Homerton University Hospital NHS
NHS Foundation Trust

Oesophagectomy

Patient Information

Upper GI Team,
Palliative Care Team
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January 2006

This leaflet provides information about **oesophagectomy**. We hope this information will help answer some of your questions and concerns in addition to the on-going discussions that you will have with the consultants and nurses involved in your care. We want you to understand your disease so that you can make informed decisions about your care.

Cancer of the Oesophagus (gullet)

Cancer of the oesophagus is a malignant growth in the gullet. Gullet is a long tube which connects your throat to the stomach. The most common symptom is the cancer causing difficulty in swallowing.
It is the 9th most common cancer in UK and approximately over 7,000 new cases are diagnosed each year.
More information about cancer of the oesophagus and the treatment options are available on our **Cancer of the Oesophagus** factsheet.

Oesophagectomy (surgery)

Cancer of the oesophagus can be treated using surgery, chemotherapy or radiotherapy. The choice of treatment will depend upon the stage of the cancer, its position and size, as well as your age and general health. The treatments can be used alone or in combination.

An oesophagectomy is the surgical removal of the oesophagus. Surgery is the most common treatment for the cancer of the oesophagus.Your test results have shown that the cancer can be removed by an oesophectomy . It is done under general anaesthetic. You will be asleep for the entire operation. These are all major
operations with risks involved and sometimes recovery can take time.

It is difficult to say how long your operation will take as every patient is unique and every operation is different. As mentioned before it is a major opeartion and can take several hours.

Before surgery

Before your surgery you will have had a number of tests and scans including endoscopy, CT scans and EUS scans. More information about these scans is available on our **Cancer of the Oesophagus** factsheet.

The surgeon and anaesthetist will see you before your operation. The surgeon will once again explain how the operation will be done and you will have to sign a consent form. If you have any questions or are not sure and worried about anything it is important to ask them now.

The evening before your operation you may eat or drink as normal. Usually no food is allowed six hours, and no water two hours before the operation. You may have a drip into your arm. If you are diabetic you may be given an infusion of glucose and insulin to control your blood sugars.

You will be given a pair of stockings to wear. It helps to reduce the risk of deep vein thrombosis (blood clotting in the leg vein). You will change into a theatre gown and remove any jewellery. The anaesthetist will discuss paincontrol options with you. In the anaesthetic room you

will be given an epidural. It is a fine plastic tube inserted into your back near the spinal cord. Continuous painkillers can be given through the epidural. If you do not want an epidural there are other ways of having painkillers. PCA (pain control analgesia) is the most common, where you can give yourself a dose of intra-venous pain relief when you feel pain. However, the surgical team will let you know exactly when you can start to drink and eat

The anaesthetist will give an injection, which will send you to sleep.

The Operation

There are different ways of of doing the operation. Your surgeon can approach the cancer via neck, chest or tummy (abdomen). The suitability of the operation depends mainly on where the cancer is situated in the oesophagus. You may hear words like **Trans-thoracic oesophagectomy** or **Trans-hiatal oesophagectomy,** this describes the surgeon's approach to the surgery. The operation involves:

- Removing the affected part of the oesophagus and joining up the intestine again
- Reshaping the stomach and allowing it to be pulled up into the chest
- Removing the surrounding lymph nodes that may have cancer in them
- Joining the stomach to the remaining oesophagus in the chest
- Inserting a temporary feeding tube into the small bowel (jejunum)

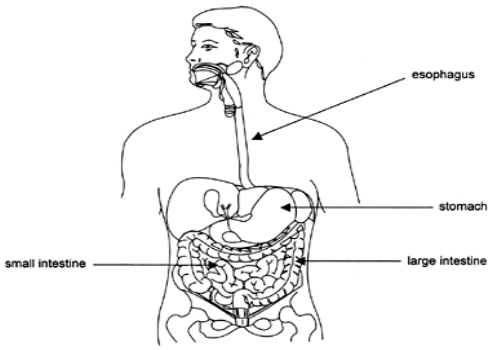

Diagram showing the oesophagus and other digestive parts

During this operation, because the top part of the stomach is usually removed, the position of the stomach will be higher than before. This process will help you to swallow the food and eat as before (see Figure 1). But you may need to smaller and frequent meals

After your operation

When you wake up you will be in the Intensive Care Unit (ICU). This is normal and does not mean that anything has gone wrong. As mentioned before, because this is a big operation during your stay in the ICU you can receive very

inensive nursing care with lots of monitoring. You will soon be transferred to a ward.

When you wake up there will be several tubes attach to you. The tubes you will have are:

A drip (*intravenous infusion*) will be used to maintain the body's fluids until you are able to eat and drink again.

You may also have a plastic drain in each side of your chest (chest drains). They will be removed after 3-5 days after your operation.

There will be some discomfort and pain in the area of the operation. We aim to control the pain as much as possible by using a device called epidural. Pain relieving drugs are given through an Epidural which is a tiny little palstic tube that goes in your spine while you are sleep. The drugs numb the pain. It is important to take the medication so that you can cough and move around as much as possible. Your Anaesthetist will discuss this with you before your operation.

You may also have some tubes in your abdomen (tummy), chest and down your nose. The doctor will discuss and explain the purpose of them. They will be removed as soon as possible.

After your operation you will be encouraged to start moving about as soon as possible. This is to prevent chest infection and an essential part of your recovery. If you have to stay in bed the nurses will encourage you to do regular leg movements and deep breathing exercises. There will be a physiotherapist working with you to help you after your operation, who can help you to do the exercises.

Approximately five days after your surgery you will be given a special drink and have an x- ray of your tummy. This special x-ray is to check that the join inside has sealed and that there is no leakage in that area. You will not be able to drink until you have had this test This will be gradually increased and after a few days you will be allowed to start drinking again normally.

The stitches or clips that you have on your abdomen will be removed about ten days after your surgery. You will probably be ready to go home about two weeks after your operation, once your stitches have been removed. However, you will need to take rest at home, and it may take upto three months before you can carry out your normal activites.

If you think you might have problems when you go home - for example, if you live alone or have several flights of stairs to climb - let the nurses or social worker know when you are admitted to the ward, so that help can be arranged when you go home.

Before you leave hospital you will be given an appointment for a post-operative check-up at the outpatient clinic. This is a good time to talk to your doctor about any problems you may have after your operation.

Are there any complications from the operation?

Oesophagectomy is a major operation and there are some complications. We make all attempts to minimise the risk.

- The commonest problem that patients have is with their lungs, especially if there is a cut in the chest. To avoid this it is important to follow the exercises the physiotherapist has recommended.
- The other rare but serious complication can be any leakage from the area of the operation. As mentioned before, we will check for this before you start eating and drinking.

Life Style Changes

You will be able to eat small meals and frequent meals.
Gradually you will start to feel better and soon you will be able to eat more. It is important to keep trying to build up your strength.

Due to the new arrangement sometimes swallowing can make it feel difficult and lumpy first. Eating soft but solid food helps to naturally exercise the join and keep it open. Avoid hard and sharp food pieces during the first few weeks.

Sit upright when you eat or drink to help the food go down.

It can be very helpful to talk to a dietician before, or soon after, your operation. They can give advice and information about managing your diet. At Homerton Hospital we have a Dietetic Department, run by a Senior Dietician and his team.

The staff on the ward can arrange for one of them to visit you. If at any time you have any problems with your diet, the hospital dietitian will be able to offer you advice and practical help. Your GP may also be able to refer you to a community-based dietitian

What are other treatment options?

Non surgical treatment option will not cure you. Because every person's cancer diagnosis and their treatment is different, there is no standard treatment for this cancer.

The Upper GI Team

The Upper GI team describes the many professionals that are involved in planning all aspects of your care. The team consists of doctors, nurses, endoscopists, radiologists, oncologists, dieticians and many more. Key members of the team meet weekly to discuss and plan your care. This is called the **Multi-Disciplinary Team (M.D.T)**

Your Keyworker: ……

Contact No: ……..

Consultant: ……..
Contact No: ……..

Consultant oncologist: ……..
Contact No: ……..

If you have any further questions that are not answered in this leaflet, speak to a member of your care team.

Further Information

Homerton Health Shop

The Health Shop is a drop in Health and Cancer Information Centre, based at the main entrance of the hospital. Provides information and support on cancer and different health topics.
Homerton University Hospaital, Homerton Row, London, E9 6SR
Macmillan Cancer Information Manager Tel No: 0208 510 5191. Health ShopTel No: 0208 510 7733
www.homerton.nhs.uk

Cancer Backup

Specialist Nurses provide information and support by telephone, email and letter and someplaces face-to-face. Produce booklets and factsheets on all aspects of cancer.
Telephone translation service for those whose first language is not English.
3 Bath Place, Rivington Street, London, EC2A 3JR
National Helpline No: Freephone 0808 800 1234 (Mon-Fri, 9am-7pm)
www.cancerbackup.org.uk

Digestive Disorder Foundation

Produce patient information leaflets on many digestive disorders
POBox251, EDGWARE, Middlesex, HA8 6HG
www.digestivedisorders.org.uk/

Macmillan Cancerline

Free information and emotional support for people living with cancer.
Telephone translation service for those whose first language is not English.
89 Albert Embankment, London, SE1 7UQ
National Helpline No: **0808 808 2020**
www.macmillan.org.uk

Oesophageal Patients Association

Information leaflets and support provided by former patients.
16 Whitefield Crescent, Solihull, West Midlands, B91 2JY
Tel No: 0121 704 9860 (Mon-Fri, 9am-7pm)
www.opa.org.uk