

Esophageal Surgery

The purpose of this booklet is to help you prepare and learn about your esophageal surgery. You will learn what to expect before, during and after your hospital stay.

Your Pre-Op Check List

The purpose of this check list is to make sure that you will have a smooth discharge. For this to occur, you need to arrange these items **before** your surgery.

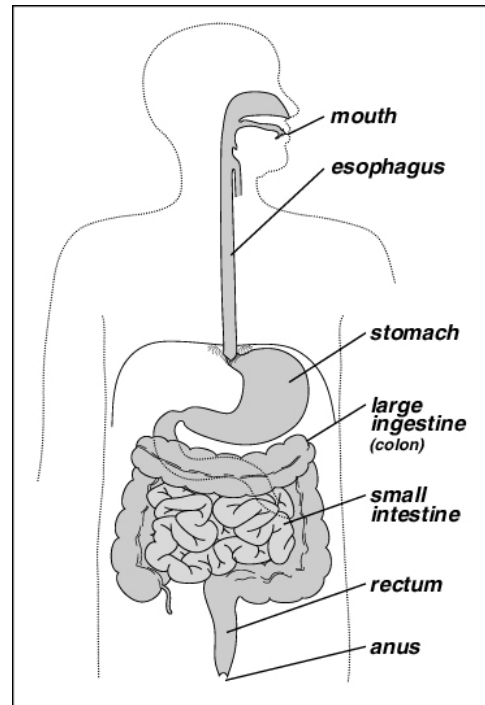
- Arrange for someone to be at home with you 24/7 for the first week after you go home. This person needs to help you get in and out of bed, prepare food, change dressings, and start tube feeding, if needed.
- Order 12-inch wedge, 12-inch bed lifts, or adjustable bed.
- Order Med Alert bracelet.
- Have at least 5 days' worth of full liquid diet at home.
- Quit smoking.
- Complete your pre-op work up.
- Complete your bowel prep.

Esophagogastrectomy

This is a surgery where most of your esophagus and in some cases, part of your stomach is removed. The rest of your stomach is made into a tube to replace the esophagus. The tube is then reattached to the upper end of the esophagus so you can still swallow as before.

Why do I need this surgery?

This surgery is used to treat esophageal cancer, Barrett's esophagus with high-grade dysplasia (pre-cancerous cells), or for end stage achalasia (failure of the muscles of the esophagus to relax making it hard to swallow).



How do you perform this surgery?

There are a few ways to do this surgery. You may have an incision in your neck, abdomen, or chest. If we can do it with a laparoscope (a small camera) you will have five to seven tiny incisions in your chest or abdomen.

The location and number of incisions depends on the reason for the surgery and if you had any chest or abdominal surgeries in the past. Your surgeon will tell you how we will perform your surgery and where the incisions will be.

How long will I be in the hospital?

You will be in the hospital for about 6 to 12 days.

Items You Will Need at Home

Your lifestyle will change after this surgery. You will **never** be able to lie flat again.

You will need to purchase either a 12” wedge, 12” bed lifts or a bed that allows you to raise the head. This surgery will require that the head of your bed is greater than 30 degrees at all times. Buy these items **before** surgery so that you can get used to sleeping with them.

Keeping your head raised greater than 30 degrees prevents food from backing up into the esophagus and going into your lungs. This is called aspiration and can lead to pneumonia or in severe cases trouble with breathing that may require a breathing tube.

Sleeping with two or three pillows will **not** work. Pillows only lift your shoulders and head. Your entire upper body must be at an angle.

Most insurance plans will not cover the cost of the wedge. But, still save your receipt and submit it to your insurance in case they do.

If you want to get a hospital bed for home, you will need to call your insurance to see if they will approve it.

Order a medical alert bracelet before surgery that states that you cannot lie flat.

Wedges

Walgreen’s: (<http://www.walgreens.com>)

- Essential Medical Bed Wedge 12”
- Drive Medical 12”
- Drive Medical folding wedge 12”

Wal-Mart

- Drive Medical
- DMI foam 12”
- Drive Medical folding wedge 12”

Target

- Nova Bed Wedge

Bed Lifts

These will most likely come in a set of 4 or 6. You just need to place the risers at the head of the bed. You will need to order the 12” lifts.

Medical Alert Bracelet

You should purchase some type of medical ID jewelry. This will help protect you from being placed flat if you receive health care outside of UW Health, or if you are found during a health crisis and can’t share your health history. Your bracelet will allow the health care provider to contact UW Health so that we can share your health history.

Suggested wording:

(Info on the front of the bracelet or necklace)

Do not lay flat

HOB >30° all times

UW Health 608-263-6400

Thoracic Surg Resident

Esophagectomy Pt.

Patient Name

Birthdate

Walgreens

(www.IdentifyYourself.com/Walgreens)

Bracelets and Necklaces

Monroe Speciality Company

1-800 628-0165

<http://monrospecialty.com>

Bracelets and Necklaces

American Medical Identifications

1-800-363-5985

www.americanmedical-id.com

Bracelets and necklaces

If you choose to use Medic Alert, please note that they will not engrave our direct phone number on the bracelet. Rather, they will engrave their phone number and charge a yearly fee to maintain info that includes our phone number. You can also contact your local pharmacy.

Eating at Home After Surgery

After surgery you will need to change the way you eat for a while. We will give you more information about your diet when you are in the hospital.

There is a chance that your surgeon will want you to use your feeding tube (if you have one) during the night and eat during the day. This makes sure you are getting enough calories to heal. In some cases, you may not be able to eat at all. If this is the case, you will receive your food through your feeding tube until the surgeon feels that it is safe for you to eat.

The first 2 weeks you are home you will be receiving most of your nutrition through a feeding tube but, you may also be allowed to eat a “clear liquid” or “full liquid” diet. You can tell if a food is a full liquid if you can imagine it going through a kitchen strainer. See *Health Facts for You* #348 “Full Liquid Diet” for a list of safe foods.

About 2 weeks after you go home, you will have a follow-up clinic visit with Thoracic Surgery. We will discuss whether you can advance your diet and discuss what to do with your feeding tube. Until that time, you need to follow the diet guidelines we gave you at discharge.

Over time you will advance to a “normal diet.” Once the doctor states that you may resume your normal diet, you will want to add one new food item each day and see how your body handles it before adding

another food. Go slowly. Meats (steak, etc.) and doughy breads (bagels, etc.) give patients the most trouble. Add these foods last and with caution. Make sure to chew well.

After this surgery, food may sit longer in your stomach. You may also have a stricture (narrowing), at the reattachment site. You may notice some nausea, fullness in the chest, food sticking and pressure in the chest. Tell your doctor if you have any of these symptoms. A procedure performed with a small scope called a dilation may help get rid of these symptoms. Sometimes, you may need more than one dilation.

Getting Ready for Surgery

Before you have surgery, you will meet with the team to confirm that surgery is still a safe option. At this visit, you will learn more about the surgery. You can also expect to:

- Have a complete history and physical,
- Have blood tests drawn and a chest x-ray done,
- Have a breathing test, an echocardiogram or a stress test,
- A CT scan of your chest and abdomen, a PET CT, and a brain MRI
- Review medicines and discuss plans for taking them,
- Talk about what to expect during surgery,
- Meet with a nurse to learn more about the surgery you are having,
- Sign a consent for surgery.

All of these must be done within 30 days of surgery. You might also have an endoscopy as an outpatient a week or two before the surgery (to look down your esophagus).

Before Surgery

1. **Start walking.** Try to walk at least twenty minutes most days of the week. If you haven't been active, start slowly – 5 or 10 minutes a day – and slowly increase the time. You will be walking at least 4 times a day after surgery.
2. **Eat well-balanced, healthy meals.** If you cannot eat or are losing weight, call your surgeon right away. Healthy eating will help you heal. Poor nutrition or weight loss will delay healing and may lead to problems. You may supplement your diet with nutritional drinks such as Ensure[®], Boost[®], or Carnation Instant Breakfast[®] or by adding protein powder to your meal.
3. **Stop smoking.** If you are smoking within 10 days of surgery, we will cancel your surgery. Smoking puts you at a much higher risk for getting pneumonia after surgery. If you need help, call the Smoking Cessation Clinic at **(608) 263-0573** or contact your primary care provider.
3. Try to have a restful night before surgery. If you are coming from out of town, you may wish to stay in Madison. Call the **housing desk, (608) 263-0315**, to arrange for your stay at a nearby hotel for a discount rate.
4. **Complete a bowel prep.** 3 days before surgery buy 2 bottles of magnesium citrate -10 oz. each.

2 days before surgery stop eating solid food. Drink at least 6-8 glasses of clear liquids, no juice with pulp, dairy products or alcohol. You need to keep drinking so you do not become dehydrated.

Clear liquids include:

- Water, sparkling water or soda
- Broth
- Juice without pulp (apple, grape)
- Popsicles
- Gatorade G3 Recover[®]/silver label bottle only (+ protein)
- Clear Jell-O[®] (no fruit, etc. in it), no Jell-O[®] cups
- Coffee or tea, no creamer
- Gatorade[®] Crystal Light[®]

_____ **9:00 am**, drink magnesium citrate 1 bottle. It is best to drink it chilled. It may cause loose stools and some cramping. It could take from 30 minutes – 8 hours to work. You may have frequent bowel movements for several hours after drinking it. Do not take any medicines by mouth while you are drinking the bowel prep because they may not be absorbed.

_____ **10:00 am**, drink a second bottle of magnesium citrate 10 oz. You may have frequent bowel movements for several hours after drinking it.

1 day before surgery drink only clear liquids all day. Drink at least 6-8 glasses of clear liquids. **Do not eat or drink anything after midnight.**

If you get severe stomach pain, feel light-headed or have not had a bowel movement, call the Surgery Clinic **(608) 263-7502**. After hours, ask the paging operator for the thoracic surgery resident on call. Give your name and phone number. The doctor will call you back.

5. Shower before bed the night before surgery and the morning of surgery with Hibiclens®.

The Day of Surgery

You will report to the First Day Surgery Unit (D6/3) two hours before your surgery. We will call you the day before surgery to tell you what time to arrive.

Your surgery will last about 6 to 8 hours, sometimes longer. Family and friends should wait in the surgical waiting area in the C5/2 module just past the D elevator lobby on the 2nd floor. They will update you throughout the surgery.

What to Expect After Surgery

After surgery, you will go directly to the Cardiothoracic Surgery Unit. You may need intensive care (ICU) for one night. You may have a breathing tube. You will remain on the same unit until we send you home.

Tubes and Lines

You will have tubes, drains, and equipment after your surgery. See image at the end of this booklet. Some types of tubes that are used for esophageal surgery include:

- An **arterial line** –into an artery in your wrist or at the bend of your elbow. It is used to measure your blood pressure and for drawing blood samples. This will be removed the day after surgery.
- A **heart monitor** to check your heart rhythm. You will have electrode

patches with wires attached to you. Once you no longer need the ICU, the wires will be attached to a small box so you can walk in the halls. The monitor will be removed on the 4th or 5th day.

- A **nasogastric tube** that goes from your nose to your stomach to help prevent nausea. This will be removed the 2nd or 3rd day after surgery.
- A **Foley catheter** to drain urine from your bladder. It should be removed the day after surgery.
- A nasal cannula will give you oxygen through plastic prongs that go just inside your nose. Most patients need the extra oxygen for a few days.
- A **J-tube** – to make sure you get good nutrition. You will go home with this feeding tube.
- A **Jackson-Pratt drain** comes out near the neck incision (if you have one), or from your chest. A small bulb at the end of the tube collects fluid. You go home with this drain. We will teach you how to care for it. This drain will be removed at your 2-week follow-up visit if output is low.
- A **chest tube** to help re-expand your lung after surgery and drain fluid or air that gathers there. It connects to a drainage container that makes a bubbling noise. It will be removed the 3rd or 4th day after surgery.
- An **intravenous tube (IV)** that goes into a vein so that we can give you medicines and fluids. You will have a larger IV (central line) that we will place in your neck. This larger neck IV will be removed on the 2nd or 3rd day after surgery.
- **Venodynes** that cycle on (tighten) and off (loosen) to help increase blood flow through your legs. These are soft wraps around your legs that

prevent blood clots and decrease swelling. We will remove these once you are walking the halls 3-4 times a day.

Pain Control

You will have pain after surgery. We will help you manage your pain.

You may receive a patient controlled analgesia pump (PCA). A PCA pump is a pump that gives pain medicine into your veins. You can control the amount of pain medicine by pressing a button.

You may also receive an epidural. We give this medicine through a small catheter into the space around your spinal cord.

After a few days you will change to a liquid pain medicine that you can get through your feeding tube. Once you are allowed to eat, you can take the liquid medicine by mouth. It is very important that your pain is managed well so that you can cough, do your deep breathing exercises, and walk. Please let us know when your pain **first** begins. Waiting until your pain becomes severe limits how well the medicine works.

Activity

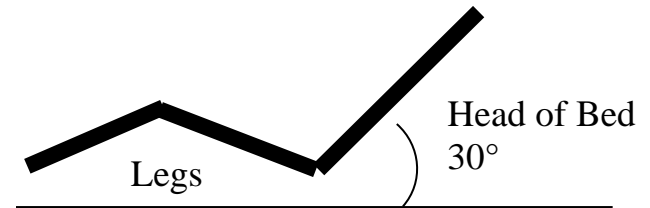
You should be active soon after surgery. Being active will help prevent pneumonia and blood clots and will help you get your strength back quicker.

The night of surgery we will help you sit in a chair. The next day your nurse will help you start walking in the halls. You will need to walk at least 4 times each day. You should be able to walk a little farther each day.

You must **never** lie flat. Your upper body will need to be at 30° or higher at all times. Your hospital bed will be locked so it cannot

go lower than 30°. While in bed your legs will also be raised so that you cannot slide down in the bed.

While in bed, your bed will be in this position.

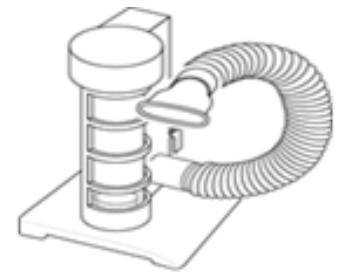


We will give you an incentive spirometer. It is very important that you use this device 10 times every hour you are awake to keep your lungs healthy.

Tips for Using an Incentive Spirometer

Incentive spirometer video can be found on the patient iPad provided a

1. Exhale and place your lips tightly around the mouthpiece.
2. Take a deep breath. Slowly raise the Flow Rate Guide between the arrows.
3. Hold it. Continue to inhale, keeping the guide as high as you can for as long as you can, or as directed by your nurse or respiratory therapist.
4. Exhale and relax. Remove the mouthpiece and breathe out as usual.
5. Slowly, repeat 10-15 times each hour while you are awake.



Eating After Surgery

You will need to swallow very carefully at first when you start to drink and eat. Sometimes, liquids or food will go down “the wrong pipe” and cause you to cough.

To avoid coughing or choking when you eat, follow these steps.

- Sit up straight in a chair.
- Take a sip of liquid.
- Chew your food well.
- Tuck your chin down toward your chest.
- Turn your head to the right.
- Swallow.

Diet

To ensure that you are getting good nutrition, you will get a J-tube (feeding tube) during your surgery. While in the hospital and when you go home, you will be fed through your feeding tube during the night so that you can be unhooked from the pump during the day. You **must** take good care of your feeding tube. Your nurse will teach you how to flush your J-tube before and after starting tube feeds, giving liquid medicines, and every 4 hours when not getting the tube feeds to prevent it from getting clogged.

A clinical nutritionist will go over what you can eat when you go home.

Home Care

Incision Care

Wash your incisions daily with mild soap and water. You may have small tape strips (steri-strips) on the incisions. It is okay if they fall off. When you return for your first clinic visit, we will remove any steri-strips or stitches that remain.

Pain Control

You will have some pain after you go home as you become more active. We will prescribe you liquid pain medicine that you can drink. Pain medicine can cause constipation so you may need to take a stool softener. Use the pain medicine as needed. You will not get addicted to it.

You can also use liquid acetaminophen (Tylenol®) or liquid ibuprofen (Motrin®).

Activity

You need to walk every day. You will likely tire quickly and may need an afternoon rest for the first week or two. You can go back to your normal routine with these restrictions:

- **Never lie flat.** You need to sleep with your upper body at a 30° angle.
- No driving for 2-4 weeks or while you are taking pain medicine. Ask your doctor when you can start driving again.
- No lifting over 10 pounds (a gallon of milk) for 4 weeks.
- At your first clinic visit, ask your doctor about when you can return to work or do other activities.

Medicines

Before you go home, we will teach you about the medicines you need to take at home.

Sex

As you feel better, you can resume sex. At first, you may not have the energy. Or, you may worry about the incision. These are very normal feelings. Use good common sense. When you feel ready, move slowly. This part of your life is an important part of recovery.

Mood

Mood changes are common after surgery. You may feel uncertain, scared or depressed. Your energy level and appetite may vary at times.

Plan to do things within your limits that you enjoyed doing before surgery and that helped you to feel good about yourself.

Share activities with your family and friends and talk about your feelings. People do much better when they have support. When you feel able, call friends and have them stop by for short visits. Take the time to read or enjoy your favorite hobbies.

Resources

Cancer Information Service (CIS)

1-800-422-6237

Their program includes a telephone service for cancer patients, their families and friends, the public, and health care staff. They can answer questions and can send booklets about cancer. They also may know about local resources and services.

American Cancer Society (ACS)

1-800-227-2345

This group supports research, education, and offers many services to patients and their families. Call to find out more about their services and activities in local areas.

When to Call

Call your doctor if you have any questions or you notice any signs of infection:

- Swelling
- Drainage
- Tenderness
- Fever over 100.5° F, taken two times, 4 hours apart
- Increased redness around the incisions.

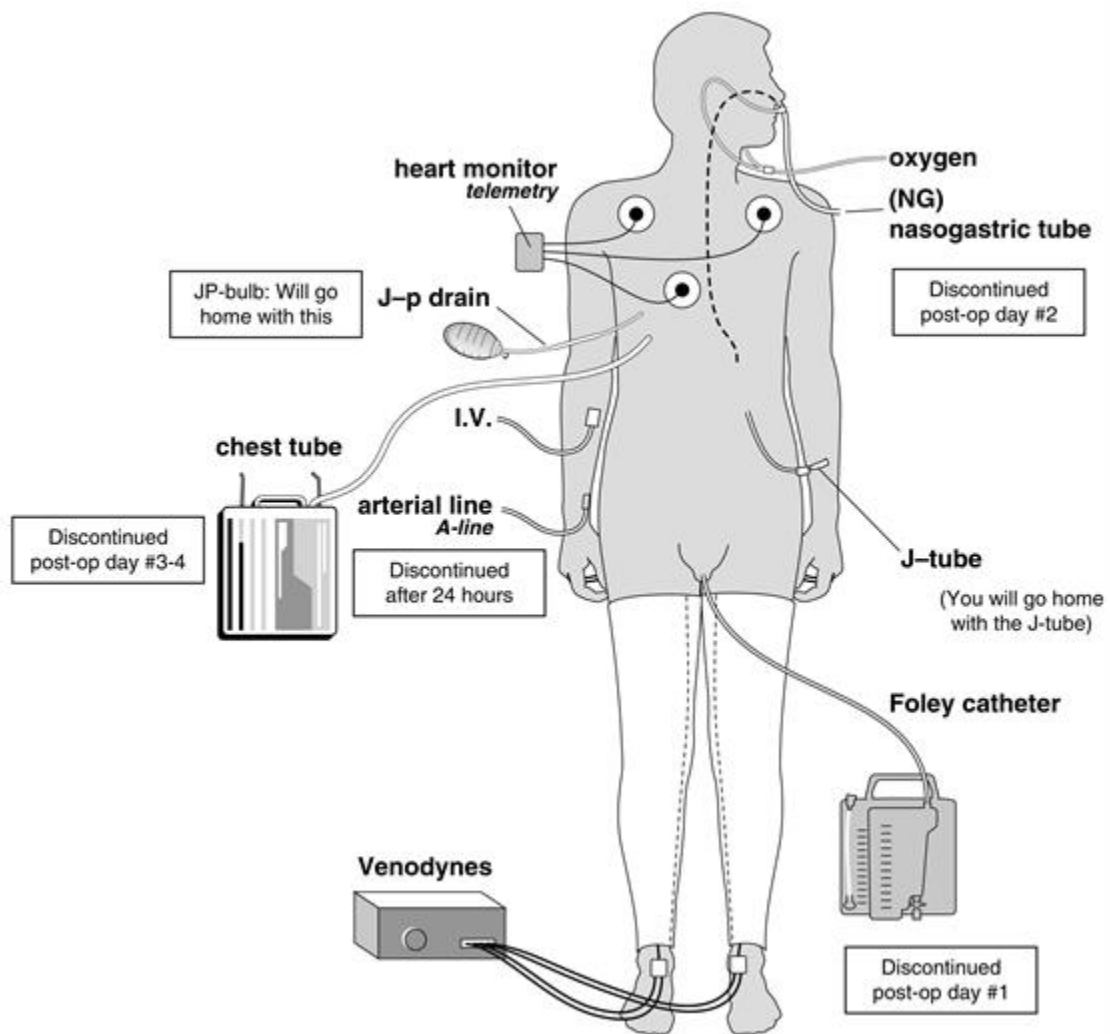
Who to Call

Surgery Clinic

Monday-Friday, 8 am – 4:30 pm

(608) 263-7502

After hours, nights, weekends and holidays, the clinic phone number will be answered by the paging operator. Ask for the thoracic surgery resident on call. Leave your name, and phone number with area code. The doctor will call you back.



If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.”

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person’s health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 5/2020 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#4281