

Liverpool Heart and Chest Hospital



NHS Foundation Trust

Information For Patients

Oesophagectomy

Surgical removal of a section of the food pipe



Liverpool Heart and Chest Hospital NHS Foundation Trust
Thomas Drive
Liverpool
Merseyside
L14 3PE
Telephone: 0151-228 1616
www.lhch.nhs.uk

This leaflet has been written to provide information about a surgery to remove a section of the food pipe (gullet or oesophagus). We hope it answers some of the questions or concerns you may have about the procedure. It is not intended to replace talking with medical or nursing staff.

The Oesophagus

The oesophagus is the medical name for the gullet. It is part of the digestive system that is often referred to as the food pipe. The oesophagus is a long tube that carries food from the throat to the stomach. The top part of the oesophagus lies behind the windpipe (trachea). The bottom part runs down through the chest between the spine and the heart.

What are the causes of Oesophageal cancer?

The body is made up of millions of different types of cells. Cancer happens when some of the cells multiply in an abnormal way, causing a growth called a tumour to form. Tumours can be cancerous (benign) or cancerous (malignant). Men are affected more than women and it occurs generally in older people.

One type of oesophageal cancer, known as Adenocarcinoma, appears to be more common in people who have long term acid reflux (backflow of stomach acid into the stomach). Another type is called Squamous cell carcinoma and is more common among smokers and people who drink a lot of alcohol, or have a poor diet.

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.

The Surgical Team

The team of Gastrointestinal (GI) Consultant Surgeons work across more than one hospital site. For example some members of the team work between the Royal Liverpool University Hospital and Liverpool Heart and Chest Hospital. Each consultant is specially trained in performing this type of surgery.

When you are initially reviewed in clinic by one of the Consultant Surgeons, it is important to know that this may not necessarily be the Consultant Surgeon who will perform your operation as they often have to cover each others operation lists when required. Following your surgery you will be looked after by a member of the team and the Upper GI Nurse Specialist.

What does the operation involve for Oesophagectomy?

The operation is performed under a general anaesthetic so therefore you will be asleep during the procedure.

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.
- Sometimes it may be necessary to insert a temporary feeding tube into the stomach.

How long does the procedure take?

The procedure usually takes approximately 4 hours although this varies, depending on each individuals condition.

What are the benefits of having the operation?

Your consultant will discuss with you the perceived individual benefits of having surgery. The main aim of the surgery is to remove the cancer. The treatment however may be combined with chemotherapy and/ or radiotherapy.

Are there any alternatives to the operation?

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

Are there any risks to the operation?

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 prior to the surgery taking place.

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

Preparation for Surgery

Anaesthetist

The anaesthetist is the doctor responsible for putting you to sleep for the operation and taking expert care of you during and immediately after the procedure. They usually visit you the day before your operation to check on your general health, ask you some questions about your previous medical history, and check your heart, lung and blood test results. Any medications you are taking or any allergies you have will be discussed. The anaesthetist will be particularly interested to know if you have had any chest or heart problems. They will explain the routine the night before and the day of surgery and will let you know what to expect. It is a good opportunity for you to discuss any fears or anxieties you may have about having an anaesthetic.

Pain relief following surgery

There are several ways of relieving pain following surgery including a continuous injection of a local anaesthetic and strong painkillers through a small plastic tube in your back (epidural), or an infusion of pain killers through a small tube into your vein, usually in the back of your hand (patient controlled analgesia). The anaesthetist or specialist nurse will discuss methods of pain control in more detail.

Getting ready for theatre

The nursing staff on the ward will help you get ready for your operation. You will not have anything to eat or drink in the morning. You will probably also be given a sleeping tablet to help you relax.

You will have a shower and change into a clean gown. Elastic stockings will be provided; these are compression stockings to help prevent you getting a blood clot in your legs. You will need to remove all your jewellery, although you may wear plain band rings. However, during the operation you will be given quite a lot of fluid in your I.V. drip and your fingers may swell up. If you do leave a ring on make sure it isn't fitting too tight and it must be covered with tape before you go to theatre. If you have false teeth, glasses or a hearing aid you can leave these in place until you arrive in theatre. Before you leave the ward the nurse looking after you will go through a checklist with you

What happens in the anaesthetic room?

When you come to theatre you will go to the anaesthetic room. You will meet other members of the anaesthetic team, a healthcare assistant (H.C.A.) and an operating department practitioner (O.D.P.). One of them will go through some routine checks to make sure you are in the right place, and that routine preparations have been carried out. You will be moved from your bed onto the narrow operating table. The anaesthetist will put a drip into one of your arms, which may sting a little. The O.D.P. will place some sticky pads on your chest to monitor your heartbeat, and a blood pressure cuff on one of your arms.

If you are having an epidural, the anaesthetist will probably do this next. You may be asked to sit up and lean forward. After scrubbing his or her hands, the anaesthetist will clean your skin with a cold solution to reduce the risk of infection. The actual insertion of the epidural usually takes only a few minutes. If you feel any pain in your back or strange sensations, tell the anaesthetist but try to remain still.

If you are not having an epidural or when it has been done, the

anaesthetist will then put you to sleep with an injection into your drip. You will usually be asked to take a few breaths of oxygen from a plastic facemask whilst you are going off to sleep

After The Operation

After the operation, you will be taken to the P.O.C.C.U (post operative critical care unit) or the Higher Dependency Unit (HDU). This is a large 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. As you are waking up you may become aware of the anaesthetist taking a tube out of your mouth. When that has been done 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.

- 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.
- 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.

- A feeding tube 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 or drink anything for approximately five days. After that you may have a special x-ray to check that the joins in the gut are healing properly before you are allowed to drink normally and then to start eating. You will also be referred to a dietitian so that your specific needs can be assessed.

The drains, drips and catheter will be removed gradually over seven to ten days 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.

Discharge

Overall, if there are no complications your hospital stay is usually between two and three weeks. 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 and sick notes etc.

Advice At Home after Surgery

After any major surgery you will feel weak for some time. Your strength will gradually improve, but it may take up to three to six months before you feel at your peak again. This differs from person to person; some important points to remember are listed below.

At first, you will feel very tired and will need to rest often. Avoid the temptation to nap in the chair, when you feel tired go to bed and sleep for an hour. Don't try and keep yourself awake. Don't overdo household jobs. The sort of movements that can cause discomfort are bending or stretching, lifting heavy weights and pushing or pulling. Standing for long periods can be tiring.

Exercise is important, but only start off with gentle exercise such as a short walk and build up gradually. Don't overdo it; your body is still healing. Climbing stairs can be surprisingly tiring, but is a useful way of getting exercise and judging your progress.

The time at which you can start driving varies according to the type of operation you have had and your overall progress. Ask your doctor for specific advice. Remember your movement and strength must be up to coping with an emergency stop as well as ordinary driving.

If diarrhoea is a problem let your doctor know as soon as possible.

You may notice you some numbness and a tingling feeling around your wound. This is because the nerves that are cut during the operation are slow to heal and make the area more sensitive. It can take up to twelve months for this to settle.

What changes should I make to the way I eat?

Following your operation you will now be able to eat solid food again. Your operation has meant the removal of part of the stomach and gullet. This means that your stomach will be smaller and will be higher up towards the chest. Your dietitian will discuss the following in more detail with you before you go home.

- **Eat little and Often**
- **Eat slowly**
- **Try to make food and drinks as nourishing as you can**
- **You may feel full up more quickly than before**
- **Don't drink with meals**
- **You will be more at risk of reflux (heartburn), to avoid this try not to eat late in the evening**
- **Try to keep your weight steady**

Further information

National Cancer Support services

The cancer information specialist nurses give information on all aspects of cancer and its treatment, and on the practical and emotional aspects of living with cancer.

Tel: 0808 800 1234

Line open Monday-Friday, 9am-8pm

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

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

Welfare Rights Service

There will be a Benefits Advisor from Local Solutions in:
The Macmillan Cancer Information and Support Centre at
Liverpool Hospital every Wednesday

To make an appointment Tel: 0151 706 3720

Upper GI Clinical Nurse Specialist

The Liverpool Heart and Chest Hospital
Thomas Drive

Liverpool L14 3PE

Tel: 0151 600 1218 or 0151 1018

Monday-Friday, 9am-5pm

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<p>如果您想索取一份以其他語文或形式（如大字體）編印成的資料傳單，請致電 0151 600 1257向我們查詢，並說明您所需要的形式和語文。</p>
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