University Hospitals Coventry and Warwickshire NHS Trust

Patient Information

Upper Gastro-intestinal Service

Patient's guide to transhiatal oesophagectomy

This leaflet aims to provide you with a starting point by helping you understand your operation and informing you about what to expect.

We hope it will assist in reducing any anxiety you may have, answer some of your questions and offer some practical advice.

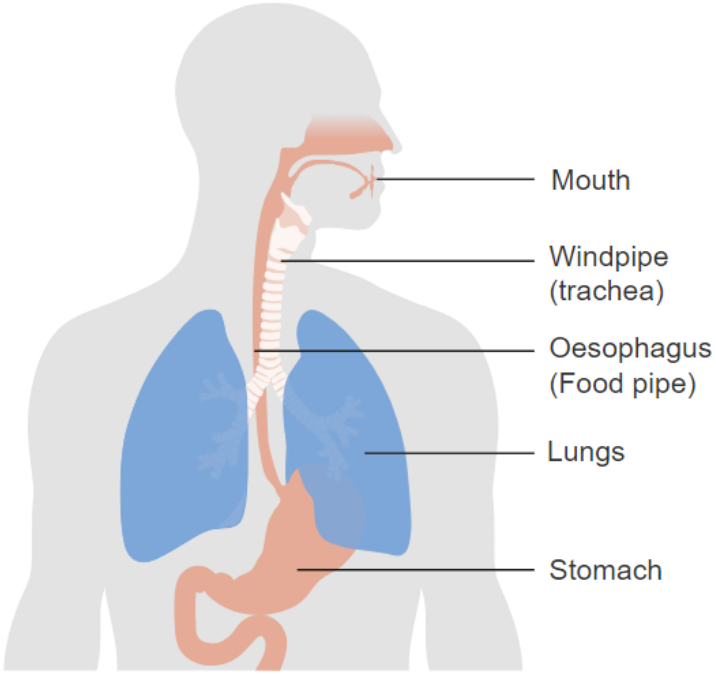
It is by no means intended to answer all your questions. Everyone responds differently to surgery and also requires varying amounts of information.

Throughout your illness, you will have access to an upper gastrointestinal nurse specialist (Upper GI Nurse) for support and advice.

The oesophagus

The oesophagus, often referred to as the gullet, is a long muscular tube. In adults, it is approximately 12 inches (29cm) in length and connects the back of your throat with your stomach. It is divided into three parts - upper, mid and lower (oesophagus). The muscular layers of the oesophagus move food or fluid towards the stomach by muscular contractions. At the lower end there is a muscular valve, which prevents stomach acid entering the gullet from below.

Once food has been swallowed it passes down the gullet and enters the stomach.



Surgical treatment

Your consultant surgeon will decide the best way to proceed, and the cancer may be taken out using an operation called a transhiatal oesophagectomy.

This is where incisions are made into the abdomen and into the side of your neck, through which the affected part of the oesophagus with the surrounding lymph glands are removed.

At the time of surgery

If at the time of surgery, it is felt that this procedure is not possible, a 2-stage procedure called an Ivor-Lewis procedure will be performed. This involves making a further incision into the left or right side of the chest dependent on the consultant's choice.

If it is found that the tumour is not suitable for removal, the surgeon may not proceed.

Please note - whilst surgery is the best chance of a cure, there is always a possibility that the cancer can recur. If you require any further information on rates of recurrence, please discuss this with your clinical nurse specialist or consultant. Written information can be made available on request.

What happens before surgery?

Before your admission to hospital, you will attend a nurse led clinic where you will have swabs taken to check for certain bacteria. The nurse will also ask you certain questions and check your weight, blood pressure and pulse. Further tests will be carried out such as blood tests, breathing test and heart recording (ECG) if they have not already been done.

You will be admitted to Ward 11 - the Cardiology Unit - a day before surgery. This is located in the East Wing first floor.

On admission, a doctor will complete medical documentation. You will also be asked to give your written consent to allow the doctors to operate and this is the time when you should ask questions about the type of surgery and the risks involved. As with any surgery there are certain risks, some are associated with the anaesthetic, some with the type of surgery and some with the recovery.

Some of the identified risks with this type of surgery are:

- Chest infection
- Haemorrhage
- Anastomotic leak
- Heart problems
- Blood clots
- Stroke

You might want to discuss these risks further with the doctor when they explain the planned surgery and ask you to give your written consent for them to proceed.

The Upper GI nurse specialists will also be available to visit before surgery if requested.

4 hours before surgery, your dietary and fluid intake will be restricted, and the nursing staff will ensure that you are aware of what you are allowed. This may be changed as directed by the doctors.

What happens after surgery?

Immediately after surgery, your recovery will be carefully monitored in the Cardio Thoracic Critical Care unit on the 1st Floor East Wing.

When you wake up after your operation you will have some tubes attached - the type and number will vary depending on your operation.

- There will be a tube in your neck vein and in your arm to give you fluids.
- A tube that passes through your nose and into the stomach to relieve pressure on the surgical join
- A feeding tube is inserted into the small bowel in the left side of the abdomen, to allow for overnight feeding after surgery until you can eat soft foods

- A catheter, a fine tube will have been placed into your bladder to collect your urine. This means you do not have to worry about getting out of bed initially and allows us to monitor your kidney function

As you recover your drains and tubes will be removed as directed by the doctor.

Will it be painful?

The amount of pain felt is varied and very individual, but we will work with you to ensure that pain is kept to a minimum. It is important you tell the nursing staff if you have pain, discomfort or if there is any change in the amount of pain felt.

There are several ways of reducing pain and these include:

- Epidural which is used in the Critical Care Area
- Patient controlled analgesia (this should be explained to you before surgery)
- Painkilling injections, which can be given regularly usually every three to four hours
- Simple painkillers can be given in the form of suppositories or tablet once you are able to drink.

When can I get out of bed?

We will encourage you to get up as soon as you are able. To help with this, you will be visited by the physiotherapist who will give tips on moving about and breathing exercises. It is important to do these exercises as they help reduce the risk of blood clots and chest infections after surgery. The sooner you become mobile, the better it is for your recovery.

When can I eat after the operation?

Immediately after the operation you will not be allowed to eat or drink. The site of the operation is rested to allow the body a chance to heal and during this time you will receive intravenous fluids. The doctors will assess this on a

daily basis and oral fluids will be gradually introduced on the doctor's instructions.

The doctor may decide to organise a special X-ray at around 5 to 7 days after surgery to make sure everything has healed inside before allowing you to eat.

Initially, you will be on a soft diet for 3 to 4 weeks, after which time you will gradually return to a normal diet although in smaller quantities. This means you will need to eat small amounts and often. To assist you with more in-depth dietary advice, a dietitian will visit you during your hospital stay.

If your surgeon has placed a feeding jejunostomy tube, you will be fed through this whilst you are in hospital. Once you are allowed to eat a soft diet, you will be changed to an overnight jejunostomy feed to help meet your nutritional requirements. We would aim to send you home on this feed for the first 3 to 4 weeks to help support your nutrition whilst you are gradually building up your oral diet.

A Nutrition Nurse will train you, and if possible, a family member during your hospital stay. You will be able to practice setting up the feed before you leave hospital.

You will be in regular contact with your Macmillan Dietitian and Nutrition Nurse if necessary during this time. The dietitian will review you in nurse-led clinic approximately 3 weeks after discharge to advise on weaning down or stopping the feed.

Will surgery alter my eating pattern?

Yes. You may feel full for longer after meals due to the stomach taking longer to empty. If this happens, you should let the doctors or nurses know as you may be able to take tablets to help relieve this.

Occasionally, food sticks. This may be due to surgical swelling, or because the area where the oesophagus has been attached to the stomach has

become tight. If necessary, this can be stretched 4 to 6 weeks following surgery. This will be carried out using the endoscopy procedure that you had previously.

Because the size of your stomach has been reduced, you will need to eat smaller meals, more often. The key is to eat 6 small meals a day.

It is important that you return to a normal diet, in smaller quantities, chewing your food well, within 4 weeks of your surgery. The nursing staff will arrange for you to receive advice from a dietitian.

On occasions, patients have also complained about diarrhoea - this can be due to the body settling down. If the diarrhoea persists, you may need some tablets prescribing to reduce the number of times you go to the toilet.

Please note that you may not experience any of these problems, and if you do, they are usually temporary.

What happens when I go home?

The aim is for your recovery to continue after discharge. The nursing staff will discuss with you and your family the arrangements for going home. Any support you need to assist you at home should be identified before your discharge, allowing for appropriate agencies to be involved in providing additional care or assistance.

Your GP and the district nurse in your area will be notified when you are discharged. If you have any concerns, you should contact them or alternatively contact the ward staff who will do their best to advise you.

Lots of rest with gentle exercise and a regular eating plan are the key factors for a good recovery. Do not forget that oesophageal surgery is a major operation, and it will take time for you to fully recover.

When can I drive?

Because the surgery has involved incisions (cuts) into the large stomach muscles, you must not lift any heavy objects or drive a car until you have had a chance to fully heal. This will be at least 6 weeks.

It is recommended you check with your insurers, as many policies will not cover you to drive in this period, and some companies may extend this until you have seen the consultant in the outpatient department.

Check list of do's and don'ts

Do

- eat regular small meals and snacks
- contact us if you experience any problems with swallowing
- contact us with any questions, worries or concerns
- take gentle exercise and build up gradually
- give yourself time to recover
- try sleeping on your side if desired (preferably the side operated on)
- wear your support stockings until you are reasonably mobile
- consider using the support group which meets on the 1st Thursday of the month

Don't

- do any heavy lifting
- drive without seeking medical advice
- stay on a fluid type diet
- drink large quantities of fluid when eating
- return to work too early

Long term follow up care

An Upper GI Nurse Specialist will telephone you within 3 days of your discharge, to offer advice and support and answer any questions you may have at this time. Approximately 3 weeks after that, you will come to clinic to see the Upper GI Nurse and Macmillan Dietitian. 6 to 8 weeks after surgery you will see the consultant in the outpatients' clinic.

Future outpatient appointments will then alternate between the consultant and the Upper GI Nurses. Where possible, we aim to refer you back to your local hospital for follow up appointments within 12 months of surgery.

If you have any queries or if there is something you would like explained in more detail, please ask any of the medical or nursing staff looking after you.

Contact numbers:

Hospital	024 7696 4000
Nurse specialists	024 7696 6475
Macmillan Dietitian	024 7696 6161

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact 024 7696 6475 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

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