
Esophagectomy Surgery

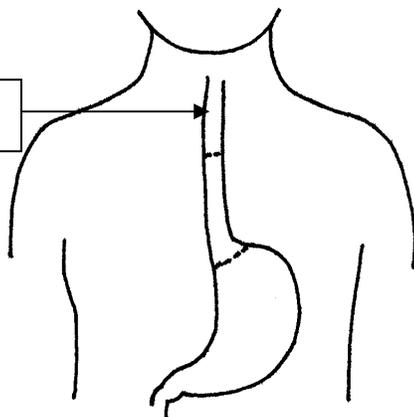
What is esophagectomy surgery?

Esophagectomy surgery is the removal part, or all, of the esophagus. The esophagus is the tube that your food goes down on the way to your stomach.

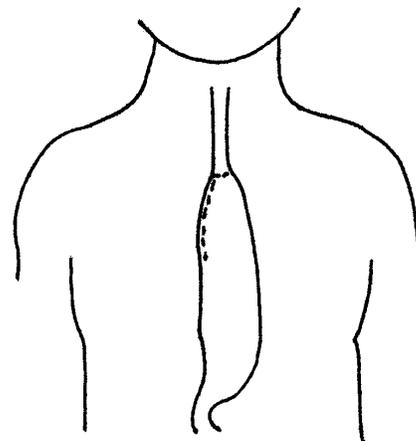
The part of the esophagus that is removed depends on your problem. Here are 2 examples of esophagectomy before and after surgery:

Before

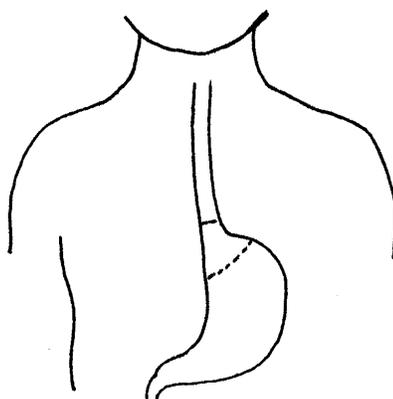
esophagus



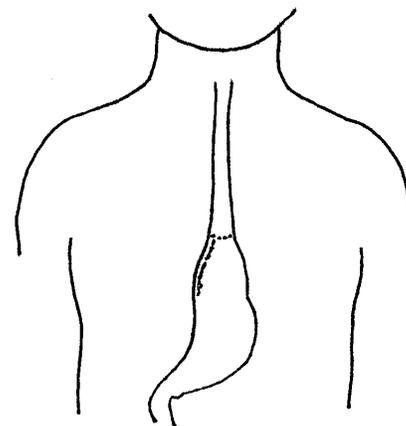
After



Before



After



You will have a general anaesthetic and are asleep during the surgery.

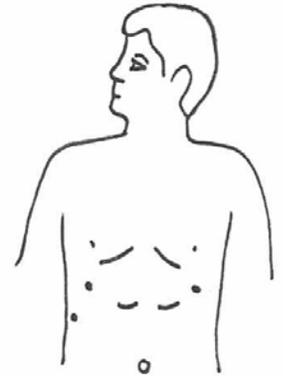
How is this surgery done?

There are 2 ways to do this surgery. Your doctor decides the best method to use based on the reason for your surgery.

1. Laparoscopic method

Laparoscopic surgery is done by making 4 or 5 small incisions in the abdomen and several small incisions in the right side of the chest.

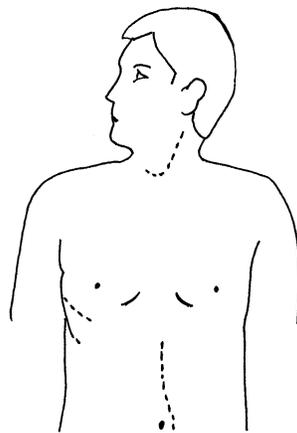
The incisions may not be in exactly the same places as shown in this picture.



One incision is used to put a special gas into the abdomen for the surgeon to see the area. The other incisions are for instruments to do the surgery. Small incisions are closed with special tape called steri-strips. Larger incisions have sutures or staples and are covered by dressings.

2. Open method

Open surgery is done through larger incisions in the neck, middle of the abdomen, and the left or right side of the chest.



Incisions are closed with sutures or staples and covered by a dressing.

What do I need to do before surgery?

You must come to the Pre-Admission Assessment Clinic 1 to 2 weeks before surgery to have any blood tests, X-rays and other tests your doctor orders. Bring a record of all your medications to the clinic so the nurses and anaesthetist can see what you are taking.

Follow the instructions the nurse in this clinic gives you about when to stop eating and drinking before your surgery. If you take medication each morning, the nurse or anaesthetist will tell you if you should take it the morning of surgery.

You may need to scrub your neck and chest with a special brush called an E-Z Scrub[®]. This scrub clears the skin of germs that may cause an infection. The nurse in the clinic will tell you when to do this.

Your doctor may refer you to a dietitian before surgery. The dietitian can help you improve your nutrition strength before surgery. You may begin taking supplements such as Ensure[®], Boost[®], Essentials[®], or other nutrient rich foods such as Carnation Instant Breakfast[®] and home made milkshakes.

On the day of surgery you will check in at the Day Surgery Registration area at the hospital 2 hours before surgery. The nurse in the clinic will give you your check-in time.

What should I expect after surgery?

You will wake up in the Recovery Room feeling drowsy. You will stay there until you are fully awake. You may then go to the Intensive Care Unit for 24 to 48 hours or to the Surgical Step Down Unit. Your doctor will decide where you will go.

You may have some pain from any incision. You may have an upset stomach. If you feel pain or have an upset stomach, tell your nurse. Your nurse will give you medications that can help.

You will wake up with some tubes attached.

You may have:

- a tube in the artery in your wrist called an arterial tube to monitor blood pressure and take blood
- an intravenous tube in a vein in your arm to give you fluids and medication until you are able to drink good amounts – some people have 2 intravenous tubes after surgery.
- a tube in a vein in your neck called a central venous catheter to give you fluids and medication until you are able to drink good amounts. It is used in place of the intravenous tubes.
- a tube in your nose called a nasogastric tube that goes into your stomach to keep your stomach empty and reduce stomach upset
- 1 or more chest tubes. A chest tube is placed in the space between your chest wall and lung during surgery and is attached to a suction unit. The suction drains air and fluid around the lung to help it expand.
- a tube in your bladder called a catheter to drain urine until you can get up and go to the bathroom on your own
- an epidural catheter to help control pain
- a jejunostomy feeding tube to give nutrition while you heal

You will also be connected to a cardiac monitor. This machine monitors your heart at all times. Your nurses will check you, your blood pressure and your pulse often.

After 24 to 48 hours

If you are in the Intensive Care Unit you will move to the Surgical Step Down Unit.

If you are in the Surgical Step Down Unit, you will move to the surgical side of the Chest Unit where you can begin to look after yourself.

What activity can I do?

After surgery, you need to move around to prevent breathing and circulation problems. Moving also helps you build up your strength and recover faster. Within 8 to 12 hours after surgery, you will be helped to sit at the side of your bed. You will also be encouraged to do deep breathing and circulation exercises. Getting up and moving:

- keeps your muscles strong.
- prevents breathing problems.
- helps your blood move around your body.
- helps your bowels become active and pass gas.

The physiotherapist will review your exercise program with you and may give you a list of exercises to do on your own.

Over the next few days, you will be helped to wash and move around. You need help because you have some tubes that need to move with you. Moving gets easier as the tubes come out. Any time you get up, you will need to wear shoes with non-slip soles and full backs and toes for your safety.

When your tubes come out, you will be able to wear your own clothes.

What can I eat?

You will not be able to eat anything by mouth for about 7 days. Some people get their nutrition by Total Parenteral Nutrition called TPN. Some have a feeding tube in their intestine and some people do not have any nutritional support for 7 days. Your nutrition plan depends on your doctor, your dietitian and your personal needs.

Before you can begin to eat or drink, you will go to the X-ray department for a test called a gastrogaffin swallow. For this test, you drink a special liquid and have an X-ray to make sure your incisions have healed inside.

After the doctor feels you have healed, it is safe for you to begin drinking sips of water. You will progress to fluids, pureed food and then minced food. The dietitian will help you with your diet while you are in the hospital and before you go home.

What can I eat? (continued)

Your stomach is now smaller. The most important thing to remember is that you must have small meals and eat more often. Eat sitting up and stay sitting up for at least 30 minutes after you eat. Always sleep with 2 or more pillows. Your head must be higher than your shoulders always.

Moving around

You should walk in the hall and build up your strength to become more independent to go home. You will learn to do some shoulder exercises to help prevent getting stiff shoulders.

Hygiene

You will be encouraged to do as much as you can on your own to get ready for going home.

Your incision

Your nurse will check your incisions each day. Your sutures or staples are removed 7 to 10 days after surgery. You may have them out before you go home or in your doctor's office.

How long will I be in the hospital?

Most people are in hospital between 7 and 10 days. The time depends on the type of surgery you had. Ask your doctor how long to plan to be in the hospital. If your doctor decides that you need help when you go home, a Community Care Access Centre Case (CCAC) Manager will arrange this before you go.

Who do I talk to if I have questions or concerns?

Please talk to any member of the health care team. We would like to make your stay in the hospital the best it can be.

When do I see the doctor again?

You will be given an appointment to see your surgeon 1 to 3 weeks after you go home. You will also get any prescriptions you need for medications before you leave the hospital.

At Home

Here are some general guidelines to follow. If you have any questions, talk to your doctor.

Exercise

Slowly go back to your normal activities. Moving and walking helps you recover. Do not lift anything more than 10 pounds or 4 kilograms for about 6 weeks. This means you cannot lift something like a full grocery bag, a small suitcase or a baby.

You will feel very tired at first. This is normal. Try not to get upset. Rest between activities. Do not do strenuous exercise like shovelling snow, vacuuming or mowing the lawn. Talk to your doctor before you begin an exercise program.

Hygiene

Keep the tape on the jejunostomy (feeding tube) incision clean and dry. You can shower about 1 week after your operation.

Diet

The dietitian will give you some guidelines about what to eat. After 1 to 2 months, most people are able to eat most regular food. You must chew well. You may never be able to eat as much as you did before surgery.

Since your stomach is smaller in the beginning, you must have small meals and eat more often. Eat sitting up and stay sitting for 30 minutes after eating. Always sleep with 2 or more pillows. Your head must be higher than your shoulders.

Call the dietitian if you have any problems or questions about your diet. Call 905-522-1155 ext. 33509. Be prepared to leave a message and a dietitian will call you back.

Going back to work

Ask your doctor when you can return to work. This will depend on the type of work you do.

When should I see my doctor again?

You will see your doctor in 1 to 4 weeks. You can call your doctor with any questions. If you have not been given an appointment, call to make one.

Call your doctor if you notice:

- redness or swelling of your incision
- bleeding, discharge or a foul smell from your incision
- your incision is open
- you have a fever
- you have trouble swallowing