



Esophageal Surgery

Your surgery and recovery at home

This booklet belongs to: _____

I am having:

- Esophagectomy
- Esophagastrectomy

We also give you 'Preparing for Your Surgery' booklet.

Read both booklets carefully.

Bring both booklets to every hospital visit before your surgery.

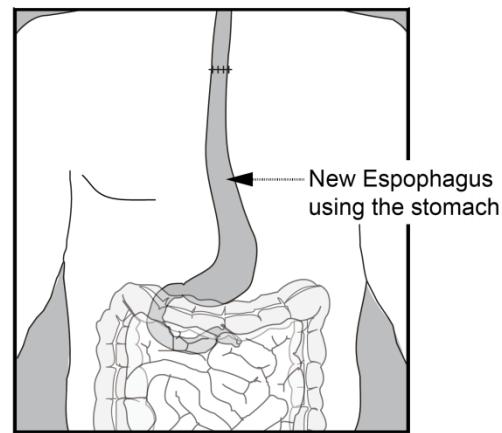
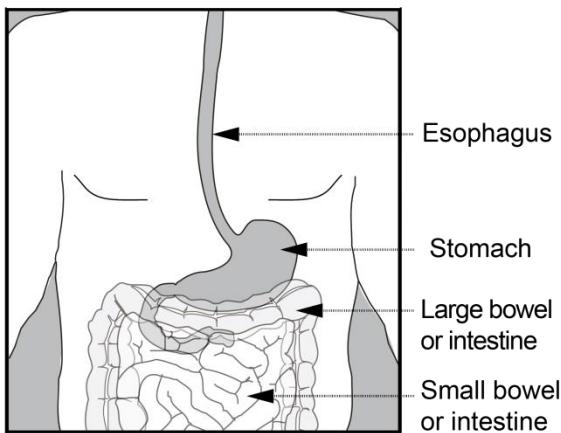
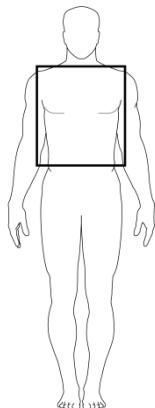
Esophageal Surgery

You are having surgery (an operation) to remove part or the whole esophagus because of damage from heartburn, injury, swallowing a caustic substance or poison, or cancer.

The esophagus is a muscular tube that connects the throat with the stomach. Some people call it the food pipe or gullet.

If part or the whole esophagus is removed, we call it an 'esophagectomy'. The connection between the throat and stomach is rebuilt.

If your esophagus is removed along with part of the stomach, we call it an 'esophagastrectomy'. A new 'esophagus' is made using part of your small or large bowel. The remaining part of your stomach is pulled upwards and connected to the new esophagus.



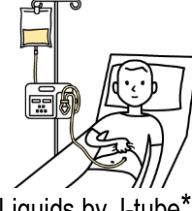
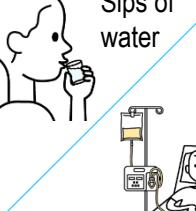
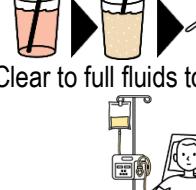
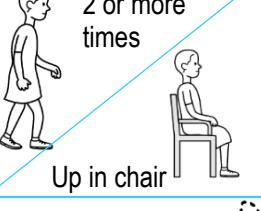
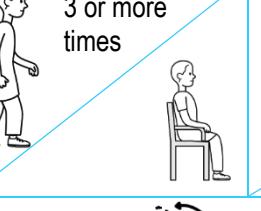
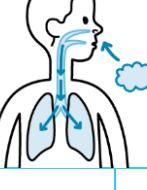
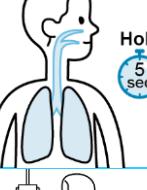
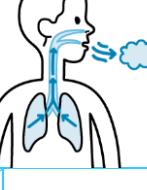
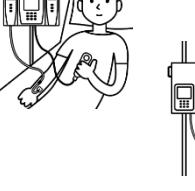
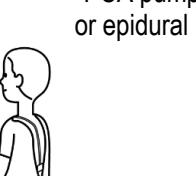
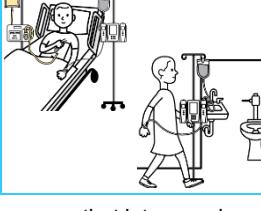
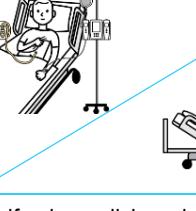
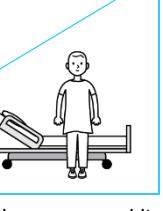
You can still eat and digest food, however, you might need to eat small amounts of food 4 to 6 times a day. A dietitian talks with you after surgery about your diet and meal plan.

Depending on the way your surgeon does your operation, you could have 1 to 3 cuts through the skin (an incision): 1 under your left or right arm, 1 from your lower chest to your belly button, and/or 1 on the side of your neck. This surgery usually takes about 1 to 5 hours.

Read '**Preparing for Your Surgery**' booklet for instructions on how to prepare for your surgery.

Path to Home Guide: Esophageal Surgery

This gives you an example of a person's recovery in hospital after surgery.

Category	Surgery Day	Day 1	Day 2 to 3	Day 4 to home
Nutrition	 Liquids by J-tube*		 Sips of water	 Clear to full fluids to regular diet
Activity	 Bed rest	 2 or more times Up in chair	 3 or more times	 4 or more times
Deep Breathing Exercises	 Every day One set each hour			
Pain Control	 *PCA pump or epidural	 In pills or liquid	 In pills or liquid	
Tubes and lines	 Intravenous Nasogastric tube **J-Tube Chest tube Incision drain(s) Urinary catheter			

* PCA Patient Controlled Analgesia is a pump connected to your intravenous that lets you give yourself pain medicine when you need it.

* Epidural Sometimes the epidural catheter placed in your back for surgery is left in place. An epidural gives continued pain relief by numbing the nerves of the surgery area as long as the pump is running

** J-Tube (jejunostomy tube) or feeding tube put in place for some gastric surgeries

A soft, plastic tube placed through the skin of the abdomen into the small bowel
Used to give food and medicine until the person is healthy enough to eat by mouth

After Your Surgery

Going home



How long you stay in the hospital depends on:

- your health before the surgery
- the type of surgery
- how you recover from the surgery

Most people can go home 7 to 10 days after surgery.

You are ready to go when:

- ✓ You are getting enough calories (food and drink) either by mouth or J-tube.
- ✓ Your bowels are working.
- ✓ Your incision is healing.
- ✓ Your pain is well controlled with medicine in pill or liquid form.
- ✓ You know what medications (including new ones) you are taking, how to take them, and why you need them.
- ✓ You have prescription(s) for your medications, if needed.
- ✓ You have a ride home from the hospital.
- ✓ You have arranged for some help at home for the first few days.

Caring for Yourself at Home

Managing pain

If you have been living with pain before surgery, be sure to tell your surgeon how you manage this pain, such as with medicines, herbs, supplements, cannabis products, other substances, massage, yoga, meditation, etc. This helps your surgeon create the best plan with you for managing pain after surgery.

It is normal to have some discomfort or pain when you return home. This should steadily improve but might last for a few days to a couple of weeks.

How much pain you have and how much pain medicine you need depends on the type of surgery you had, how it was done, and if you were using anything for pain before surgery. Your pain should be at a comfortable level that allows you to move, take deep breaths, cough, and to do every day activities.

When you are ready to go home, your surgeon will give you instructions to take pain medicine. This might include a prescription for an opioid (narcotic).



For the first few days:

If your pain is at an uncomfortable level, take your pain medicine as directed. As your pain improves, take your pain medicine less often and/or a smaller amount until you have little or no pain, then stop.

At first, you might have to take a prescription medication. After a short time and as your pain improves, a non-prescription pain medicine should be enough to manage your pain.

Non-prescription pain medicines (also called ‘over-the-counter’ medicines) – You buy them at the pharmacy without a prescription. You might only need to take this type of medicine if you don’t have much pain after surgery.

Examples of non-prescription medicines (and brand names):

- acetaminophen (Tylenol®)
- acetylsalicylic acid or ASA (Aspirin®)
- non-steroidal anti-inflammatory drugs (NSAIDs)

Examples: ibuprofen (Advil®, Motrin®) ★
 naproxen (Naprosyn, Aleve®) ★

★ Note: **NSAIDs are not for everyone after surgery.** If you have (or have had) health problems such as stomach ulcers, kidney disease, or a heart condition, check with your surgeon or family practitioner before using NSAIDs.

Remember

You can do other things to help ease your pain or distract you from the pain:

- ✓ Slow breathing
- ✓ Listen to music
- ✓ Watch T.V.

Family Practitioner:

Refers to either a family doctor or nurse practitioner

Questions about medicines?

Call your local pharmacy and ask to speak to the pharmacist.

For after-hours help, call 8-1-1.
Ask to speak to a pharmacist.

Opioid (narcotic) pain medicines – You might get a small number of pills for severe pain.

They are only meant to be taken for a short time. Take only as much as you need to allow you to do daily activities.

Examples of opioid pain medicines:

- Tramacet® (tramadol and acetaminophen) ★
- Tylenol #3® (codeine and acetaminophen) ★
- Oxyacetet® / Percocet® (oxycodone and acetaminophen) ★
- tramadol, hydromorphone, morphine, oxycodone

★ Note: These medications also have 300 to 325mg acetaminophen in each tablet. All total, **do not** take more than 4000mg of acetaminophen in 24 hours (too much can harm your liver).

When taking non-prescription pain medicines as well, most people need to take a lower amount of the opioid or take the opioid less often.

Safe use of opioid pain medicines

If you are using any medicines with opioids (narcotics) in them, we want you to do so safely. However, serious problems can happen. Take note of the following safety information.

Before taking opioids:

- Tell your surgeon if you have sleep apnea. Opioids can make your sleep apnea worse.

Safely storing opioids:

- Store opioid medicines in a secure place.
- Keep out of sight and out of reach of children, teens, and pets.
- Never share your opioid medicine with anyone else.

Safely disposing of unused opioids:

- Take any unused opioid medicines back to your pharmacy to be safely disposed. **Do not** keep unused medicines at home.

Safely taking opioids:

- Your pain should lessen over the first week. You should not need to take opioid pain medicine for more than 1 week.
- Always use the least amount possible for the shortest amount of time.
- Common side effects include constipation, feeling sick to your stomach (nausea), a dry mouth, sweating, dizziness, and feeling drowsy.
- **Do not** crush, cut, break, chew, or dissolve opioids before taking. Doing this could cause serious harm, even death.
- While taking opioid pain medicines:
 - Do not** drive or drink alcohol.
 - Do not** take any sleeping pills unless your doctor has said you can.

Always read the label and/or information from the pharmacist for how to safely take medication.

Drinking and eating

With all or part of your esophagus and perhaps part of your stomach removed, you will need to change how and what you eat.

You might have a J-tube in place after surgery. We use this to give you food until you can eat and drink enough by mouth. The dietitian sees you during your stay to review your diet and talk about how to adjust your diet when you start eating again.



Common problems after this type of surgery;

- feeling full quickly
- some challenges swallowing
- bloating or gas
- heartburn (acid reflux)
- weight loss
- diarrhea

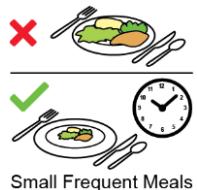
To help avoid these problems and get the nutrients you need:

- Eat 5 to 6 small meals a day.
- Eat slowly. Take small bites and chew your food well.
- Choose soft, moist foods that are easy to swallow.
- Eat foods high in protein such as meat, poultry, fish, eggs, dairy, peanut butter, tofu, or legumes.
- Drink at least 6 to 8 glasses of liquid each day (unless you have been told differently because of a medical condition).



If you **feel full quickly**:

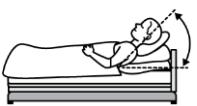
- Eat smaller, more frequent meals and snacks.
- Space out your meals and snacks 2 to 3 hours apart.
- Drink liquids between meals instead of during your meals. This way you are not filling up on liquid.



Small Frequent Meals

To help with **heartburn (acid reflux)**:

- Always eat sitting upright.
- Stay sitting or standing for at least 45 minutes after eating or drinking.
- Limit foods and drinks that are spicy, acidic, extremely hot or cold, and foods high in fat such as deep fried foods.
- Limit drinks high in caffeine such as coffee, tea, and most soft drinks.
- Do not eat 2 hours before going to bed.
- Sleep with the head of your bed raised to a 45-degree angle.
(You can use a wedge or put blocks under the head of the bed.)



Examples of foods and drinks that can cause or worsen heartburn:

tea	citrus fruits and juices	chocolate	spearmint	whole milk	regular ice cream
coffee	tomato-based products	cola drinks	peppermint	milkshakes	hot peppers

To help with **bloating or gas**:

- Try not to eat gassy foods such as broccoli, cabbage, beans, and garlic.
- Reduce how much air you swallow by not using straws, chewing gum, or drinking carbonated drinks.



Need help with food choices?
Call 8-1-1.
Ask to speak to a dietitian.

To help maintain your **weight**:

- Weigh yourself 2 times a week. If you lose more than 10 pounds (4.5 kilograms) in 2 weeks, contact your family practitioner.
- If your appetite is poor, you might want to drink nutritional drinks (nutritional supplements) such as Ensure® or Boost®.
- Get help managing your meal plan and diet by talking with your family practitioner and/or a dietitian.

Keeping your bowels regular

Constipation can happen because you are taking opioid pain medication, are less active, or eating less fibre.



To prevent constipation:

- Drink at least 6 to 8 glasses of liquid each day (unless you have been told differently because of a medical condition).
- Gradually add fibre to your diet.
- Increase your activity.

If you continue to be constipated, talk with a pharmacist or family practitioner.

Loose stools (poop) or diarrhea can happen with food moving quickly through your digestive system.

To control or prevent diarrhea

- Do not eat foods that act like laxatives such as prunes, prune juice, high sugar foods and drinks, alcohol, caffeine, skins of fruit and vegetables, bran, and sugar alcohols (such as sorbitol and mannitol).
- Eat foods that can help thicken your bowel movements such as bananas, white rice, white pasta, bread, cheese, crackers, noodles, potatoes, and oatmeal.
- Make sure you stay hydrated. Drink at least 6 to 8 glasses of liquid each day (unless you have been told differently because of a medical condition).

If diarrhea continues, talk with your family practitioner.



Caring for your incision and J-tube

Always wash your hands before and after touching around your incision site and around your J-Tube, if you have one.

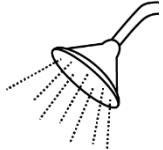
You might go home with the J-tube in place. Your surgeon decides if you will continue to need the J-tube and arranges for it to be removed when you are ready.

Before you leave the hospital, your nurse will teach you how to care for your incision and the J-tube. This includes:

- changing the bandages over your incision and j-tube
- flushing the j-tube with water
- giving yourself food using the j-tube, if needed
- giving yourself medicines using the j-tube, if needed

Showering:

- You can shower once most of your tubes and lines have been taken out, usually within 3 days after surgery.
- Continue to take only showers for at least 2 weeks after your surgery.
- Try not to let the shower spray directly on your incision(s) or bandage if still covered. Gently pat the area dry.
- You can shower with your J-Tube in place. Dry around the tube and place a clean, dry bandage over the tube site after your shower.



For at least the next 2 weeks or until the incision is healed and the J-tube is removed:

- ✗ No soaking in a bath tub or hot tub.
- ✗ No swimming.
- ✗ No creams, lotions, or ointments on your incision, unless directed by your surgeon.

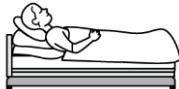
Doing any of these things could delay healing.

Managing moods and emotions

After major surgery, it is quite common to have a low mood or changeable mood at times. If you find your mood is staying low or is getting worse, contact your family practitioner.

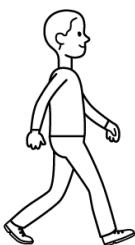
Getting rest

It is very common in the first few weeks to feel tired and have low energy. Rest and sleep help you heal.



Try to get at least 8 hours of sleep each night. Take rest breaks and naps during the day, as needed.

If you have trouble sleeping, talk to your family practitioner.



Being active

Activity and exercise help build and maintain your muscle strength, give you more energy, and help with recovery. You need to find a balance between rest and activity. Pace yourself for the first few weeks.

Slowly increase how much you do each day (your activity level). Increase the distance and time you walk. Only increase your activity level as much as you comfortably can.

If you are still having pain, exercise 30 minutes after you have taken your pain medication.

Your surgeon will tell you when you can increase your activities at your follow-up appointment.



A 4 litre milk jug weighs 4 kg (9 pounds)

For the next 4 to 6 weeks, limit heavy activities to protect your incision and abdominal muscles:

- ✗ **Do not** lift, push, or pull anything over 4 to 5 kilograms (10 pounds). This includes carrying children and groceries.
- ✗ **Do not** vacuum, rake leaves, paint walls, reach for things in high places, or any other reaching activity.
- ✗ **Do not** play any sports, do high intensity exercise, or weight training.

You can return to **sexual activity** when you feel ready and your pain is well controlled.



Usually, you can return to **driving** when you can shoulder check and comfortably wear your seatbelt. If you are not sure about it, ask your surgeon.

Remember: Do not drive when you are taking opioid pain medication.

When to get help

Call your surgeon or family practitioner if:

- You have trouble swallowing.
- You are throwing up or not able to keep fluids down.
- You have problems with bowel movements.
 - No bowel movement since your surgery and home for 2 to 3 days
 - Diarrhea that is severe **or** continues for more than 2 days
 - Bright red blood in your stool (poop)
- You continue to lose weight or your appetite does not improve.
- You have a fever over 38°C (101°F).
- Your incision is warm, red, swollen, or has blood or pus (yellow/green fluid) draining from it.
- You have a cough that continues to get worse.
- You notice stinging, burning, or pain when you urinate (go pee) or your urine smells bad.
- You have redness, tenderness, or pain in your calf or lower leg.
- Your pain does not ease with pain medicine, or stops you from moving and recovering.
- You feel increasingly tired or dizzy.

Cannot contact the surgeon or family practitioner?

Have any questions about your recovery?

► Call Fraser Health Virtual Care, 10:00 a.m. to 10:00 p.m., daily **1-800-314-0999**
fraserhealth.ca/virtualcare

► Call **8-1-1** (HealthLinkBC) to speak to a registered nurse any time - day or night.

► **Call 9-1-1** if you have any of the following:

- trouble breathing or shortness of breath
- chest pain
- sudden, severe pain



HealthLinkBC is available in 130 languages.

For an interpreter, say your language in English. Wait until an interpreter comes on the phone.

Appointments after surgery

Arrange to have your staples or sutures (stitches) removed 10 to 14 days after the surgery.

I have an appointment with:

(surgeon or family practitioner)

My appointment is on:

See your family practitioner 7 to 10 days after going home from the hospital.

My appointment is on:

See your surgeon 3 to 4 weeks after going home from the hospital.

My appointment is on:

Questions you might have:

Examples: 'How will my bowel habits change?' 'When will I be able to return to my regular activities?' 'When can I return to work?'

www.fraserhealth.ca

This information does not replace the advice given to you by your healthcare provider.

Catalogue #265592 (December 2020)
To order: patienteduc.fraserhealth.ca

