Esophagectomy

Esophagectomy is a surgery done to remove all or part of the esophagus, part of the stomach and nearby lymph nodes. The most common reason for this surgery is to treat esophageal cancer. This type of surgery may also be done to treat Barrett’s esophagus (damage to the lining of the esophagus) or when there is severe trauma to the esophagus. During surgery, part of the esophagus that is not removed is reconnected to the stomach.

How is the esophagectomy done?

There are different ways this surgery can be done. One way is called an Open Technique (Ivor Lewis Esophagectomy). During this surgery incisions (cuts in the skin) are made on the abdomen (belly), chest and sometimes the neck to remove the tumor in the esophagus.
Another way the surgery may be done is called a **Minimally Invasive Esophagectomy**. Small incisions are made on the belly, chest and sometimes the neck. A laparoscope (thin tube with a light and camera) and other surgical tools are put through the incisions to do the surgery.

The type of incisions and how many are made during surgery will depend on the type of surgery that is done. Your doctor will talk with you about the type of surgery that is best for you and what to expect during your recovery.

**What to expect before surgery?**

You will have testing done before your surgery. These tests may include the following:

- Blood tests
- X-rays
- Echocardiogram (ECG)
- Cardiac stress test
- Lung function test

**Other Important Information to Know Before Surgery**

- You will meet with your doctor and an anesthesiologist to have a history and physical before surgery. Your doctor will also tell you what medicines you can take before surgery.
- You may also need to be checked by a cardiologist (heart specialist) or a pulmonologist (lung specialist) before surgery.
• If you smoke, you will need to stop smoking 4 weeks before your surgery. Smoking can slow down the healing process and may make your recovery time last longer. Ask your doctor or nurse for information on how to help you quit smoking.

• The hospital will call you the day before your surgery to let you know your surgery time and the time you should be at the hospital.

• Do not eat or drink after midnight the night before your surgery.

**Important Medicine Information**

• Talk to your doctor about any medicines you take to thin your blood or prevent clots. You may need to change these medicines or adjust the amount you take before surgery.

• **If you have a stent, do not stop taking your medicines to prevent clots without first talking to the doctor who put in the stent.** For more information, ask a member of your health care team for the patient education handout on protecting your stent.

• If your surgery or procedure is canceled for any reason, call your doctor because you may need to restart the medicines you take to thin your blood or prevent clots.

**What to expect after surgery?**

• When your surgery is over, the surgeon will call or come to the waiting area to talk with your family.

• After surgery you will be taken to the Post Anesthesia Care Unit (PACU). As you come out of anesthesia, a nurse will watch you closely and take your vital signs often. You will go to your hospital room once you are ready to leave the PACU.

After your surgery you may have some tubes or equipment in place to help you recover. These may include the following:

**Nasogastric Tube (NG)**

• The NG tube is put in through your nose and passes into your stomach. This tube is used to drain stomach fluids. This helps the surgical area to heal.

• You will not be allowed to eat or drink while the NG tube is in place. The surgical area may take 6 to 10 days to heal.

• Your doctor will decide when to take out the NG tube based on how well you are recovering.
**Urinary Catheter (Foley)**
- This tube goes into your bladder to drain urine. Most patients need a Foley catheter for 2 to 3 days after surgery.

**Chest Tubes**
- You may have 1 or 2 chest tubes placed during the surgery. Chest tubes are put in your chest to drain fluid and air away from your lungs.
- While the tubes are in place, you will have a chest x-ray each day. The chest x-ray helps your doctor decide when the chest tubes can be removed. Chest tubes are usually removed 1 to 6 days after surgery.

**Epidural Catheter**
- An epidural catheter delivers medicine through a small flexible tube. The epidural catheter is put into your lower back to provide pain relief. Before surgery, the anesthesiologist will talk with you about this type of pain relief.
- Before you go to sleep in surgery, the anesthesiologist will put the epidural catheter in your lower back into the space around your spinal cord (epidural space). A continuous infusion of pain medicine is given through this catheter. This catheter will stay in place until you can take pain medicine by mouth.

**PCA Pain Pump**
- A PCA (patient controlled analgesia) pump is another way to give pain medicine. It is used if you cannot have or do not want an epidural.
- The PCA pump is connected to your IV. You press a button on the pump to get your pain medicine. Only you should press this pain button. The pain pump does not let you get too much medicine. A PCA pump is used until you are able to take pain medicine by mouth.

**Sequential Compression Devices (SCD’s)**
- A soft plastic sleeve is placed around each leg and connected to a pump. The pump forces air into different parts of the sleeve to create gentle pressure around your legs. The pressure pushes blood through the vessels in your legs to help prevent blood clots. You will wear SCD’s during the night while sleeping, and throughout the day. They will be turned off when you are out of bed or walking.
Activity

- It is important that you do not lie flat.
- You will sit up in a chair and walk the day of your surgery. Each day the amount of time you are out of bed and how far you walk will increase.
- You will walk several times a day to help with your recovery. Walking helps to keep your lungs clear and improves blood flow to your legs.
- Deep breathing exercises help to lower the risk of getting pneumonia after surgery. You will be taught to use a breathing exercise device called an incentive spirometer. **It is very important to use the incentive spirometer to do your breathing exercises. This helps to keep your lungs clear after surgery.**

Nutrition

- Your bowels must start to move and the surgical wounds inside your throat and stomach must have had time to heal before you are able to try to eat and drink. This usually takes about 6 to 10 days.
- You will have an esophagram test done 6 days after your surgery. This is a type of x-ray test that is done to see how well you can swallow after surgery.

What Can I Expect After Discharge?

Most patients can be discharged from the hospital about 7 days after surgery. If you need help with your care after you leave the hospital, a discharge planner will help you and your caregiver arrange for care at a nursing facility or home health care.

General Instructions

Here are some general instructions to follow after you leave the hospital. You should also follow the instructions given to you at discharge.

- Change your dressings every day until your doctor says your incisions no longer need to be covered. Wash the wound area with mild soap and water.
- You may remove the dressings to take a shower. **Do not** remove the steri-strips or surgical glue. These will come off on their own in about a week.

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• Do not soak in a bathtub, hot tub or swimming pool until your doctor says that it is okay.
• If you have large incisions, press a pillow over them when you cough or sneeze.
• Do not lift anything heavier than 5 pounds for 6 weeks after surgery.
• You may walk, go up and down stairs or ride in a car. Rest after being active. If it hurts when you do something, stop doing that activity.
• Do your breathing exercises every day.
• Take your pain medicine when you start to feel pain.

Follow-Up Appointment After Surgery
• You will have an appointment with your surgeon about 1 to 2 weeks after you leave the hospital. Call your surgeon’s office if you have any concerns or problems before this visit.
• You will have a test called a barium swallow. This test is done to check if the new connection between your esophagus and stomach is working properly. During the test, you will be asked to swallow a barium liquid while x-rays are taken.
• Any remaining drains or tubes may be removed.
• The surgeon will talk with you about your pathology results from surgery. This is also the time when your doctor will talk to you about other treatments you may need after surgery.

When to Call Your Doctor
Call your doctor right away if you have any of the following:
• A fever of 100.4 degrees Fahrenheit (38 degrees Celsius) or higher
• If your pain is not controlled by pain medicine
• Foul smelling drainage from your incisions
• Redness, warmth or swelling around your incisions
• Blood in your urine
• Problems urinating
• Pain in your lower legs (calves)
• If one leg becomes larger or more painful than the other leg