The Royal Liverpool and Broadgreen University Hospitals NHS Trust

Patient information

Oesophagectomy

Surgical Division Royal Liverpool Hospital and Broadgreen Hospital

PIF 1879 V1

Your Consultant / Doctor has advised you to have an Oesophagectomy

What is an Oesophagectomy?

Oesophagectomy is the surgical removal of the gullet. There are two main ways of doing this operation: - by making cuts in the stomach and either the left or right side of the chest.

What are the benefits of having the operation?

Your consultant will discuss with you the perceived individual benefits of having surgery. Your operation may be combined with chemotherapy.

The aim of the surgery is to remove the cancer.

Some people may suffer from a condition that is not a cancer, but may still require this procedure.

What are the risks of having an oesophagectomy?

As with all surgical procedures, surgery to remove the oesophagus carries some risks. These risks vary according to your overall health and your individual condition.

You will have an opportunity to discuss the risks and the benefits of the proposed surgery so that you have sufficient information to be able to sign the consent form.

Some of the risks involved with oesophageal surgery include:- Wound infections, chest infections, and blood clots developing in the leg (deep vein thrombosis) or in the lung (pulmonary embolism).

There is also a risk of the new join between the stomach and the oesophagus failing to heal, leaving a leak at the join (anastomotic leak). If this happens a further operation may be needed.

All of the risks involved will be discussed in more detail before the surgery takes place.

You will be given the opportunity to have a further appointment with the Upper GI Nurse Specialist before surgery to give you an opportunity to discuss any concerns you may have.

Are there any alternatives available?

Surgical removal of the gullet is currently the only potential cure for oesophageal cancer. Not everyone with oesophageal cancer however is suitable or decides to have surgery.

What will happen if I decide not to have treatment?

Other treatments which aim to control the spread of the disease and to help alleviate symptoms include chemotherapy, radiotherapy and stent insertion (a stent is a wire mesh tube which helps to keep the oesophagus open). Your doctor would be happy to discuss any alternative treatments if they are applicable to you.

What does the operation involve for oesophagectomy?

The procedure involves:

- Freeing up and reshaping the stomach to allow it to be pulled up into the chest.
- Removing the cancer and parts of the oesophagus.
- Removing the surrounding tissue (lymph nodes) that may have cancer in them.
- Joining the stomach to the upper part of the oesophagus.
- Occasionally it may be necessary to insert a temporary feeding tube into the stomach

How long does the procedure take?

The procedure usually takes approximately four hours although this varies, depending on each individual condition.

What changes do I need to make to my diet?

Before you go home you and your family will have the opportunity to talk to a dietitian about eating and drinking after the operation.

What sort of anaesthetic will be given to me?

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness: it is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately, general anesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain.
Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the leaflet **"You and Your Anaesthetic"** (PIF 344).

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

If you are worried about any of these risks, please speak to your Consultant or a member of their team.

Getting ready for your operation

- You will usually be seen in the pre-operative clinic before you are admitted to hospital. Here you will have blood tests, and sometimes a heart trace or a chest X-ray. You will be assessed to see if you are fit for the anaesthetic.

- The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have.

- You will be given instructions on eating and drinking before your operation.

- You will be able to discuss the operation with a doctor. You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.

The day of your operation

Most patients will be able to be admitted on the day of operation. You will be sent a letter to arrive at 7.30 to Ward 11z at the Royal Liverpool Hospital.

However if you are informed that you need to come in the day before then on the day of your admission please telephone 07833 294 761 between 10:30am and 11:30am to ensure that there is a bed available and to confirm the time you will be expected to arrive on your allocated ward.

Please leave your name and telephone number if you are connected to the answer phone and someone will call you back.

- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.

- Please bring any medication you take into hospital with you.

- Please bring in toiletries, nightwear and towels.

- You will be asked to remove jewellery - plain band rings can be worn but they will be taped.

- Please leave body piercings at home. False nails and nail polish will also need to be removed if worn.

- If you are on regular medication, you will be told to take this if necessary.

- You will be asked to put on a gown and disposable underwear.

- A bracelet with your personal details will be attached to your wrist.

- You may be prescribed some medication to take before your operation by the anaesthetist. A member of the nursing staff will give this to you.

- A nurse and porters will take you to the operating theatre.

- Your dentures, glasses or hearing aid can stay with you on your journey to the operating theatre.

- When you arrive in the theatre area, the ward nurse will leave you, and you will be asked to put on a disposable hat.

- You will then be taken to the anaesthetic room and a member of theatre staff will check your details with you (at Broadgreen Hospital there is a slight difference in the way you will be received in theatre due to the different theatre layout).

What should I expect after my operation?

- After your operation you will be kept in the theatre recovery room before being transferred to the ward.

- A nurse will check your pulse, blood pressure, and breathing rate regularly. **It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help**.

- Anaesthetics can make some people sick. The nursing staff may offer you an injection to help this sick feeling go away.

You will be taken to the Post-Operative Care Unit. This is an intensive care ward where you will be looked after closely. There will be a nurse by your bed most of the time.

It is quite normal to feel washed out when you wake up as it will have been a long and major operation. You will be given a clear plastic oxygen mask, this helps your breathing, and you will wear the oxygen mask for a few days.

There will be a lot of monitoring equipment near your bed. Do not be alarmed by this, it is quite routine. You will also have the following tubes attached to you; they are there to help and are normal practice.

- Approximately three drips - one in your arm to give you fluids, one in your wrist to measure your blood pressure and one in your neck to estimate how much fluid you need.

- You may have a tube in your nose, which goes into your stomach (this drains the stomach contents so that you won't be sick and put strain on your wound by vomiting). This tube can make your throat feel sore.

- A thin tube (catheter) will be in your bladder to drain the urine out, as your mobility will be reduced and you may have trouble passing urine. This catheter drains continually and is held in place by means of a small balloon, it can't fall out if you move or stand up.

- If you have been reviewed as needing a feeding tube, this will be placed in your abdomen that will allow us to give you the nutrients you need until you are eating and drinking enough calories. This may be kept in for a few weeks at home.

- You will also have two chest drains to allow the lung to inflate fully after the operation.

You will not be allowed to eat anything a few days so that the new join has time to heal. However, you will be allowed small amounts of water which will gradually be increase over the first week. When the team have said you can start food again, you will see the dietitian so that your specific needs can be assessed.

The drains, drips and catheter will be removed gradually over the first week if your progress is satisfactory. Your pain relief will continually be assessed and managed. It is important that your bowels have been working before you go home, please let us know if you experience any problems.

Going home

Overall, if there are no complications your hospital stay is usually around eight to ten days. When you are up and about, eating and drinking properly, and your wounds are healing well, you may be considered fit for discharge.

Before your discharge, a member of staff will go through discharge arrangements such as District Nurse, tablets to take home, appointments, fit notes etc.

Discharge information

Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home.

Your wound

If your wound or drain sites require any dressing, the ward nurse will arrange for this be reviewed by the district nurse once you are at home. In general the wound will be healing without problems when you go home, although occasionally you can expect slight ooze from the wound which requires a simple dressing.

You may have stitches in your wound or chest drain site that will need removal ten days after your operation. If you are discharged beforehand the ward nurse will arrange for a district nurse to remove them at home.

If, however, your wound becomes quite red or suddenly becomes more painful or starts leaking a discoloured fluid you should consult your family doctor (GP) or district nurse.

Rest, sleep and relaxation

During the first few weeks at home, you will find you tire easily, so adequate rest is as important as exercising for your recovery.

Have a rest in the afternoon for an hour and make sure that your friends and relatives are aware of when your rest periods are, to reduce disturbances.

If you tire during a particular activity such as climbing the stairs, sit down and rest.

Try and have a good eight to ten hours sleep each night. This may be difficult at first because your normal sleeping pattern will have been disturbed. It may take you a week or two to settle back into your normal sleeping routine.

In addition, you may find that your normal sleeping position is not comfortable in the early days after your operation, due to wound soreness. It is important to continue taking your pain control regularly at night to aid sleeping.

Swallowing

After an Oesophagectomy your stomach will now be at least partly in the chest and usually will have a smaller capacity. This means you should eat little and often. You are unlikely to be able to manage a normal-sized meal although the amount you can eat may increase with time.

As the join between the stomach and the remaining gullet (oesophagus) heals, the scarring may cause the join to narrow. If this happens swallowing food may become more difficult and occasionally food could get stuck. If you feel this (or anything else) is becoming a problem, get in touch with your specialist nurse or the surgeon's secretary.

Sometimes it may be necessary for you to have a repeat endoscopy to see if the join has narrowed. It's relatively straightforward to stretch up the join at the same time. You will be given specific advice on diet if you need it.

Getting back to normal

Remember that you have just had an operation. It is normal to feel more tired than usual for a few days afterwards.

Driving

Do not drive following discharge from hospital until you have been reviewed at your outpatient appointment and advised by your surgeon that it is safe to do so.

As a result of the wound and the healing process, muscular strength and general agility is reduced and sudden movements can bring on pain. It is therefore, essential that you do not drive a motor vehicle until the healing process is sufficiently advanced.

Before resuming driving, you will need to be fully recovered from your surgical procedure. You should also be free from the distracting effect of pain, or the sedative or other effects of any pain-relief medication you are taking, to be able to concentrate fully on driving.

You should be comfortable in the driving position and able to safely control your car, including freely performing an emergency stop without causing yourself any pain or soreness, and without damaging your operation wound. It is not advisable to begin driving with long trips; to start, try shorter journeys nearer home.

Returning to work

Every person recovers differently and has different needs.

In most cases it's usually safe to return to work between three to four months after the operation. Your consultant or GP will advise you on this.

Whilst surgery is the mainstay of treatment recent studies have shown some benefit from giving chemotherapy before and possibly after the operation. If you have chemotherapy postoperatively, this can delay getting back to work after surgery.

- If you work out a plan with your employer to return to work sooner rather than later, always double-check with your GP before you go back to work.

Sexual relations

Many patients who have undergone surgery to their chest experience anxiety about resuming sexual relationships. It is quite safe to have sex and/or sexual stimulation after the operation whenever you feel ready for it. However, we generally advise you to wait between two to four weeks to allow your body and wounds time to recover.

Choose an ideal time when you feel relaxed, comfortable and in familiar surroundings. Avoid times when you feel tired, tense or after a large meal. Do not expect too much of each other initially.

It is unlikely that you will do any damage to the surgery, but sensible measures should be taken to avoid extensive strain on the chest wound. Choose a position, which is comfortable and does not restrict breathing and stress to your chest.

Do not take your weight or your partner's weight on your arms. Do not attempt to be too energetic at first.

Holidays and flying

Now the operation is over, you may wish to plan a holiday. A restful holiday in this country may be undertaken at any time, providing you are able to cope with the travelling. Holidays abroad should be deferred for at least eight weeks after the operation. At your outpatient appointment discuss your plans with the surgeon.

Alcohol

Alcohol may be taken in moderation after discharge from hospital, but you should ask your nurse or pharmacist for information about alcohol consumption with your particular medication.

Smoking

To help make sure that smoking remains a past activity you may find the following points helpful:

- Keep a list of reasons for stopping smoking and refer to it regularly.
- Contact a smoking cessation advisor, your specialist nurse can help with this.
- Find other ways to relax, e.g. talking with friends, listening to music, or take up a new hobby.

Further appointments

A follow up appointment will be made for you to attend clinic approximately two to six weeks following discharge. If you have any queries regarding your appointment please contact your Consultant's secretary.

Further information

Upper Gastrointestinal Clinical Nurse Specialist Suzanne Ball
Tel: 0151 706 4704
Text phone number: 18001 0151 706 4704
Or Tel Main Switchboard Tel: 0151 706 2000 ask for bleep 5232

Kieran Murphy
Tel: 0151 706 4704
Text phone number: 18001 0151 706 4704
Or Tel: Main Switchboard 0151 706 2000 and ask for bleep 5231

Little and Often Support group
A monthly support group for patients before and after gullet or stomach surgery.
Venue - Kent Lodge, Broadgreen Hospital Site.
Thomas Drive. L14 3LB
The last Thursday of the month (except December).
1.30-3.30pm

Oesophageal Patients Association
An organisation of people who have, or had cancer of the oesophagus.
Tel: 0121 704 9860
Lines open Monday- Friday, 9am-5pm

Macmillan Cancer Support
A national charity providing expert treatment and care through specialist Macmillan nurses and doctors.
Tel: 0808 808 2020
Lines open Monday-Friday, 9am-6pm

Welfare Rights Service
There will be a Benefits Advisor from Local Solutions in:
The Macmillan Cancer Information and Support Centre
To make an appointment Tel: 0151 706 3720

NHS Single Non-emergency Service
Tel: 111

Websites

Oesophageal Patients Association
http://www.opa.org.uk/

Macmillan
http://www.macmillan.org.uk/

NHS Stop Smoking Service
Tel: 0800 0224332
http://smokefree.nhs.uk/

Department for Work and Pensions –
http://www.dwp.gov.uk/health-work-and-well-being/

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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