

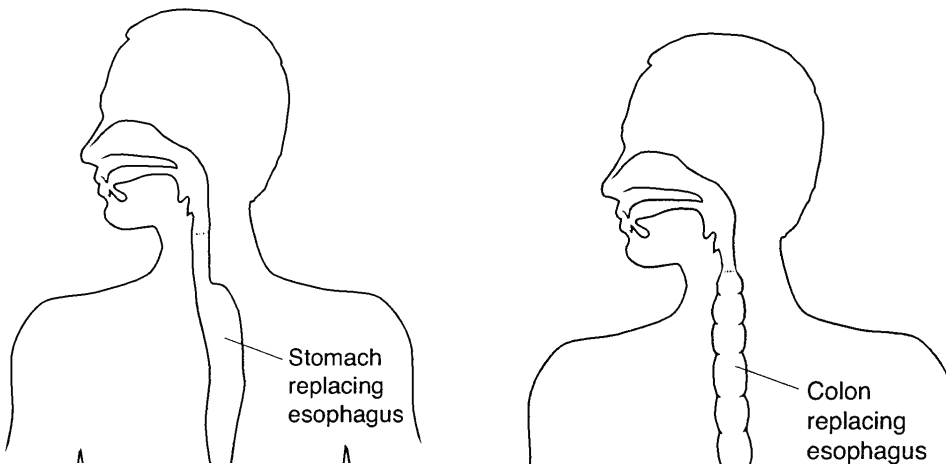
General Surgery & Surgical Oncology

Esophagectomy / Esophagogastrectomy

What is an Esophagogastrectomy?

An Esophagogastrectomy is surgery to remove the esophagus and part of the stomach. The esophagus is replaced in one of two ways: by moving the remaining portion of the stomach upwards, or by replacing the stomach with a section of the large bowel (colonic reconstruction). Lymph nodes near the esophagus may also need to be removed. Your doctor will talk with you about which procedure is needed for your situation.

Surgery can take a lot of strength and energy out of you. At first, you will get tired easily but this will improve slowly and steadily over the next few weeks. For a smooth recovery and to help prevent further illness, follow these tips:



The most common reason for this surgery is to treat esophageal cancer.

This surgery may also be done to treat:

- Achalasia: a condition in which the ring of muscle in the esophagus does not work well.
- Barrett's esophagus: severe damage of the lining of the esophagus that can lead to cancer.

- Swallowing problems or dysphagia: this can be a problem in people with esophageal cancer. Often times swallowing problems cause problems with eating.

Before Surgery

You will have testing done before your surgery (blood tests, X-rays or other tests your doctor may feel are needed). Your surgeon will meet with you and do a history and physical before surgery. You will also have an appointment to meet with an anesthesiologist. Tell your doctors 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. These medicines include:

- Aspirin
- Clopidogrel, brand name Plavix
- Prasugrel, brand name Effient
- Ticagrelor, brand name Brilinta
- Ticlopidine, brand name Ticlid
- Warfarin, brand name Coumadin
- Enoxaparin, brand name Lovenox
- Dabigatran, brand name Pradaxa

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

After Surgery:

- When your surgery is done, the surgeon will call or come to the waiting area to talk with your family.
- After your 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 vital signs frequently you will go to your hospital room once you are ready to leave the PACU. After your surgery you may have the following

Nutrition After Surgery:

Before you are able to try to eat and drink, your bowels must start moving and the surgical sites inside your throat and stomach area must have had time to heal. This usually takes about 7 to 10 days. The J-tube placed during surgery will be used to feed you until you are able to eat. Tube feedings are often started on the second day after surgery. You will continue to have tube feedings until you are able to eat a regular diet.

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.

Diet

- Nutritional support is very important during your recovery at home especially if you had lost weight before your surgery and also to help in wound healing. Nutritional support may include tube feedings and/or the use of oral supplements such as Ensure plus, Boost plus or Carnation instant breakfast. Tube feeding instructions and teaching will be given to you by the nursing staff prior to your discharge.
- Small meals, usually four to six meals a day, are needed due to the area of food storage in the stomach being reduced. You should limit fluids to four to six ounces during meals.
- At first you may feel full or short of breath while you are eating. Adjusting your meal size and eating slower will help you to overcome these feelings. Chew all food well.
- Eat pureed or soft foods that are high in protein including chicken, fish, cheese, yogurt and eggs. Limit high fat foods like cakes, cookies, and fried foods.
- You should avoid lying down, bending over, or straining for one and a half-hours after meals.
- You should not eat two to three hours before bedtime.
- You should weigh yourself twice a week. A weight loss of two or more pounds a week should be reported to your surgeon. Depending on your weight, your nutrition plan may need to be changed.

Activity

- You may shop, do light gardening, cook, or go up and down stairs as long as you do not have problems doing so.
- You may continue your usual sexual activities.
- You probably will not have the energy to be very active, so pace yourself. Rest when you get tired. Stop and catch your breath if you get winded.

Exercise

- Relaxation and deep breathing exercises must be done to help expand your lungs to help clear them of mucous. The staff will teach you how to do these exercises at home.
- Use your incentive spirometer at home and take 10-15 breaths an hour with it, while awake. Keep using the incentive spirometer until your follow-up visit.
- Balance exercise with periods of rest until you regain your strength. This can take from 7-14 days. In 4-6 weeks you should be back to full activity and feel more like yourself.
- You should not do any heavy pulling and/or pushing.
- Avoid push-ups, chin-ups, or lifting weights for at least 8-12 weeks. Your muscles need to heal and regain their strength.

Medicines

- Take pain medicine as prescribed. You will have better pain control if you take the medicine at the first sign of pain, rather than waiting until the pain is more severe.
- Prescriptions for pain medicine usually cannot be phoned to the pharmacy. They must be mailed to you or picked up from our office, so plan ahead when running low on medicines.
- You may not drive while taking pain medication.

Sleeping

- Try to get eight hours of sleep each night. For the first 2-6 weeks after going home, you may have trouble sleeping more than 3-4 hours at a time. This will get better as you heal and become more active.
- You can sleep in any position that is comfortable. However, the head of the bed should be slightly elevated.

Showering

- You can shower as usual.
- The dressing over the incision and drain sites can be removed for showering. Remove bandage, shower, pat wounds dry and then place another dry piece of gauze over the sites if there is any drainage.
- Leave steri-strip dressing on. You may take this dressing off after seven days; otherwise it will be removed at your follow-up visit. If staples were used, they will be removed at your follow-up visit.

Constipation

- Constipation is sometimes a problem after surgery because anesthesia and pain medicine can affect your bowels.
- Increasing your fluid, fiber intake and physical exercise may help in managing constipation.
- Using a stool softener twice a day, such as Senokot S, will make it easier to have a bowel movement.
- Also, you may need to take a mild laxative such as Milk of Magnesia or a fiber supplement such as Citrucel or Fibercon.

Call your surgeon's office right away if you have any of the following symptoms:

- Fever over 101 degrees F.
- Incision becomes red, hot to the touch or swollen.
- Incision starts to drain pus.

If you have any questions or concerns, call your surgeon's office.

You will need to see your surgeon in 1-2 weeks.