If the chest tube sites are stitched closed, the stitches should be removed in 14 days by your family doctor. The chest, abdomen and neck incisons should not require a dressings but if they are draining small amounts, they should be covered with gauze. Home Care will help with dressings around the feeding tube.

Diet

The dietician will give you detailed instructions about your diet. You should eat 6 small meals instead of 3 large meals per day. To avoid bloating and cramping, you should separate the liquids from the solids.

You may require tube feeds at home to supplement your oral diet for a short period of time.

To prevent regurgitation at night, the head of your bed must be elevated 4 to 6 inches with blocks. An alternative to this, would be a foam wedge which can be purchased at a medical supply store.

Activity

You are encouraged to do your regular activities except:

- No heavy lifting (10 to 15 lbs.) for 6 weeks
- Do not drive a car for 2 weeks
- No swimming or taking a bath (you may shower) until all wounds are well healed and the J-tube has been removed

Remember to keep your head *elevated* at all times.

Prescriptions

You will be given a prescription for pain (e.g. Tylenol® #3) and a stool softener (Colace®) to prevent constipation. If you feel constipated, take 30 mL Milk of Magnesia® twice a day until you have a bowel movement. Additional prescriptions will be given if needed.

Follow-up

Before you leave the hospital, your nurse will schedule a return appointment with Dr. Malthaner / Dr. Inculet / Dr. Fortin / Dr. Frechette. This will be in 4 to 6 weeks time. The final pathology results will be discussed during this appointment.

Call Linda McMahon or Danielle Lozier or Dr. Malthaner / Dr. Inculet / Dr. Fortin / Dr. Frecehtte if:

1. You have any
   - bleeding
   - excess drainage from any wounds
   - green or yellow drainage from wounds. There may be a small amount of green drainage (bile) around the j-tube.
   - worsening pain not relieved with pain medication
   - difficulty swallowing
   - vomiting
2. You have a temperature of
   - 38.5°C (101.5°F)
3. Your prescriptions run out.
4. You have any questions.

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PATIENT INFORMATION

ESOPHAGECTOMY SURGERY

London Health Sciences Centre

Victoria Hospital
London, Ontario

Division of Thoracic Surgery

What is it?

Esophagectomy Surgery involves the removal of part or all of your esophagus ("swallowing tube"). Your esophagus allows food to travel from your mouth to your stomach.

Why?

The most common reason for removing your esophagus is cancer. Sometimes the esophagus may be scarred or damaged from other causes that make it necessary to remove it.

Preoperative Evaluation

Esophagectomy surgery is major surgery. You will need to undergo several tests before surgery in order to make the procedure as safe as possible. You may require some or all of the following:

- Blood tests
- Electrocardiogram (ECG)
- Pulmonary function tests
- CT scans ("CAT Scan")
- Bone Scan
- Ultrasound
- Upper Endoscopy
- Bronchoscopy
- Barium Swallow
- PET Scan
- See other specialists

Within 4 weeks of your surgery, you will be assessed in the *Pre-Admission Clinic, Zone C, Level 2, Victoria Hospital*.

Procedure

The procedure is performed either "laparosopically" (several small incisions) or "open" (one larger incision). In addition, there is usually an incision in your neck and sometimes an incision in your chest, between the ribs. The types of incisions depend on the size and location of the disease in your esophagus. The esophagus is removed and the stomach is stretched from the abdomen up to the neck.

Risks

As with all major chest surgery, there are risks. Some of these include bleeding, infection, anastomotic leak, heart attack, irregular heart beats, stroke, blood clots to the lung, and sometimes death.

Before Surgery

Your surgeon MAY prescribe medication to be taken the day before your surgery to clean out your bowel. Drink only clear liquids the day before your surgery.

DO NOT EAT OR DRINK ANYTHING, including water, after midnight the night before the procedure unless instructed otherwise by your surgeon. Leave jewelry and other valuables at home.

Advise Dr. Malthaner / Dr. Inculet / Dr. Fortin / Dr. Frechette if you are taking any "blood thinners" (such as Coumadin (warfarin), plavix, heparin, fragmin, pradaxa, Xarelto, etc.).

Day of Surgery

You must report to Perioperative Care D2-200, 2 hours before your scheduled operation. You will be assessed by a nurse and have an intravenous started. To help prevent blood clots from forming in your legs during and after your surgery, sequential compression stockings may be applied.

After Surgery

You will wake up in the post anesthesia care unit (P.A.C.U. or "recovery room"). A breathing tube may be in your mouth to help with your breathing. Once you are awake and able to breathe on your own, the breathing tube will be removed and you will be transferred to the *Thoracic Observation Unit* Zone C Level 5 (C5-300). If you need more help with your breathing, you will be transferred to the intensive care unit (C.C.T.C.) Zone D Level 2.

While in the *Thoracic Observation Unit,* your heart and oxygen level will be monitored closely, along with the drainage from your tubes. Your bed will be tilted to a 30° angle to reduce the regurgitation of stomach contents.

You will have many tubes. Some will be coming from your nose, neck, chest (chest tubes), abdomen (feeding tube), bladder, and arms (IVs). Most patients will also have an epidural in their back for pain control. Most of these tubes will remain in place for 4 to 6 days. You will be given a blood thinner (Fragmin or Heparin) as an injection once or twice a day.

You will not eat for at least 4 to 5 days after surgery (NPO). You will, however, be fed through a tube into your abdomen. After 3 to 5 days, you may under-go a Barium swallow, CT scan or Endoscopy to check that everything has healed. If there are no leaks, the tube in your nose will be removed and you will be given a liquid diet. Over the next few days, your diet will be advanced to solids.

Family and Friends may wait in the Perioperative Waiting Room, Zone D Level 2. Dr. Malthaner / Dr. Inculet / Dr. Fortin / Dr. Frechette will come to speak with them following the surgery (surgery takes approximately 4 to 6 hours).

Pain

There is moderate to severe pain with this surgery. A variety of methods are used to control the pain. You may receive an epidural which delivers pain medication directly around the spinal cord, or an intravenous that you control to give yourself medication (PCA). Many of these are started in the operating room before the procedure to help decrease the pain immediately after surgery.

Discharge

The average length of stay is 7 to 8 days. You will go home with a feeding tube in your abdomen. It will be removed after all additional (if any) treatment is complete. Home Care support will be provided to assist with the care of the feeding tube.We recommend you make arrangements for family or a friend to stay with you for a few days after discharge.

Dressings

A bandage will cover the sites where the chest tubes were. This bandage should be kept dry and left in place for 2 days following removal of the tubes. Sometimes the chest tube sites are stitched closed. After 2 days, remove the bandage and gently wash the wound with a mild soap in the shower. Do NOT take a bath. Further dressings are not needed, but you may cover the wound with a dry gauze if there is any drainage from it.