

## Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help at any time.

**Thoracic Clinic:  
206-598-3667**

**Surgical Specialties  
Nurse Advice Line:  
206-598-3667**  
Monday - Friday  
8 a.m. to 5 p.m.

After hours call Paging at 206-598-6190 and ask them to page the resident on call for Thoracic Surgery.

## Follow-up

A return visit will be scheduled for you to see your surgeon 1 to 2 weeks after your surgery. You will have a follow-up chest X-ray before your visit.

### *Call the Nurse Advice Line or Your Doctor If:*

- You are sick to your stomach, throwing up, or having problems swallowing.
- You have pain or tightness in your chest.
- You have an increase in shortness of breath, or difficulty breathing.
- You have bleeding or drainage that soaks your dressing.
- Your temperature is greater than 100°F or 38°C, or you have chills.
- You have any sign of infection: redness, increased pain, swelling, foul-smelling drainage, or an increase in the amount of drainage from your wound.
- You have concerns that cannot wait until your follow-up visit.

UNIVERSITY OF WASHINGTON  
**MEDICAL CENTER**  
UW Medicine

**Surgical Specialties –  
Pavilion Surgery Center**

Box 356097

1959 N.E. Pacific St. Seattle, WA 98195

206-598-4477



# Esophagectomy

*What to expect and how to  
prepare for your operation*

**Esophagectomy is done to remove diseased portions of your esophagus. There are many variations of this surgery. The diseased portion of the esophagus is removed and the stomach is pulled up into the chest cavity or up to the neck. At first, your diet will be changed to help with healing. You will eventually be able to eat regular food. Recovery from this surgery takes about 2 to 4 months.**

**This pamphlet outlines what to expect, how to prepare for your operation, and how to plan for your recovery.**

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**You will need someone to pick you up from the hospital and help you at home for the first week or longer.**

### How to Prepare for Your Operation

- Tests that may be done before surgery:
  - Barium swallow: You swallow medicine that will show your esophagus on X-ray.
  - Blood tests.
  - EKG (electrocardiogram).
  - Pulmonary function tests: You will blow into a machine that measures the volume of your lungs.
  - CAT Scan: An X-ray test that takes detailed pictures of your body.
  - Endoscopy or esophagram: Looks at the inside of your esophagus.
  - PET Scan: Radiologists will inject medicine into your blood vessel and then you will have an X-ray test that will show “hot spots” (areas of tumor).
- **To prepare your lungs for surgery and prevent pneumonia**, walk at least a mile a day for 2 weeks before your surgery. Another way to decrease your pneumonia risk is to exercise your lungs by using an incentive spirometer. You will be given a spirometer at your clinic visit before your surgery, and taught how to use it. Use your spirometer daily before surgery. Do 3 sets of 10 breaths every day.
- You will go home 7 to 10 days after surgery. You will need someone to pick you up from the hospital and help you at home for the first week or longer as you recover.
- Let your clinic nurse know if you have any special needs. A social worker is available for any special needs that you have before or after your operation.

### Going Home

#### *Incision Care*

There are different ways to do this surgery. Most people have a small incision on their neck and a larger incision on their upper stomach. Others have an incision on their chest and/or abdomen.

Look at your incisions daily for any changes, and signs and symptoms of infection such as: redness, increased pain, swelling, foul smelling drainage, or an increase in drainage. The incisions will heal best if you keep them uncovered. Do not use any creams or lotions on your incisions while they are healing.

#### *Nutrition*

A dietitian will talk to you about your diet. The dietitian will recommend a high protein drink to supplement your diet until you are able to take a regular diet. To help you swallow when you start taking food by mouth, you will be starting with soft foods and working up to foods with more texture. While healing, it will help to take small bites and chew your food thoroughly. You may also need to limit liquid intake during meals and eat smaller meals more often.

#### *Medications*

A pharmacist will review all of your medications with you before you go home. Take your pain medication before your pain gets out of control. If you need oxygen at home, this will be arranged.

#### *Activity Restriction*

Walk 3 to 4 times a day. Do not drive for 4 weeks after your surgery or until your doctor gives you permission.

### *24 Hours Before Your Operation*

- **Shower**

Using the antibacterial soap your nurse gave you, shower and soap your body. **Do not** use the antibacterial soap on your face and hair. (See directions attached to the soap bottle.) Use your own soap and shampoo on your face and hair. Use clean towels to dry off, and put on clean clothing.

- **Bowel Preparation**

You will be given one bottle of magnesium citrate to drink the afternoon before surgery. This is a laxative and will start working one-half hour after you drink it. Drink only clear liquid for dinner such as broth, tea, apple juice, etc.

- **Arrival Time**

The pre-surgery nurse will call you by 5 p.m. the night before your operation. If you are having surgery on a Monday, the nurse will call you the Friday before.

If you do not hear from the nurse by 5 p.m., please call 206-598-6334.

The pre-surgery nurse will tell you when to come to the hospital and remind you:

- Not to eat or drink after a certain time.
- To take or not to take your regular medications.

You should take high blood pressure, thyroid and seizure medications the day of surgery. Use only enough water to swallow your pills.

### *Preventing Pneumonia*

You will be taught several ways to help you clear secretions from your lungs.

- An **incentive spirometer** is a small device that helps you exercise your lungs. By holding your mouth over the incentive spirometer tube and inhaling, your breath will raise a small ball and exercise your lungs. The deeper you inhale, the longer you hold the ball up, and the more you exercise your lungs. You will be taught how to do this at your clinic visit before your operation. Use your spirometer daily before your surgery. After your surgery, use your spirometer 10 times or more every hour that you are awake.
- **Coughing and deep breathing** will clear secretions. To help you decrease your pain with coughing and deep breathing, you will be taught to hug a pillow across your abdomen. Splinting your abdomen will help decrease your discomfort.
- **Walking** at least a mile a day for 2 weeks before your surgery will help prepare your lungs and prevent pneumonia. Walking soon after your operation helps prevent pneumonia, too. You will sit up the same day of surgery, and walk within the first day after your operation.
- An **Acapella Flutter Valve**<sup>®</sup> is another device you may use to exercise your lungs and loosen secretions.

**Walking early after your operation helps prevent pneumonia.**

## What to Expect After Your Operation

### *Waking Up After Your Operation*

You will wake up in the recovery room. You will feel sleepy. You will have:

- An **oxygen mask**, which will cover your face to supply extra oxygen. This will be changed to nasal prongs (oxygen under the nose) when your lungs are ready.
- An **IV** in your arm, which will be used to give you medicine for nausea.
- An **epidural catheter**, which is a small tube placed into your back, and is used for pain medicine.
- **Chest tube**, which is a drain used to remove old blood from surgery and keep the lungs inflated after surgery. It is removed when the drainage decreases and your lungs have healed. You may have more than one chest tube.
- A **nasal gastric tube** (NG tube), inserted through your nose into your stomach. This keeps air out of your stomach to prevent you from throwing up, protects the new esophagus suture line, and allows you to heal. This tube stays in place for 7 days. You either may be on a clear liquid diet after surgery or may not have anything to eat for 7 days.
- A **feeding tube** may be placed in your intestines, so you can receive nutrition. This stays in place for up to 6 weeks and will be removed at a clinic visit.

- A **Foley catheter tube** inserted into your bladder to drain your urine.
- **Inflatable stockings** for your legs called sequential compression devices (SCDs). These prevent clots from forming in your legs while you are lying down by intermittently squeezing your legs.
- A **barium swallow** is done 1 week after surgery. This is to assess for leaks at the anastomosis site (esophagus and stomach sutures).

## Recovering in Your Hospital Room

You will be admitted to a unit where the nurses are familiar with your recovery needs.

### *Pain Management*

An epidural catheter will be placed in your back in the operating room by your anesthesiologist. You will receive pain medicine through this catheter. The medicine will numb the surgical area so that you will be able to take deep breaths. As you recover, your pain will decrease. You will start taking pain pills and the epidural catheter will be removed. A team of nurses, your anesthesiologist, your doctor, and you will work together to make sure your pain is controlled.