to feel depressed as you recover, please see your family doctor and/or ask your nurse coordinator about joining our support program.

What help will I have at home after my surgery?

If your surgical team thinks you need home care once you leave the hospital, arrangements will be made for you to receive services from Ontario Health atHome or another home care agency. This will be set up for you before you leave the hospital so a nurse, dietitian or both can plan to visit you at your home.

The nurse will help you recover by checking on your J-tube site, helping with your J-tube feeds and caring for any other dressings you may have. The dietitian will check your eating.

If you have any questions about your home care services, ask your nurse coordinator.

What instructions do I follow once I am home?

Incisions

- Don't cover your incisions unless your clothes are rubbing on them. The J-tube will have a small dry dressing around it.
- Don't put lotions or creams on your incisions until they are completely healed.

There may be a "bump" along the incisions. It will decrease over 4 to 6 weeks. Most of your pain should be gone by 6 to 8 weeks after your surgery.

The area around your incisions may feel numb. This is normal. The numbness may last for many months but, it usually improves with time. Sometimes it may not go away at all. The numbness may be worse on cold, damp days.

Showering or bathing

You can shower once you leave the hospital. Use a mild soap, and let the water run over your incisions. Pat the incisions dry with a towel. Don't rub.

You can shower with the J-tube in. Dry around the tube and put a dry dressing or bandage on the site after your shower.

Returning to work

You should expect to be off work for at least 4 to 6 weeks. Depending on your job, you may need to be off for 8 to 12 weeks and you may need to ease back into your work with lighter duties. Ask your surgeon when it's safe for you to return to work.

Driving

Don't drive until you stop taking all pain medicine. The pain medicine you are taking may make you drowsy.

You must be able to fully move your arm and shoulder before you drive. This can take at least 2 to 3 weeks after surgery.

Lifting

No heavy lifting, carrying, pushing or pulling for 4 to 6 weeks. For example, this includes no vacuuming, carrying heavy groceries, or shoveling snow.

You can lift up to 10 pounds (about 5 kilograms). Lifting more than this may stress your incision. Your surgeon will tell you when you can start regular activities.

Sex

You can start being sexually active whenever you feel more comfortable (have less pain and more energy). Choose positions that won't put stress on your incisions.

Sports

- Don't swim, scuba dive or skydive after an esophagectomy. Putting your body in an up-side-down position increases your risk of aspiration (stomach acid or vomit getting into your lungs).
- Don't jog, do aerobics, or play sports like tennis or pickleball for 4 to 6 weeks.
- You can play sports like golf after 3 to 4 weeks.

Travel

Please check with your surgeon about traveling. We usually recommend you not travel by air for 2 to 3 weeks.

Follow-up care

Your surgeon will send a letter to your family doctor about your surgery. Your family doctor will provide on-going medical care once you leave the hospital.

See your family doctor for any problems or questions about your medicines, prescriptions, managing your pain, sleeping, appetite or constipation.

Follow-up appointment

We will let you know when to see your surgeon. Depending on your surgeon, your follow-up visit will be about 2 to 4 weeks after your surgery. If you don't have an appointment for a follow-up before leaving the hospital, call your surgeon's office the first week you are home.

On the day of your follow-up appointment, go to the x-ray department first to have a chest x-ray.

Remember to bring your health card (OHIP) to your follow-up visit.

When should I call my surgeon?



Signs to watch for

Call your surgeon if you notice:

- new redness or swelling around one or more of your incisions
- pus (yellowish or white liquid) or a bad smell coming from an incision
- increasing pain at your incisions
- a temperature **higher** than 38.5 °C or 101 °F
- diarrhea
- nausea or vomiting
- losing weight or your appetite doesn't improve
- shortness of breath
- coughing mucus that is yellow or green or has a bad smell
- coughing fresh red blood

Who can I call if I have any questions?

If you need information about the time of your surgery, tests or appointments please call your surgeon's office:

Dr. A. Pierre 416 340 5354

Dr. E. Wakeam 416 340 4800 ext. 5415

Dr. J. Yeung 416 340 4800 extension 6529

If you have any questions about your treatment or symptoms, call your Nurse Coordinator:

Rachel Downie 416 340 4800 extension 2751



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