

Esophagectomy Surgery

What you need to know

A Patient and Family Guide



Bring this booklet with you to all appointments and when you come to the hospital for surgery.

If there is a difference between this book and instructions from your surgeon, family doctor or health care team, **follow the instructions of your Surgeon/Doctor/Team.**

Table of Contents

Contact Information	2
Health Care Team	3
Introduction	4
What is Esophagectomy?	4
Section 1: Preparing For Your Surgery	5
What Happens After I See the Thoracic Surgeon?	5
What Should I Do To Get Ready at Home?	6
Enhanced Recovery After Esophagectomy Surgery	7
Coming to the Hospital	7
What Do I Do The Night Before My Surgery?	8
Section 2: Recovering in Hospital After Your Surgery	9
What to Expect During your Stay in the Hospital	9
When Will I Be Ready To Go Home?	11
Section 3: Recovery at Home	12
Important Points to Remember about Recovering at Home	12

Contact Information

Kelowna General Hospital 250-862-4481

Thoracic Surgeons Office 250-763-7660
Email reception@kelownathoracic.com

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with the Thoracic
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Thoracic Surgeons

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- Dr. A. Jugnauth
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MN, NP

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Medical Assistants

- Laura and Heather

Health Care Team

The Kelowna General Hospital Thoracic Surgery Program consists of 2 medical office assistants, a Nurse Practitioner and 5 Thoracic Surgeons. You will likely meet the Nurse Practitioner and all five of the Thoracic Surgeons as they work together to care for you.

You may meet one of the Surgeons at the first appointment and any one of the other Surgeons may do your operation and/or see you after surgery for your follow up appointment. The same Surgeon that you saw at your initial visit may not be the same Surgeon who completes your surgery and sees you for your follow up visit.

We have 2 Thoracic Surgery medical office assistants who will work with you to make your follow up appointments.

Thoracic Surgeon: performs your surgery and oversees your recovery.

Nurse Practitioner: works with the Surgeons, will help you manage any acute or chronic conditions, prescribe medications, order and interpret laboratory or diagnostic tests, and perform procedures.

Nurse: cares for you 24 hours/day while in hospital.

Physiotherapist: supports you with breathing exercises and physical activity to build up your strength after surgery.

Social Worker: assists with discharge planning, provides information on community resources and/or counselling if you need it.

Dietitian: assesses your dietary needs after surgery and ensures that you have tube feed supplies for home.

Aboriginal Patient Navigator: assists and supports in providing culturally safe health care.

Patient Care Aide: works with the Nurses to provide care.

Chaplain/Spiritual Care: offers spiritual and mental help for you and your family if you need it.

Volunteers: available to help in a variety of ways.

Home Health/Community Care Team: will support you before admission and after discharge and help you transition from tube feeds to food, manage your dressings, and answer any questions you may have about recovery.



It is important to have all your questions and concerns addressed while you are in hospital. Feel free to talk to any member of your healthcare team.

Introduction

Our doctors and health care team are focused on ensuring that you have the best possible care. This handout provides you and your family with an outline of what to expect during your stay.

What is Esophagectomy?

The esophagus is a muscular hollow tube that carries food and liquid from the mouth to the stomach.

Esophagectomy is a surgical procedure to remove part or the entire esophagus.

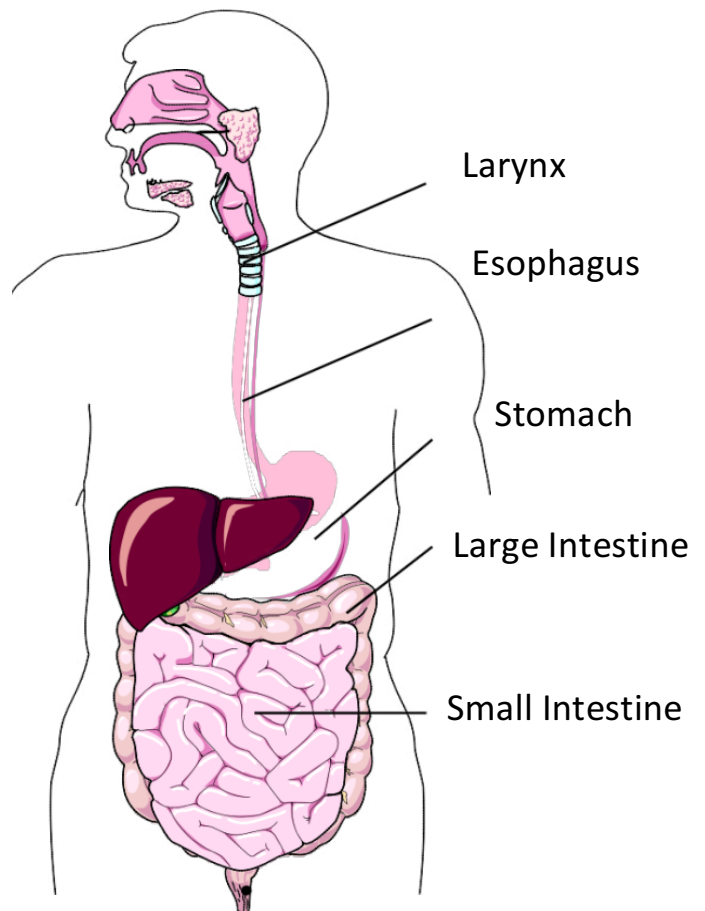
Esophagectomy is a major surgery that takes many hours to complete. The surgeon removes and reconstructs the esophagus through incisions in the chest, abdomen, and sometimes neck.

You may be a candidate for a minimally invasive esophagectomy where the incisions are smaller.

Tubes and drains are placed through the nose into the stomach, and into the chest to reduce pressure and to promote healing and recovery.

A feeding tube, called a jejunostomy or j-tube, is placed through the abdominal wall into the bowel to provide nutrition until it is safe to eat using the new, reconstructed esophagus; this can take several weeks. You will learn how to feed yourself using this tube before discharge from hospital.

You can expect to spend about 7-10 days in the hospital.



Adapted with permission of Nova Scotia Health Authority & Fraser Health Authority

Section 1: Preparing For Your Surgery

What Happens After I See the Thoracic Surgeon?

You will meet with a Thoracic Surgeon either in person at the thoracic surgery clinic or by way of a videoconference to discuss the recommended esophagectomy surgery.

Please make sure you give your surgeon's office a correct contact number (home, work, cell phone).

Once you agree to have the surgery, the surgeon's office forwards a request to the Surgical Booking Office at the hospital. The Surgical Booking Office will contact you to:

- Schedule your pre-surgical Screening (PSS) appointment date and time
- You will receive your arrival time between 10:00 and 11:00 am the day prior to surgery. If you do not hear from the booking clerk during this time, please call 250-862-4481.

If you have questions or concerns related to your surgical booking, please call Kelowna General Hospital Surgical Services at 250-862-4481.

Pre-Surgical Screening (PSS) Program:

Pre-Surgical Screening is a process to make sure you are properly informed and fully prepared for your surgery. You will be given a date and time for your PSS appointment to see the anesthetist, nurse and a pharmacist if needed. This appointment can be between 2 and 4 hours long and you may eat and drink normally.

At your PSS appointment you will:

- Speak with a nurse who will review your health history and help answer questions, discuss discharge planning, and give instructions for you to follow at home before surgery
- Speak with an anesthesiologist to discuss your health, past medical history, review medications, and develop an anesthetic (best method to keep you asleep during surgery) and pain control plan for you.
- Complete pre-operative testing which may include labwork, xrays, EKG etc.
- A Registered Dietitian will contact you by phone to talk about your nutrition before surgery and about going home on tube feeds.

What to bring to the PSS appointment:

- All the medicines, supplements and herbal products you are taking **in their original containers**
- Bring this booklet
- **A family member or other support person**

What Should I Do To Get Ready at Home?

You are an important member of your care team and you will benefit by actively preparing for your surgery and recovery. It is important for you to be at your best for your surgery. This will help you recover faster and lower the change of problems, below are things you can do to help prepare yourself for surgery.

What If I Have to Travel to Kelowna for Surgery?

Consider making arrangements to stay in Kelowna the night before your surgery.

Bring government issued photo picture ID.

Arrange for your own transportation home. Interior Health does not pay for return to your home, even if you came to the hospital by ambulance.

Do not drive your personal vehicle to the hospital without a plan for someone else to drive it home. Talk to your Surgeon at your follow up appointment about when you can safely drive.

Hotel Resources

Patients and family are encouraged to call hotel accommodations and ask about medical rates. If you are not from the area please plan ahead. Below is a list of close options. Availability & Pricing are subject to change.

- **Cancer Society Rotary Lodge** 0.4 KM
2251 Abbott St (250) 712-2203
\$55 includes parking and 3 meals, Shared accommodations, 2 per room with a curtain between. Price is per person (only for cancer patients and their families)
- **Siesta Motor Inn** 1.5 km
3152 Lakeshore Rd. (250) 763-5013
- **Kelowna Inn & Suites** 2.9 km
1652 Gordon Drive (250) 762-2533
- **Accent Inns** 3.3 km
1140 Harvey Ave (250) 862-8888
- **Mission Park Inn** 1.9 km
3330 Lakesore Rd. (250) 762 2042
- **Chesterfield Inn** (less than 5 min) 300 m
2046 Pandosy St. (778) 215-3259
or (250) 868-3250

Nutrition

Your body will need extra nutrition before surgery to help you heal. Dial 8-1-1 or visit www.healthlinkbc.ca (Healthlink BC) to speak with a dietitian and let them know you are going for surgery.

The best indication of good nutrition is weight stability or some weight gain. Weighing yourself weekly can be helpful in ensuring you are getting enough nutrition before your surgery.

Avoid alcohol and street drugs for at least 3 weeks before your surgery.



Exercise

Physical activity helps you be in the best condition before your surgery. Talk to your doctor before starting an exercise plan.

Smoking and Tobacco use

Stopping smoking and tobacco use decreases the risk of some complications after surgery. For help, dial 8-1-1 and ask about the BC Smoking Cessation Program or visit www.quitnow.ca



Enhanced Recovery After Esophagectomy Surgery

The program aims to speed up your recovery by using methods before, during and after your operation. Some of these methods include:

- Pre-operative education
- Early activity after surgery
- Making sure your pain is controlled
- Sugar free chewing gum to help prevent some bowel complications
- Early removal of bladder catheter tube

For more information on Enhanced Recovery please visit:

<https://www.interiorhealth.ca/YourStay/Pages/default.aspx>

Coming to the Hospital

Same Day Admission for Your Esophagectomy

It is common to be admitted to the hospital on the day of your surgery. On the day of surgery, please arrive on time and register at the Surgical Services Reception Desk on the ground floor of the Interior Heart and Surgical Center. You will be prepared for surgery in this area.

Surgery Re-Scheduling

Surgeries can sometimes be postponed due to emergencies, bed availability and your current health.

What if My Medical Condition Changes?

If your health changes (for example: flu, cold, diarrhea, etc.) please notify Pre-Surgical Screening immediately (250-862-4285 Monday-Friday 8:00am – 4:00pm). Leave a message and your call will be returned.

What Should I bring to the Hospital?

Things to bring (please limit belongings to one small bag):

- Non-slip, easy on, **flat** shoes or slippers and a housecoat
- Glasses and dentures labelled with your name
- Personal hygiene items including toothpaste, toothbrush, hair comb and deodorant
- Loose, comfortable clothes to wear when you go home
- **3–4 packages of sugar-free chewing gum**
- BC Services Card
- Extended medical benefits information

Please leave all valuables at home. Television and telephone rentals can be paid by cheque or credit card. A limit of \$20 cash is suggested.

Interior Health will NOT assume responsibility for any items that are lost or stolen.



What Do I Do The Night Before My Surgery?

1. The night before surgery, bath or shower with a new bar of soap or use liquid soap, and pat dry with a clean towel. Bath or shower again the morning of surgery with another new bar of soap or use liquid soap, and pat dry with a clean towel.
2. **DO NOT shave or use hair removal cream on your chest or arms for 7 days before your surgery.**
3. Do not apply any lotions, scented products or make-up.
4. Remove ALL jewelry and body piercing items. For safety, please leave all jewelry at home.
5. Remove all colored nail polish. Artificial nails may be left on with clear or no nail polish only.
6. Take your medications as directed by Pre-Surgical Screening.
7. Follow instructions for eating and drinking.

Section 2: Recovering in Hospital After Your Surgery

What to Expect During your Stay in the Hospital

Location of Care

After surgery you will wake up in the recovery room. You will transfer to the critical care unit when you are fully awake and stable to be moved. Your family will be able to visit once you are in critical care.

You will transfer to the surgical ward as early as Day #2 and stay here until discharge.

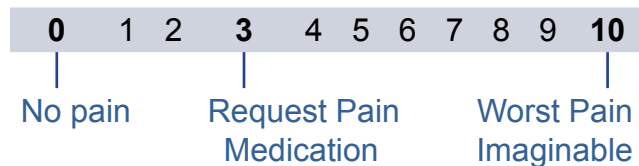
Pain Medications

You will have an epidural catheter (tube) that is inserted into your back by the anesthesiologist before your surgery. This will be removed around Day #3-5.

You will receive additional pain medications as needed by intravenous (IV) and through your feeding tube.

You may also be able to take medications by mouth with a small sip of water.

If your pain is 3 plus on the pain rating scale, tell your nurse that you need additional pain medication.



Other Medications

An antibiotic through your IV before surgery to help prevent infection.

An injection twice per day to prevent blood clots from forming in your legs or lungs.

Regular medication for acid reflux to decrease stomach acid and prevent and treat any other symptoms such as nausea, vomiting, and heartburn. This will continue life-long after surgery.

Medications that you were taking at home before surgery as ordered by your doctor.

Sugar free chewing gum brought by you to the hospital three times a day at mealtime and as needed. The artificial sweetener in the gum combined with chewing movements support the early recovery of bowel function after surgery.

Do not swallow the gum.

Intravenous

An intravenous (IV) will be started in your arm just before surgery. It will keep you hydrated and allow medication to be given to you.

The intravenous will be stopped when you are able to tolerate enough fluids through your feeding tube.

Blood tests and other diagnostic procedures

Blood will be drawn daily for Days 0–3 and as needed.

A Chest x-ray may be taken daily while in critical care.

A swallowing assessment may be completed around day #5-7 to confirm that the esophageal surgical site is healing well. You will be taken to the radiology department where you will be asked to drink a solution that is visible on x-ray. Pictures will be taken as you swallow.

Vital Signs

Your vital signs will be taken often (blood pressure, pulse, temperature, breathing rate and pain rating), decreasing as discharge nears.

Nutrition

You may not be able to have anything by mouth, OR you may be able to have ice chips and popsicles. It is important that you follow the guidelines given to you by your surgeon/NP or dietician.

A feeding tube (jejunostomy tube or j-tube) is placed through your abdominal wall into your small bowel during the surgery.

A Registered Dietitian will contact you by phone prior to your surgery to discuss discharge considerations when going home with a tube feed.

After your surgery:

- Nursing will flush this tube with water regularly to keep the tube clear.
- You will start to receive nutrition through your feeding tube on approximately Day #1-2. The tube feed will run 24 hours a day. The rate of the continuous feed is increased as you tolerate it to provide your full nutrition.

- Nursing will teach you how to care for your feeding tube; ultimately you should be able to care for your own tube feed on about Day #6 prior to discharge.

The Registered Dietitian will:

- Work with you throughout your stay to develop and trial a feeding plan that will work for you at home.
- Teach you how to feed yourself through your feeding tube.
- Organize supplies for your tube feeds to be picked up before discharge.
- A Registered Dietitian (RD) in, or close to, your home community will follow you once you are home. Your community RD will instruct you on how to start incorporating food back into your diet and help with stopping your tube feeds.

Washing, personal hygiene and toileting

Brush your teeth in the morning and at night.

Use the commode by your bed if needed for the first day or so, otherwise walk with help to the bathroom.

You will be provided with a basin, soap, and clean linen to wash up daily and shave if needed in the bathroom. The nurse is able to help as needed.

You may shower after all tubes have been removed.

Bladder Catheter (tube)

A bladder catheter will be inserted into your bladder during the surgery. Your urine will drain into a collection bag.

To prevent infection and other complications, it is best for the catheter to be removed as soon as possible after surgery.

In an effort to increase your activity, you will need to get up to the bathroom as needed; a bedpan or urinal will not usually be provided.

Bandages and Care of Your Incision

Dressings will be placed on your incision during the surgery. They will be removed and replaced on Day #2 and as needed.

Any staples will likely be removed and a dressing placed before your discharge home.

Activity

On the day of surgery you will be helped to sit at the side of your bed and dangle your legs. If tolerated, you will be helped to sit in a chair.

On Day #1 you should be up in a chair for 30 minutes at all mealtimes, and walk in the hallway with the help of nursing or physiotherapy 2-3 times daily.

A Physiotherapist will meet with you and provide other instructions regarding deep breathing and coughing, leg exercises, and the safest way to get out of bed.

On Day #2 you will continue to be up in a chair for 30 minutes at all mealtimes and walk in the hallway 3-4 times a day. By now, you may have friend or family assist you to walk.

Rest and Sleep

Sleeping medications may be ordered by the anesthesiologist while the epidural is in.

Use ear plugs to cut down the hospital noise. You can bring your own, or some will be provided to you at the hospital.

You should nap for 2 hours a day, generally between 1:00 and 3:00 in the afternoon is a good time.

On the day of your surgery, **brief visits from immediate family members only** is recommended.

Visitors, even if they are your loved ones, can make you tired, as can people visiting a roommate. There should be no more than 2 people at your bedside at a time.

Discharge Planning

Early in your stay, your nurse and team members will go over your discharge plans and needs.

Review the discharge teaching booklet that will be given to you after your surgery.

When Will I Be Ready To Go Home?

You are ready to go home when:

- heart rate, blood pressure, and temperature are stable
- pain is well controlled
- able to get in and out of bed on your own
- able to wash/shower, walk and dress on your own
- your bowels have moved
- you have a place to go, a ride to get you there and someone to stay with you for the first few nights
- discharge teaching is complete

Community Care Referral

If you are going home with a wound or a drain that needs care in the community, a referral will be sent before you are discharged. Community Care will call you to arrange an appointment.

Section 3: Recovery at Home

Important Points to Remember about Recovering at Home

You have made great progress! It may take 3 to 6 months to fully recover from your surgery. Patients have told us it takes about two weeks to start feeling like yourself again. This will depend on your age, health condition before surgery and whether or not you had any complications.



What about my Incisions?

You may go home with steristrips (small tapes) on your incision. These can get wet, patted dry after your shower or if they get wet. Leave the Steristrips on until they fall off. Trim the edges of the steristrips if they lift. You may have a small amount of drainage from your incision or chest tube sites ranging in color from clear yellow to reddish brown. This should stop within the 1 to 2 weeks after you get home.

It is normal for your incision to feel itchy as it heals. Do not:

- rub or scrub your incision.
- use lotions or powders on your incision until the skin has completely healed - about 1 month. "No Lotions, Potions, or Vitamin E"

- expose your incision(s) to the sun as the scar may discolour. Protect your skin and incision by wearing clothing.

When Should I see my Family Doctor?

Follow Up with your Family Doctor 1 to 2 weeks after Surgery.

When Should I Follow up with the Thoracic Surgeon?

The Thoracic Surgery office will contact you to make an appointment for about 3 weeks from your surgery.

What Can I Eat and Drink at Home?

Follow instructions given to you by the Dietician – See Nutrition Section of this booklet.

What Activities Can I Do at Home?

Start with light activities: setting the table, making light meals, dusting, tidying up or indoor gardening. Increase to heavier activities over the next 6 weeks as you feel able.

Avoid Lifting more than 5 pounds. Your Surgeon will tell you when you can resume your regular activity.

When Can I Drive?

You are not permitted to drive a personal or commercial vehicle while you are taking strong pain medications (narcotics). After surgery your reaction time may be slower due to fatigue, weakness or new medication. It is safe to drive once you are off narcotics and are feeling well.



When Can I Return to Work?

Your Surgeon will discuss your return to work when they see you at the follow up appointment 3 weeks after your surgery.

What May Families / Caregivers Experience?

It is common for caregivers to get tired and run-down during your recovery. Caregivers need to take care of their own needs.

Your caregiver should:

- continue to eat a proper diet
- get a good night's sleep
- balance time alone with their own activities
- talk about their own feelings
- be able leave you home alone for a few hours

How Will I Feel Emotionally?

Feelings of fear, sadness, anxiety, frustration, mood swings, depression or “just feeling blue” can happen before or after surgery. This is normal and can last for a few days to weeks. Talking about your feelings can help you and your family cope during your recovery. If these feelings concern you, or last longer than 2 weeks, speak with your family doctor.

When Can I Have Sex?

Many people worry about having sex after surgery. Sex takes about the same energy as climbing two flights of stairs. If you are feeling well and can climb stairs without any discomfort or shortness of breath, then you can return to sexual activity.

Tips on Travelling

PLANE

Plane travel is ok as long as there is no air around your lung. This can be confirmed with a chest x-ray. Please notify the Nurse Practitioner or Surgeon if you are planning to fly home.

Once on the plane, stand up in the aisle and stretch your legs for a few minutes every hour to get your circulation going. If possible walk up and down the aisle.



CAR

When riding in a car stop hourly and walk 5 to 10 minutes to keep good circulation.

For the first weeks after your surgery, your body is healing, exercise is very helpful in preventing the complications of lack of movement. Walking will improve your general strength and endurance.

Your exercise program consists of warm up before and cool down after the exercises, followed by a walk. This is to be done four times daily.

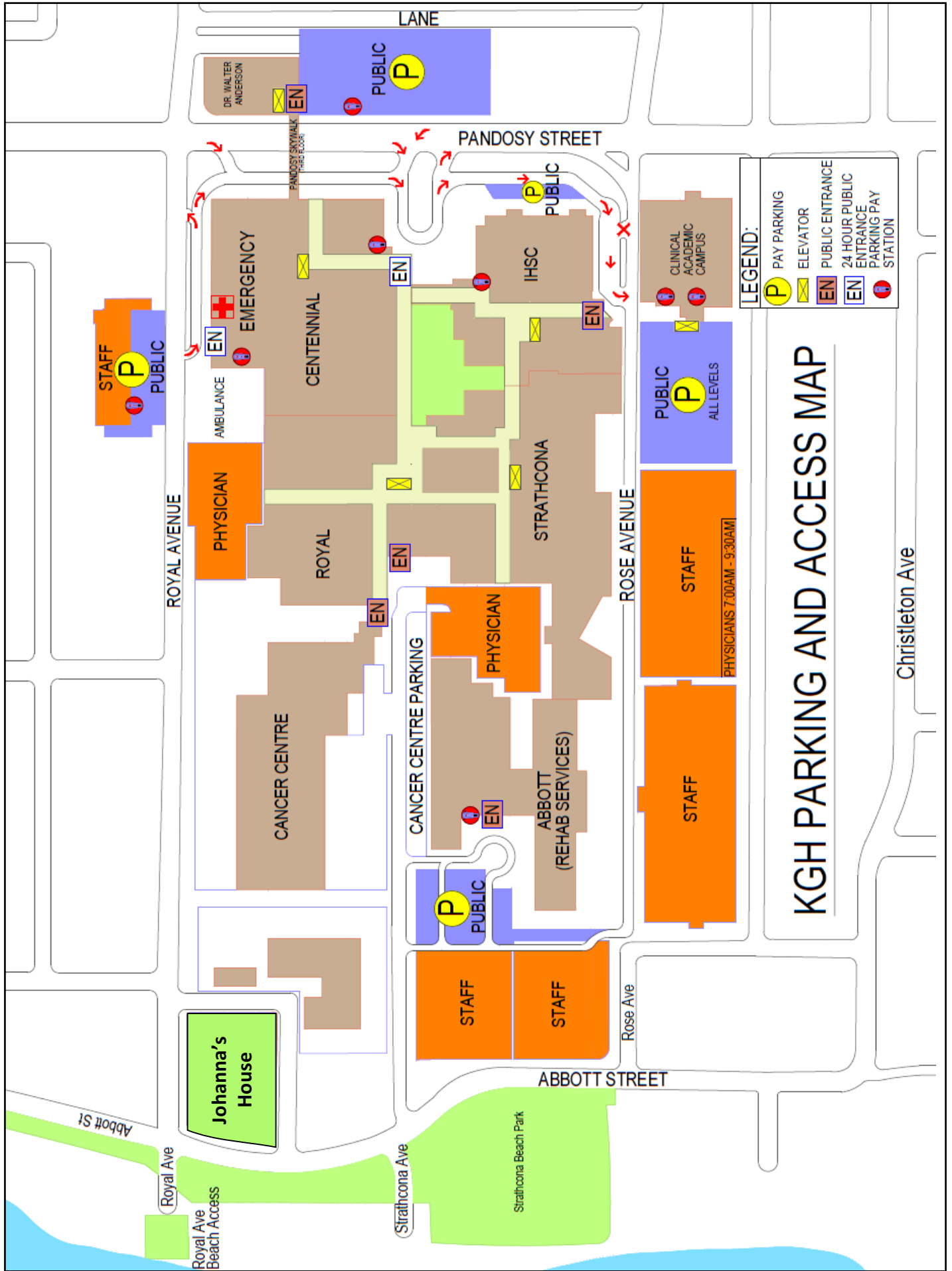
What To Do If You Have Concerns

If you notice the following...	What you should do...
New or worsening shortness of breath.	Call your family doctor or if sudden or causing you distress, call 911
Fast and/or irregular pounding of your heart and feeling dizzy or faint.	Go to Emergency Department (do not drive yourself). If there is no one to drive you, call 911.
Redness, tenderness, or drainage from your incision. New or worsening cough with thick greenish fluid. Fever above 38°C or 101°F	Call your family doctor.
No bowel movement for a few days.	Increase your fluids and fibre Exercise Talk to your doctor or Pharmacist
<p>If you have warning signs of a stroke:</p> <ul style="list-style-type: none"> • sudden weakness or numbness in arm, leg or face • sudden severe headache • visual problems • sudden confusion, difficulty speaking or understanding • sudden dizziness or loss of balance especially with any of the above. 	<p>Call 911.</p> <p>Do not drive yourself or have any one else drive you.</p>

Patient At Home Checklist

Use this Checklist to help with your recovery at home. Check off items as you complete them:

- Book appointment to see family doctor in 1 to 2 weeks.
- Book appointment to see your Surgeon in 3 weeks (call 250-763-7660 to make this appointment 2 weeks before your follow-up appointment is due)
- Look at my incisions every day and watch for signs of infection



LEGEND:

	PAY PARKING
	ELEVATOR
	PUBLIC ENTRANCE
	24 HOUR PUBLIC ENTRANCE
	PARKING PAY STATION

KGH PARKING AND ACCESS MAP

Christleton Ave

PHYSICIANS 7:00AM - 9:30AM

LANE

PANDOSY STREET

ROYAL AVENUE

ROSE AVENUE

ROSE AVE

Strathcona Ave

Royal Ave

Abbott St

Royal Ave Beach Access

Johanna's House

Strathcona Beach Park

DR. WALTER ANDERSON

CENTENNIAL

PHYSICIAN

CANCER CENTRE

ROYAL

CANCER CENTRE PARKING

PHYSICIAN

ABBOTT (REHAB SERVICES)

STRATHCONA

IHSC

CLINICAL ACADEMIC CAMPUS

PUBLIC ALL LEVELS

STAFF

STAFF

STAFF

STAFF

STAFF

PUBLIC

AMBULANCE

EMERGENCY

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ROYAL

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