

Before & After Your Esophagectomy

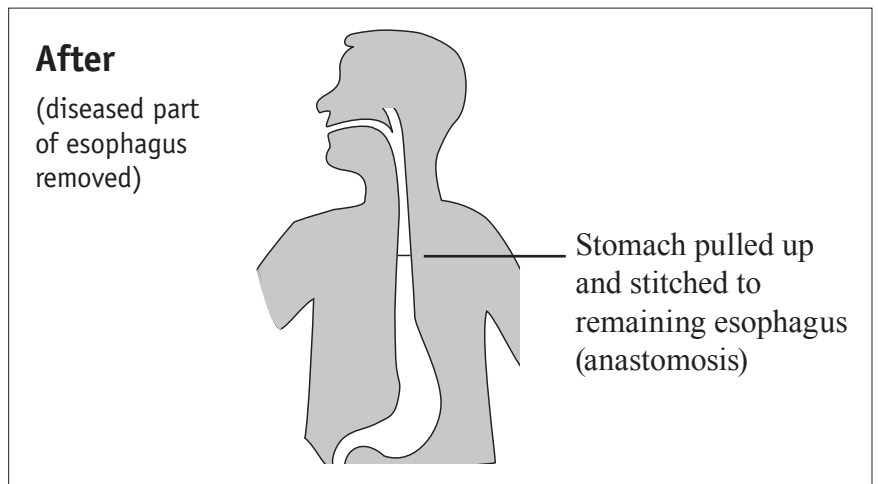
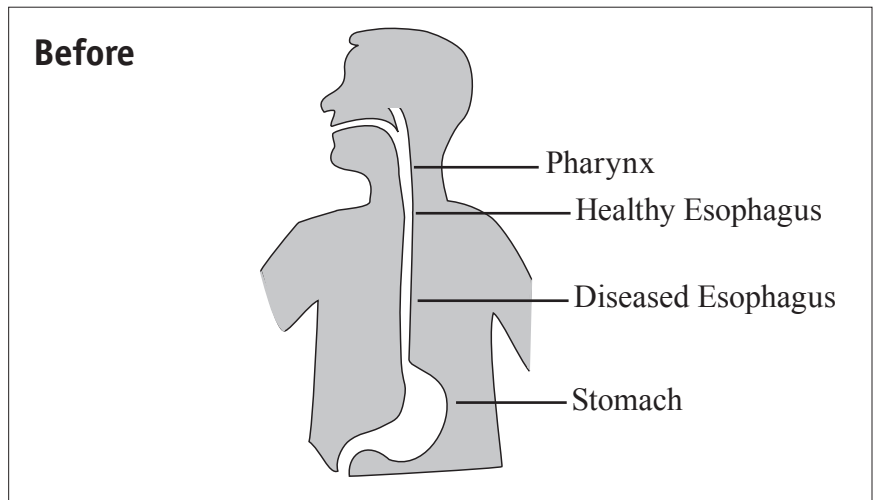
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General Information

What is an Esophagectomy, and Why is it done?

An esophagectomy is the surgical removal of the diseased part of the esophagus, or "food pipe". After the esophagus is removed, the stomach (or in certain situations part of the colon – large bowel) is attached to the remaining part of the esophagus. This reconnects your digestive system so that you will be able to eat again (see diagram).



Very Important Message

If you are to be admitted on the same day as your surgery:

- Two days before your surgery eat **NO SOLID FOOD**, drink **ONLY CLEAR FLUIDS** (e.g. water, clear tea & coffee, broth, apple juice, soft drinks, plain Jello® or ice popsicles).

For example: If you are coming into hospital on Monday, then drink only clear fluids on Saturday and Sunday, then nothing after midnight Sunday night before surgery.

- On the day before surgery you may be asked to take laxatives to help clear your bowels in preparation for your surgery. The laxatives can be purchased from any drugstore without a prescription. Your surgeon will provide you with specific instructions about this.

If you are coming into hospital the day before your surgery:

- The day before admission and the day of admission eat **NO SOLID FOOD**. Drink **ONLY CLEAR FLUIDS** (e.g. water, clear tea & coffee, broth, apple juice, soft drinks, plain Jello® or ice popsicles).

For example: If you are coming into hospital on a Monday, then drink only clear fluids on Sunday and Monday.

Hospital personnel involved in your care

You will come in contact with many members of the health care team before and/or after your surgery.

The **Nurses** have many responsibilities including:



- preparing you for surgery,
- caring for you and your needs before and after surgery,
- doing treatments and giving medicines,
- watching your progress,
- giving you and your family emotional support and,
- providing you with information and teaching which will help you be involved in your recovery.

Your **Surgeon** will perform your surgery, order your treatments and medicines and follow your progress.

The **Resident** is a member of the house staff of the hospital. He/she is a doctor who is learning about the specialty of thoracic surgery. The resident works closely with your surgeon.

The **Respiratory Therapist** takes care of your oxygen equipment needs and can monitor your blood oxygen levels.

The **Anaesthetist** is a doctor specializing in the field of anaesthesiology. *He/she will:*

- visit you before your surgery
- put you to sleep for your surgery
- watch your condition throughout your surgery and follow your progress in the recovery room.

The Anaesthetist works closely with your surgeon.

The Pain Service Doctors are anaesthetists who will order pain medicine and sedation for the first few days after surgery.

The **Dietitian** is educated in the field of nutrition. He/she will follow your nutritional needs after surgery and help you adjust to changes in your diet.

During your hospitalization, a **Social Worker** is available to meet with you and/or your family to provide emotional support, to review community resources, and to assist with discharge planning. Patient and family members can request to speak with a Social Worker to discuss their concerns.

The **Chaplain** provides spiritual and religious care for patients and families. We are sensitive to the multi-faith and multicultural environment of the hospital. We are available daily and on call for spiritual care emergencies.

The **Physiotherapists** will teach you deep breathing, coughing and moving exercises before you go to surgery so that you can do them more easily after surgery. These exercises are important to prevent problems with your lungs and also help you recover faster.

Others:

Blood Collection Staff - will take blood samples before and after your surgery as needed.

E.C.G. Technician - will take a tracing of your heart pattern.

Patient Escort Personnel - will take you to your tests, to the operating room and back to your room.

Food Services Personnel - will bring you your meal trays.

X-ray Technicians - will take x-rays as needed.



Before Your Surgery

Tests you may have done

You may have already had some scans and an esophagoscopy (looking at your esophagus through a scope).

The following will be done before you go to surgery:

- A chest x-ray
- An electrocardiogram (tracing of your heart pattern)
- Blood tests

The day before your surgery you will...

- be asked to send your valuables home. The hospital is not responsible for any valuables you leave at the bedside.
- be visited by various members of the health care team, such as the anaesthetist, the resident and the physiotherapist.
- perhaps need to have your bowels cleansed. This consists of:
 - having only clear fluids by mouth 2 days before surgery
 - drinking a laxative
- be given a sleeping pill, if you wish, at bedtime.
- be kept "NPO" after midnight before your surgery. This means you are not allowed to have anything to eat or drink (including gum or candy). Your stomach must be empty before the anaesthetist puts you to sleep so you do not vomit during your surgery.

The morning of your surgery. . .

- You may shower, bathe, shave, etc at home or in the hospital. Your nurse will give you a hospital gown which you will wear to the operating room. The gown ties up in the back.

- Your nurse may start your intravenous (also called an "I.V."). If not, the anaesthetist will start it in the operating room. Your nurse will also give you medicines prior to your surgery which have been ordered by the anaesthetist.
- You will be asked to remove all personal clothing, jewellery, make-up, nail polish, hairpins, glasses and dentures before you are taken to the operating room.
- About an hour before your surgery, patient escort staff will wheel you to the operating room in your bed.
- You will be taught how to care for and manage your ostomy
- When you arrive at the operating room, the nurses there will check you in. The anaesthetist will see you and prepare you to be put to sleep for your surgery.

After Your Surgery

After your surgery you will wake up in your bed in the recovery room, or "P.A.R." as it is often called. You will stay in the PAR overnight so that you can be monitored closely. A nurse will be with you all the time while you are in PAR.

Visitors are restricted to immediate family members while you are in PAR. You will be drowsy while you are there and are encouraged to rest.

When you start to wake up in the PAR, you will become aware of equipment around you, and of tubes attached to you. These are all routine and are used to help your recover, and to monitor your progress.

Things you may see include:

1. **An Intravenous(IV):** will be in your arm, hand and/or neck vein. You may have more than one. The I.V. provides you with fluid. Medicine and blood can also be given through the I.V. as needed.

2. **An Arterial Line:** is a small tube inserted into an artery in your wrist. The tube is connected to a machine which monitors your blood pressure. Blood samples can also be taken from this tube as needed. This tube may be removed before you go back to the nursing unit.
3. **An Epidural Catheter:** is a small plastic tube in your back through which pain medicine is given.
4. **Patient Controlled Analgesia (PCA):** is a way you are able to give yourself pain medicine. Anytime you need something for pain, you simply push a button. Your PCA machine will then deliver the medicine through your intravenous.
5. **A Foley Catheter:** is a tube inserted into your bladder. It drains your urine and allows your nurse to measure the amount of urine you make. The catheter will be removed a few days after surgery.
6. **A Nasogastric Tube:** also called an "NG". It is inserted through your nose into your stomach. The tube is attached to a suction machine so that your stomach contents - brown or greenish in colour - can be drained. It also helps to prevent you from becoming nauseated. (Be sure to tell your nurse if you feel nauseated). This tube stays in for about one week, or until you are ready to eat.
7. **A Chest Tube:** is a drainage tube which may be inserted into your chest during surgery to drain fluid and/or air from around your lungs as required.
8. **Oxygen:** is given by face mask or nose prongs for a few days. Your doctor and/or nurse will let you know when it's 'OK' to stop using the oxygen. The nurses will have already checked your blood oxygen level using the "pulse oximeter" when you were admitted. They will use this machine often to monitor your blood oxygen levels after your surgery.
9. **A "J-Tube":** is a small, soft tube which enters your small bowel through the abdomen. You will be fed a liquid diet through this tube until you are able to eat. The tube feedings will be stopped once you are eating well.
10. **Electrodes:** are 3 small pads which are placed on your chest. Wires attached to these pads are connected to a heart monitor so that your heart activity can be observed.
11. **Dressings:** will cover your incisions on your neck, abdomen and maybe your chest (depending on the nature of your surgery). The dressings will be changed by your nurses as needed.

OR

A Gastric Tube: may be inserted instead of an NG tube. A gastric tube enters the stomach through the abdominal wall next to the J-tube (see #9 following). It is inserted for the same reasons as the NG tube.

The nurses in PAR will give you pain medicine through your I.V. and you may also receive pain medicine through your epidural catheter or PCA. The nurses will help you to turn in bed and encourage you to do your deep breathing and coughing exercises as you were taught before your surgery.

When you return to the Chest Centre...

You will no longer have one nurse sitting with you as you had in PAR, but the nurses will still watch you closely. Your "vital signs" (temperature, pulse, respirations and blood pressure) will be taken every 4 hours for the first few days after your surgery.

The nurses or physiotherapists will help you to "mobilize" (that is to get up in the chair and go for walks). You can help your recovery by doing your deep breathing & coughing exercises on your own as these exercises help prevent problems with your lungs.

Questions asked by patients concerning recovery after surgery:

What if I need some help?

Push your call button to let the nurses know you need help. **You will need to ask for help to get out of bed the first few days since you may be a little weak and will have many tubes attached to you.**

What will I get for pain?

The anaesthetist will talk to you about pain control. He/she may use an epidural catheter or PCA for a few days. Later, a liquid pain medication may be given through your J-tube until you are eating and are able to take your medicine by mouth.

You may have to ask your nurse for pain medication. Do not assume your nurse knows when you have pain. Ask for the pain medicine when the pain first starts as it will work best when given at this time. Let the nurse know if the pain medicine does not work.

When will I be able to get out of bed?

Activity generally starts slowly and progresses until you are up and around independently. The nurses and physiotherapists will help you to slowly increase your activity. This is done by first sitting on the side of the bed, then standing, then sitting in a chair. You will then progress to walking. Activity is important in helping you recover quicker.

Will it hurt when I get up?

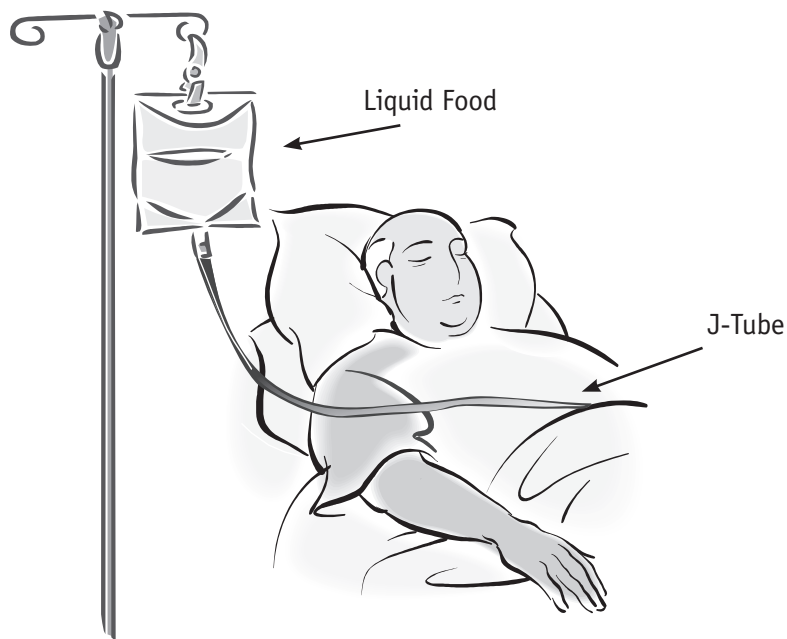
Your nurse will try to give you your pain medicine before activity so that you will be more comfortable. You will also be shown how to "splint" your incision (support it with a pillow) which also helps lessen the pain (see diagram below). The nurses will also attach ropes called reins to the foot of your bed on your bed to help you move more easily.



When will I be able to eat?

You will be fed through your J-tube until it is safe for you to eat. Around 4–7 days after surgery you will be given some grape juice to drink. This is a test to see if your incision on your esophagus has healed. If it has, you will be allowed to start to drink sips of water. Slowly you will be allowed to drink other clear fluids and progress to an esophageal surgery minced diet over a few days.

Some changes will have to be made in your eating habits because of the nature of your surgery. For example, you will be eating smaller and more frequent meals, rather than large ones, due to the early fullness you will experience. The dietitian will be in to speak to you about these changes.



When You Go Home

Now that you are ready to go home you may have some more questions or concerns. The following information deals with questions patients often ask about going home. If this information does not deal with your concerns, write your questions down in the space provided at the end of this booklet and ask your nurse, dietitian or doctor to help answer them.

Medications

Continue to take your pain medicine at home as you need it. It is best to take it when the pain first starts. Your incision pain will continue for a few weeks at home. The pain should lessen over time until you no longer need your pain medicine; **HOWEVER**, if the nature of the pain changes or worsens, call your surgeon.

Your Incisions

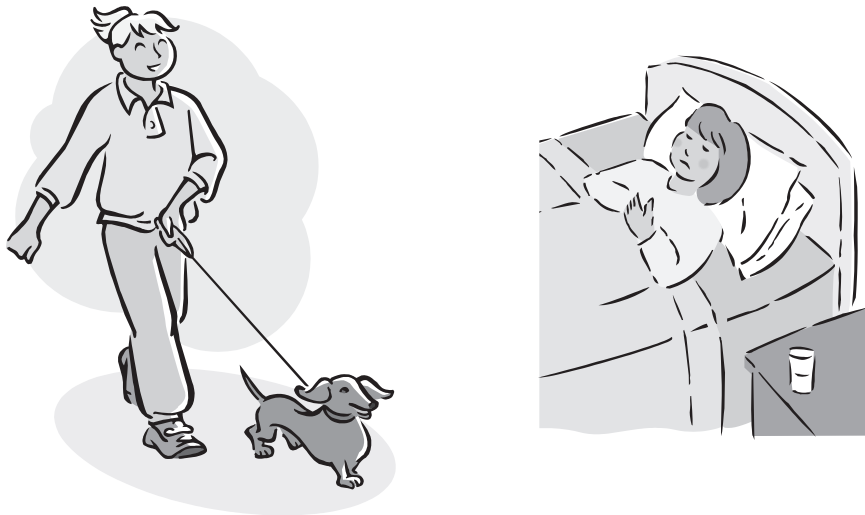
Your incisions will have started healing by the time you go home. They may feel itchy as this is a normal sign of the healing process. Try to avoid exposing your incisions to the sun, as the sun could increase the scarring. After a shower, gently pat your incision(s) dry, especially the first couple of weeks after you get home. It is best not to soak your incision in a tub for 2–3 weeks or until after your J-tube is out.

Activity

You may find the change from hospital to home to be tiring. Some patients have said this is especially true the first few days. Having too many visitors too soon, and over-doing activity are two things which may make you feel overtired.

It is important to pace yourself at home and not overdo it. Your body will let you know if you are doing too much. For example, if you become short of breath, tired, or begin to sweat during an activity, you are probably doing too much.

A good way to deal with feeling tired is having regular rest periods during the day. Taking short walks outside is a good way to reintroduce activity. You will need help at first, with some of your normal activities such as housework, cooking etc.



Balance your activity
with rest periods.

Activity Guide For When You Go Home

You may:

- Drive a car in 3 weeks
- Lift heavy objects in 6 weeks
- Shower now
- Other _____

J-Tube

You will probably go home with your J-tube still in. The nurses will teach you to flush the tube twice per day to keep it open in case you need to use it at home. The surgeon will remove the tube in his office.

Diet

While in the hospital the dietitian gave you information on changes to your diet and cautions to take with eating. Please refer to this information often until you feel comfortable with managing your diet.

Common problems patients may have after esophagectomy surgery include:

- early satiety (feeling full after a small meal)
- reflux (regurgitation)
- diarrhea
- weight loss

To prevent or control these diet problems:

DO:

- avoid lying flat. Sleep with an extra pillow or two.



DON'T



- eat small, frequent meals
- avoid simple sugars (eg. table sugar, candy), spicy foods, alcohol and smoking
- remain in an upright position for one hour after meals
- bend at the knees, not at the waist, to pick up things



DON'T



- separate liquids and solids at mealtime, have liquids 30 minutes before or after your meal.
- eat high calorie and high protein foods

WEIGH YOURSELF once or twice per week. Weight loss may be seen in the first few days at home, but a gain should then be seen.

When To Call Your Surgeon

Your surgeon is _____

Your surgeon's office number is _____

Surgery performed _____

Date of surgery _____

Please Call For An Appointment

PROBLEMS TO REPORT to your surgeon:

Report any problems directly to your surgeon.

These include:

- difficulty in swallowing
- food sticking in your throat
- vomiting
- persistent diarrhea
- persistent weight loss
- changes in, or worsening of, incision pain
- fever

Other Instructions:

Support Groups

Some patients find the support of others important in dealing with changes occurring for them, such as the diagnosis of cancer. There are no support groups available specifically for esophageal surgery patients, but support groups for cancer patients and their families do exist. If these groups interest you, you may contact any of the following:

The HOPE Cancer Help Centre
2574 West Broadway, Vancouver, B.C.
Call 604-732-3412
between 10:00 a.m. and 3:00 p.m.
(Monday to Friday)

HOPE provides psychological and emotional support for cancer patients who have had surgery, radiation, or chemotherapy. Methods such as relaxation, visualization, stress reduction, sharing and discussion are used.

B.C. Cancer Agency Support Resources

B.C. Cancer Agency Relaxation Program

In this program participants learn to use the mind to calm the body, to help it be relaxed and at ease. There are drop-in practice sessions and theory sessions. For further information, please contact:

Lis Smith at 604-877-6000, local 2188.

Support Group for Patients, Families and Friends of someone with cancer. Every 2nd and 4th Monday of each month from 6:00 p.m.–7:30 p.m. at BCCA,

Vancouver Cancer Centre, Family Room
Patient and Family Counselling
600 West 10th Avenue, Vancouver
604-877-6000, local 2194

Financial Information

Call Patient and Family Counselling Services at BCCA
604-877-6000, local 2194

Patient and Family Counselling Department

is composed of dedicated and experienced social workers, clinical counsellors and their assistants. They can provide information about and link you to community agencies that deal with our particular needs. Call BCCA at 604-877-6000.

Summary

The purpose of this pamphlet has been to give you information about what happens before and after your surgery, and provides guidelines which will help you cope once you are home.

Please use the remaining space on this page to write down any questions you have about this pamphlet, your hospital stay, or your discharge home. Please show your concerns and questions to your doctor or nurses.

Glossary Of Definitions

benign

does not recur or progress

colon

the large intestine: large bowel

digestive system

is made up of the following structures: the mouth, pharynx, esophagus, stomach, and intestines. Prepares food for absorption and use by the body.

esophagectomy

the surgical removal of all or part of the esophagus

esophagoscopy

an examination of the esophagus using a scope

esophagus

a hollow muscular tube connecting the mouth to the stomach

jejunum

a part of the small intestine

pulmonary

involving the lungs

reflux

a backward flow of the stomach contents into the esophagus

satiety

feeling of fullness (to satisfaction) when eating

secretions

fluids or mucous

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The information in this document is intended solely for the person to whom it was given by the health care team.

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