

Esophagectomy

Post-operative Discharge Teaching

Patient Information Sheet

- Please arrange a family member or friend to stay with you for at least a week.
- Most esophagectomy patients go home with feeds through the feeding tube that are administered overnight each night.
- Community Care Access Centre (CCAC) will be arranged by the hospital CCAC case worker for a visiting nurse, dietitian and physiotherapist if needed.

Diet

- You will go home on a Post-esophagectomy _____ diet. You will advance to a _____ diet on: ____/____/____ and a soft diet on: ____/____/____.
- Other: _____

A dietitian will visit you at home within 3 days to check on how much you are eating and your feeds.

***** If you do not get a visit within that time, please contact your case manager at CCAC. *****

- The team will fax your feed prescription and Ontario Drug Benefit Form (ODB) which will provide your feeds at no cost. This will be sent to your pharmacy prior to your discharge to ensure the feeds are available at your pharmacy for you to pick up.

Feeding Tube Care

- The CCAC home nurse will review with you how to flush your tube and administer your own feeds as you become more comfortable with them.
- Your feeding tube needs to be flushed with 60 mL of water (1 syringe full) every four hours during the day to help prevent blockages. You do not need to flush your feeding tube through the night.
- To care for the feeding tube site, wash with soap and water daily. A small amount of brown crusting around the opening is normal. You may have a dressing over the feeding tube to absorb any drainage from around the tube.

Wound Care

- Your incisions will be open to air
- If there are dressings remaining the CCAC nurse will remove them as ordered.



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Activity

- Raise the head of your bed 30 degrees to prevent reflux.
- You will be doing your “beginner” exercises only, when you go home.
- You may progress to the post-thoracotomy exercises as described in your surgical information.
- Continue with deep breathing and coughing exercises and incentive spirometer for 3 - 4 times a day, for 2-3 weeks. Refer to your surgical information for more detail.
- Continue with walking and shoulder/leg exercises 3-4 times throughout the day.
- No heavy lifting (greater than 10 lbs) pushing, pulling or twisting for 6 weeks.
- Do NOT drive for 4-6 weeks or do NOT drive while taking narcotics (pain medication).

Bathing

- You may shower once your bandages are removed.
- Pat incision dry, do not apply creams or lotions to the site.
- No bathing, hot tub or swimming while your feeding tube is in place.

Follow-up

- Make a follow up appointment with your family doctor in 1 week to check incisions, nutrition, assess your pain management and review your home medications.
- You may have an appointment in the Cancer Centre in 2 weeks after discharge.
- You can call the Cancer Centre with questions if you had your pre-surgical treatment there.
- You will be booked by the surgeon to have a scope in approximately 6 weeks as arranged, your feeding tube may be removed at this time
- You will see the surgeon in their office at 4-6 weeks. Call to confirm your appointment with the office a few days before your appointment.

Home Medications

- Your home medications will be reviewed by the pharmacist prior to discharge
- You will be informed of any changes in your home medications while in hospital and a prescription will be provided. Speak with your family doctor at your 1 week follow-up appointment regarding these changes.

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Pain Medication

- You will be given a prescription for pain medication. Take pain medication as needed to comfortably manage your pain.
- Contact your oncology team for pain and symptom management
- Constipation is common when taking narcotics. Take a stool softener while on narcotics or a mild laxative if necessary.



Call your Family Doctor and update the Cancer Centre Team if you are experiencing any:

- Signs of infection: fever (temperature greater than 38°C), chills, redness around surgical site, drainage that appears like pus or a foul smell from your surgical incision or J-tube site
- New swelling and pain to lower legs
- Increased pain that is not relieved by pain medication
- Difficulty swallowing
- Constipation



Go to the closest Emergency if you experience any:

- Bleeding
- Sudden shortness of breath or difficulty breathing
- Chest pain
- Persistent vomiting
- Unable to unblock feeding tube, feeding tube that has moved out of place or fallen out.

