**Brisbane Specialist Surgery**

**Greenslopes Private Hospital**

 **OESOPHAGECTOMY**



YOUR OPERATION - WHAT IS IT?

This is an operation to remove your oesophagus.

There are two main types of operations, either an Ivor Lewis Oesophagectomy, or a 3 Stage Oesophagectomy.

Ivor Lewis Oesophagectomy – This is the removal of the oesophagus which is typically done through an abdominal incision and an incision in the chest. The remaining oesophagus is joined to the stomach. In some cases, the chest incision may be done thorascopically (keyhole) and not require a large cut.

If suitable, the abdominal portion may be done laparoscopically (keyhole) also.

Dr Barbour will discuss with you which technique is most suitable in your case.

3 Stage Oesophagectomy – This is the removal of the oesophagus through an abdominal incision, 3 small incisions (key hole) in the chest and an incision in the neck. The remaining oesophagus is joined to the stomach.

You will be admitted to hospital the day before your operation

The average length of stay for this operation is 7-8 days, though it depends on your individual recovery

WHAT TO EXPECT AFTER YOUR OPERATION

POST OPERATIVE PERIOD

You will spend at least the first night after your operation in the Intensive Care Unit. Your family can visit you here although restrictions apply.

**Drips and Drains:** When you wake up after surgery, you will be attached to various devices which assist in your recovery. These will include;

* Naso-gastric tube – a tube that goes into your stomach via your nose. This will help empty your stomach of gastric fluid and air. It stays in place for usually 1-4 days.
* Oxygen – you will require oxygen for 5-7 days.
* Penrose drain – this is a small drain in the left side of your neck (not required for an Ivor Lewis oesophagectomy).
* Central line – this is a large drip in the right side of your neck where you will receive intravenous fluids.
* Chest drain (ICC) – you may have 1 or 2 of these drains in either side of your chest to drain away excess fluid from your lung cavity.
* Bellovac – this tube goes into your abdomen to drain excess blood/fluid and will stay in for 3-4 days.
* In Dwelling Catheter (IDC) – this is a tube that goes into your bladder to drain urine. It will be monitored hourly. It is usually removed on day 3-4, or when the epidural is removed.
* Jejunostomy Tube – this is a tube that is inserted into the small bowel. Using this tube you will be fed liquid nutrition until you are allowed to eat again. You may be discharged home with this tube. It will be removed by the nurse at your follow up appointment with Dr Barbour.

**Pain Management:** You will have either an epidural or PCA (Patient Controlled Analgesia) to provide post operative pain relief. Your nurse will regularly monitor your pain level. An epidural stays insitu for 3-4 days. A PCA will remain until you are able to take oral pain relief, usually day 6-7. Be sure to notify your nurse if your pain remains uncontrolled or you have nausea.

**Mobilisation: Walking and sitting out of bed are vital activities to assist your recovery and will decrease your chances of post-op complications.** This will commence the day after your operation. The physiotherapist will see you regularly to monitor your mobilization, deep breathing and coughing. You will be encouraged to do deep breathing and leg exercises whilst in bed.

**Wound:** The dressings will be removed from your abdominal wound on day 5. Wounds will be washed daily in the shower.

**Nutrition:** You will not be able to have any food or fluid by mouth until you have had a successful swallow test, this is usually day 3-5. Your nutrition will be maintained through intravenous drip and your jejunostomy tube. The jejunostomy tube will be flushed regularly with water by the nursing staff and medications will be administered via this tube.

When you begin eating and drinking, you will be commenced on a clear fluid diet. This consists of jelly, clear soup and cordial. When you are tolerating those (usually the next day), your diet is gradually upgraded to a soft vitamised diet. As you begin to eat more, your jejunostomy feeds will be slowly decreased over several days until they are stopped completely.

**Swallow Test:** You will be given a blue drink. This blue dye identifies any potential problems with your surgical join before having a contrast swallow test.

You will then have a swallow test. You will be required to have a contrast drink and then have an x-ray. This is an x-ray to ensure that the join between the stomach or bowel and the oesophagus has healed and there is no delay in emptying of the stomach.

**DAILY RECOVERY PLAN**

**Day 1**

**Activities** – sit out in chair and gentle walk, physiotherapy and breathing exercises

**Diet** - Sips of water, feeds started via feeding tube

**Drains & Tubes** – all drains to stay in place

**Day 2**

**Activities** – walk 2-3 times around ward with assistance, breathing exercises

**Diet** - sips of water, feeds continue via feeding tube

**Drains & Tubes** – all drains and tubes stay in place

**Day 3**

**Activities** – walk 2-3 times with assistance, breathing exercises

**Diet** - sips of a cup of tea/coffee, clear cordials, feeds continue

**Drains & Tubes** – nasal tube and urine tube may come out Day 3 or 4

**Day 4**

**Activities** – increased walking with less help, breathing exercises

**Diet** – sips of clear fluids, feeds continue

**Drains & Tubes** – a chest drain may come out if more than 1 on day 3 or 4

* Nasal or urinary tubes to be removed if not on day 3

**Day 5**

**Activities** – walking around ward, A blue dye swallow test in morning

**Diet** - sips of clear fluids progressing to any fluids as tolerated

**Drains & Tubes** – Drip in neck out, epidural out, chest drain out day 5 or 6

**Day 6**

**Activities** – increased walking +/- stairs, discharge planning for home

**Diet** – full fluids increased to soft diet, feeds changed to overnight via feeding tube

**Drains & Tubes** – education regarding feeding tube

**Day 7/8 - DISCHARGE HOME**

**Activities** – planning and education for discharge, walking independently

**Diet** - soft diet, feeds via tube overnight.

**Drains & Tubes** – feeding tube education

**LIFE AFTER AN OESOPHAGECTOMY**

After major upper gastro-intestinal surgery it is common for patients to experience one or more of the following symptoms. Should you have any of these symptoms it is important you discuss them at your follow up appointment. Most symptoms will not last for a long period of time and they should generally get better with time rather than worse.

**Difficulties with Swallowing:** This is usually due to the swelling around the join site and can take up to 4 to 6 weeks to settle.

**Loss of Appetite:** You may experience a degree of decreased appetite following the operation as your stomach has been changed from a bag to a tube. This is a common problem. It is important to have six small meals a day to improve your appetite. You may also substitute some of these meals with high protein drinks.

**Weight Loss:** You may encounter a change in your weight after your operation as your body begins to heal itself. Most patients will lose around 10% of their initial weight. It is important to try and eat food and fluids that are high in protein and to eat every couple of hours. Most people’s appetite returns after two to three months.

**Reflux:** Most patients will experience some degree of reflux. This is due to the removal of the lower oesophageal sphincter. You can minimise the degree of reflux by medication and by some the following suggestions,

* Avoid lying down for at least 30 minutes after eating
* Avoid foods that are known to aggravate reflux eg spicy or acidic foods
* Eat small meals often rather than 2 or 3 large meals
* Don’t lie flat, use 2 to 3 pillows to prop yourself up
* Try not to lie on your left-hand side, lie on your right or back

**Nausea:** After your operation, your stomach contents may empty in an uncoordinated way causing the stomach to remain full for longer. The result is that you feel nauseous. Other reasons you may feel nauseous include, reflux, the change in your anatomy or lack of food.

**Dumping Syndrome:** Usually there is a muscle located at the bottom of your stomach that controls the amount of food it lets into the small bowel. This muscle is sometimes loosened as part of the surgery. This can cause “dumping syndrome” where food moves too quickly from the gullet into the small bowel. This is reasonably uncommon following oesophagectomy.

The symptoms that you may experience include nausea, vomiting, bloating, cramps, diarrhea, sweating, weakness, tiredness and your heart may race. Eating six small meals each day and avoiding foods and drinks high in sugar will help in reducing these symptoms. Also eating and drinking at different times might help.

**Shortness of Breath:** It is not uncommon to experience shortness of breath on exertion for a few weeks following your operation. This can be related to the surgery where one lung was collapsed to perform the operation. You should continue with your breathing exercises once you are discharged from hospital, as this will improve your lung function. If you experience shortness of breath at rest you should contact Dr Barbour’s rooms (38477133).

**Pain:** it is important to take analgesia on a regular basis when you are first discharged home. Once you are feeling comfortable, you should only take analgesia as required. You may experience some right-sided chest pain where the lung was deflated. This pain can also radiate up to the right shoulder and may continue for quite some time. Applying a hot pack to the area may help to relieve this.

**Fatigue:** After any major operation it is common to become tired. This is your body’s reaction to the surgery. As you increase your activity this tiredness will decrease but it is important to find a balance between light activities and adequate rest. You must avoid all heavy lifting and vigorous exercise for at least eight weeks. The first few months after the operation can be difficult, you may remain weak and your concentration span may be decreased. Things will get better but it is important to remember that this is a large operation and it can take six to twelve months to fully recover.

**GENERAL DIET GUIDELINES**

Initially begin with softer foods that are easier to chew and swallow. Slowly increase the texture of your food as you begin to feel more confident with your swallowing.

It is important to remember to eat your food slowly and chew it well. Make sure you are sitting upright when you eat. Try not to lie down for at least 30 minutes after you have finished eating.

As your body is using the protein to help repair itself following your surgery, it is imperative that the foods you eat are rich in protein. Meat, fish, poultry, eggs, legumes, milk and dairy products are a good source of protein.

If you are having problems with a loss of taste you could add different flavourings to your meal or experiment with different foods. The important thing is to keep trying.

Most people will not feel hungry, but it is important for your recovery for you to eat.

**On Discharge**

Your dressing will be removed before you leave the hospital and if it is not leaking it will be left open to the air. You may wear cloths over the top of it.

Your incision may be slightly red along the cut. This is normal. You may gently wash dried material around your incision and let water run over it. Gently pat dry with a towel. Do not rub soap or moisturizer into your incision until at least 4 weeks or it is fully healed.

It is normal to feel a ridge along the incision. This will go away. It is normal to have a patch of numbness under the wound.

Do not use any ointments on the incision unless you were told otherwise.

You may see a small amount of clear or light red fluid staining your dressing or cloths. If it is minor, cover that part of the incision with a pad. If staining is severe, you should call your surgeon.

Over the next few months your incision will fade and become less prominent.

Do not drive until you have stopped taking narcotic pain medication and feel you could respond in an emergency.

You may climb stairs.

You may go outside, but avoid travelling long distances until you see your surgeon at your next visit.

Don’t lift more than 10kg for 6 weeks. (This is about the weight of a briefcase or a bag of groceries) This applies to lifting children, but they may sit on your lap.

You may start some light exercise when you feel comfortable.

You may swim after 4 weeks.

Heavy exercise may be started after 6 weeks – but use common sense and go slowly at first.