Thoracic Surgery
After Your Esophagectomy
Patient Education – Discharge Information

You have just had an esophagectomy. The following are definitions of terms you may hear in connection with your surgery.

**BIOPSY -**
Removal of a small piece of tissue to determine the nature of your disease.

**COLON INTERPOSITION -**
Replacing the esophagus with a piece of colon (large intestine).

**DIAPHRAGM -**
The flat muscle which separates the chest cavity from the abdominal cavity.

**DILATATION –**
Stretching the esophagus.

**DUMPING SYNDROME –**
Reaction triggered by over-filling of the stomach. The symptoms include: nausea, cramping, diarrhea, sweating or a "flushed" feeling after eating.

**ESOPHAGEAL REPLACEMENT -**
Restoring the ability to swallow after removal of the esophagus (esophagectomy) by substituting the stomach or intestine in its place.

**ESOPHAGECTOMY -**
Removal of the esophagus.

**ESOPHAGUS -**
The "swallowing passage’ or tube of muscle which allows food to pass from your mouth to your stomach.

**JEJUNOSTOMY TUBE ("J-TUBE") -**
A feeding tube placed into the small intestine (jejenum).

**JEJUNUM -**
A portion of the small Intestine.

**MASS –**
A swelling or lump of tissue.
NODULE –
A small mass of rounded or irregular shape.

REFLUX –
Backwash of acid and food from the stomach into the esophagus.

STRUCTURE –
Narrowing. Any esophageal stricture may be due to scar tissue, muscle spasm, or a tumor.

TUMOR -
An abnormal growth of tissue.
YOUR RECOVERY

ACTIVITY -
You will fatigue easily at first, but you will build up strength and energy by being persistent. Walking is an excellent activity for increasing stamina. Begin slowly and increase your activity over time. Walk every day - during inclement weather walk in a shopping mall or inside your home.

APPETITE -
You will very likely experience a loss of appetite and lack of taste for food during the first few weeks. This is not abnormal, but to heal, you must eat. Try small, frequent meals. Weigh yourself twice a week and record the weight in a diary.

BREATHING EXERCISES -
We recommend that you continue to use your spirometer at least four times a day until you are back to your normal activity pattern. The deep breathing improves lung function and helps prevent postoperative complications with lung congestion.

COMFORT -
You will be given a prescription for pain medicine at the time of your discharge from the hospital. Initially, you may need to take the medication four or five times a day. Gradually, you will be able to decrease the amount of medication you require. **If you find that you are almost out of pain medication and think you may need a refill, call the office. Be sure to call before you are completely out of pills.** Some medications require a written prescription to be refilled. These cannot be telephoned to your local pharmacy.

It takes about three months for complete healing of your incision. Do not lift more than twenty pounds during this time. When doing all activities, especially lifting, remember to breathe. Don’t hold your breath. Breathe out when the work is hardest.
YOUR RECOVERY (continued)

DIET -
After your esophagectomy you will find that you fill up very quickly. For this reason, we advise that you eat small, frequent meals and avoid drinking liquids with your food. Some people experience dumping syndrome which is manifested by any combination of the following symptoms: nausea, vomiting, cramping, flushing and diarrhea. This occurs when your stomach becomes distended (over-filled), which is why we recommended limiting your liquids with meals.

Sweets such as candy, sugar, syrups, and honey may contribute to this problem. If you experience any of these symptoms, refer to the copy of the anti-dumping diet given to you by the dietitian.

Some people experience sticking of food in their esophagus after esophageal surgery. Meat and bread are the worst offenders. Take small bites and chew your food well. If you have repeated sticking of foods call the office to discuss this problem with the nurse. It may be necessary to dilate or stretch your esophagus.

JEJUNOSTOMY TUBE (J TUBE) CARE -
Wash around the tube daily with soap and water. You may notice a thick yellow drainage from the area where the tube enters the skin. Also there maybe some redness at the J tube site. THIS IS NOT AN INFECTION. Use hydrogen peroxide to keep this clean and apply a dressing to protect your clothing. Taping the tube to your skin will decrease discomfort.

SLEEP
When you are first at home you may find it difficult to sleep a full eight hours. You may have difficulty finding a comfortable position. Gradually this will improve. If you nap or are inactive during the day, you might hinder a good night's sleep. Try to get back to your normal schedule as soon as possible.

WOUND CARE
Keep your wound clean by showering daily. Wash the incision and chest tube site(s) with soap and water. A dressing is not necessary unless there is drainage. Do not apply ointments or cream directly on the incision until you have seen your doctor for your postoperative appointment.
FREQUENTLY ASKED QUESTIONS

How long will I have discomfort?
The severity of postoperative pain gradually diminishes. By six to eight weeks after surgery, most patients experience only minimal discomfort.

What about healing of the incisions?
As stated before, complete healing takes time. Sensation (feeling) directly along the incision is often decreased, but will return.

Why do I feel full after eating so little?
Although the size of your stomach hasn't changed, the surgery stretches your stomach and places it in a new position. Because of this, your stomach will fill up more quickly. For this reason, we suggest that you eat frequent small meals. Over time, your capacity will increase.

Why do I sometimes vomit after eating?
Eating small amounts may fill your stomach and you will feel satisfied. However, because you have not eaten very much, you may try to eat more. By doing this you will overfill your stomach. If you do, some of your food may come back up. Some people experience cramping and diarrhea when they overfill their stomach.

Will I ever get back to my normal weight?
People with difficulty swallowing usually lose weight. After surgery, it is not uncommon to lose a few more pounds. With time you will gain back some, but not all of the weight you have lost. You will reach a new set point or "normal weight". Following esophagectomy and esophageal replacement with stomach, 1/3 of people lose weight, 1/3 gain weight, and 1/3 stay the same.

Is fever common?
A temperature of about 99 degrees is not uncommon after surgery. Patients notice that their temperature tends to be slightly higher in the late afternoon or evening. Doing deep breathing and coughing exercises will help control your temperature. If you have a fever of 101 degrees or above, call this office immediately.
FREQUENTLY ASKED QUESTIONS (continued)

What can be done to speed recovery?
Continue your deep breathing and coughing exercises at home, and steadily increase your activity. Snacking throughout the day will help to give you the calories you need to regain your strength.

What about infection?
If you are worried about the way your incision is healing, please call the doctor's office. You should report: **fever greater than 101 degrees; redness or increasing tenderness along the incision; or excessive drainage from the wound accompanied by fever.** The area around your jejunostomy tube may ooze a thick yellow fluid and may be slightly reddened. This is not abnormal, Keep the area clean with soap and water, if a crust forms, use hydrogen peroxide to soften and remove it.

When will the jejunostomy tube be removed?
The jejunostomy is left in place to give you more calories should you require them. It will be removed during your first post-op visit. If you haven't been using the tube and don't need it.

What medications should be taken?
At the time of discharge, discuss with the doctor any medications you may have been on prior to surgery which have not been resumed. You will also be given a prescription for pain medication. In addition, patients who are over 50 years old are often discharged on Lanoxin. Lanoxin is a medication which helps regulate your heart rate. It is prescribed to prevent any heart irregularities which occasionally occur after surgery. If this medication has been prescribed, you will take it for one month, and it will then be discontinued.

When is it safe to drive a car?
You may drive when you are no longer taking narcotic pain medication.

When will I see the doctor?
Your first postoperative check up will be scheduled about two to (cur weeks after your discharge. After that you will be followed on a regular basis dependent on your diagnosis.
FREQUENTLY ASKED QUESTIONS (continued)

When can I go back to work?
If your job requires heavy lifting, you will need to be off work for three months from the date of surgery. However, if your job is less strenuous, you may be able to go back to work in about six to eight weeks. This can be discussed with the doctor at your office visit.

What about weakness and fatigue?
You have had a major operation and fatigue is to be expected. Young or old, it takes time to recover from surgery of this kind. Although you may think that your weakness is a result of your surgery, it's also largely due to muscles being out of condition. It is estimated that a college student loses 15 percent of his muscle strength after one week of bedrest. Therefore, it is not surprising that a patient who has been hospitalized and had undergone chest surgery feels weak or tires easily in the first few weeks at home. To regain strength you must exercise daily. Do not allow yourself to be inactive.

What can I eat after having an Esophagectomy?
For the first week or two, mushy soft foods are the easiest to swallow.

Mushy soft foods are foods like: moist casseroles, soup, stew, cooked eggs, brick cheese, cottage cheese, moist pasta dishes, fish, custard, pudding, ice cream, milk, hot cereal, cold cereal that has softened in the milk, coffee, tea.

Avoid dry foods for the first week or two because they can be more difficult to swallow. Dry foods are foods like: all breads, bagels, toast, crackers, and meat that is not cut up and in a sauce.

When swallowing becomes smoother you can try adding these foods back into your diet.
FREQUENTLY ASKED QUESTIONS (continued)

Why do I need to eat so many small meals?
It is common to lose your appetite for a short period of time after an esophagectomy. Frequent small meals can help to improve your appetite. Once your appetite improves, the taste of the food gets better and you will enjoy eating again. Try to eat something every two hours that you are awake.

The space in your chest can not hold as much food as your abdomen did, this is why **6 small meals** are needed each day to get the same calories in that 3 meals gave you before surgery.

What if I want to lose weight anyway?
When you lose weight, you want it to be your stored energy or body fat. After surgery the body had a difficult time using fat for energy and instead tends to use muscle. You need your muscles to move around and most importantly to cough and deep breathe so you don't get pneumonia. Safe weight loss can be started a couple of months after your surgery, when most of the healing has occurred.

To prevent weight loss and promote wound healing **6 to 8 small meals** may be needed each day until you are able to tolerate larger volumes of food at mealtime.

Can I drink pop?
All carbonated beverages release gas when swallowed. To get rid of this gas you simply burp. After an esophagectomy it is very difficult to burp. This can lead to gas pains in your chest that need to move downhill eventually. You may think that you are having a heart attack. It is best to avoid **all carbonated beverages** for at least two months or longer.

Will I see a dietitian before I am discharged?
Yes, a dietitian will stop by and provide you with a **Mushy Soft Diet** booklet and explain this diet when you are getting close to being discharged from the hospital.
QUESTIONS FREQUENTLY ASKED (continued)

What is Dumping Syndrome?
Dumping Syndrome can occur in anyone who has had surgery on the top part of their GI track. The stomach temporarily empties everything all at one time into the small intestines. The small intestines can not tolerate the food in this form and can present with symptoms of: cramping, nausea, vomiting, sweating or dizziness. These symptoms come on very quickly either during a meal or shortly after eating a meal. If this occurs more than once in the same day and you have not over filled the stomach you may be experiencing Dumping Syndrome.

A diet for control of Dumping Syndrome will be stapled to the back of the Mushy Soft Diet booklet you receive. Use this diet only if you have symptoms of dumping. Following this diet early will not prevent you from getting Dumping Syndrome, but would restrict your calories for no reason.

The foods that are most difficult to tolerate with Dumping Syndrome are foods high in sugar. These need to be avoided if Dumping Syndrome is present.

What if I have diet questions when I get home?
Call your dietitian, Connie Cole, RD at 734-936-5923 she has voice mail and will call you back as soon as possible.

Your Diet: Mushy Soft, 6 to 8 Small Meals, No Carbonated Beverages.