

Open Esophagectomy Pathway

These are goals for your recovery. **Your experience may not follow this pathway exactly.** Your doctor or nurse will tell you what to expect. Read your *About Your Esophagectomy Surgery* guide for more information.

| | Before Surgery | |
|---|---|---|
| What should I do? | <ul style="list-style-type: none"> Follow the instructions in your <i>About Your Esophagectomy Surgery</i> guide. Buy a wedge pillow. Exercise for 30 minutes (such as walking) every day. Brush your teeth after you eat. Practice using your incentive spirometer. Stop smoking 2 or more weeks before surgery. For help quitting, call 212-610-0507 to make an appointment with the Tobacco Treatment Program. | <ul style="list-style-type: none"> Start planning your care after surgery. Talk with your health care agent about your advance directives (such as your Health Care Proxy form). Plan your ride home after surgery. Make sure someone can pick you up by 11:00 AM on your expected discharge date. <p>The night before surgery:</p> <ul style="list-style-type: none"> Wash with Hibiclens®. |
| What tests, procedures, and medical devices should I expect? | <p>Presurgical testing (PST) appointment:</p> <ul style="list-style-type: none"> Bring a list of all medications you take. Bring results from medical tests done outside of MSK. Bring a copy of your Health Care Proxy form (if you have one). | <ul style="list-style-type: none"> Your nurse practitioner may order more tests or appointments. |
| What medications will I take? | <ul style="list-style-type: none"> Ask your doctor when to stop taking blood thinners (such as aspirin), nonsteroidal anti-inflammatory drugs (NSAIDs), and herbal supplements. | <p>3 days before surgery:</p> <ul style="list-style-type: none"> Men over 50 years old may need to take doxazosin (Cardura®) for 3 days before surgery. Follow your doctor's instructions. |
| What can I eat and drink? | <ul style="list-style-type: none"> Don't drink alcohol. Follow a healthy diet. | <p>The day before surgery:</p> <ul style="list-style-type: none"> Follow a clear liquid diet. Don't drink or eat anything after midnight. |

| | Day of Surgery | |
|---|---|--|
| What should I do? | <p>Before surgery:</p> <ul style="list-style-type: none"> • Wash with Hibiclens before you leave for the hospital. • Brush your teeth. | <p>After surgery:</p> <ul style="list-style-type: none"> • Use your incentive spirometer 10 times each hour you're awake. |
| What tests, procedures, and medical devices should I expect? | <p>Placed before surgery:</p> <ul style="list-style-type: none"> • Intravenous (IV) line • Epidural catheter • Compression boots <p>Placed during surgery:</p> <ul style="list-style-type: none"> • Chest tubes • Feeding tube • Urinary (Foley®) catheter • Nasogastric (NG) tube • Arterial line <p>You will have these tubes and medical devices when you wake up after surgery.</p> | <p>After surgery:</p> <ul style="list-style-type: none"> • Your arterial line will be removed in the Post-Anesthesia Care Unit (PACU). |
| What medications will I take? | <p>The morning before surgery:</p> <ul style="list-style-type: none"> • Take only the medications you were told to take at presurgical testing or by your surgeon. Take them with a small sip of water. | <p>After surgery:</p> <ul style="list-style-type: none"> • Pain medication • Blood thinner injection (shot) |
| What can I eat and drink? | <p>2 hours before your scheduled arrival time:</p> <ul style="list-style-type: none"> • Drink the ClearFast® PreOp drink your nurse gave you. • After you finish the ClearFast, don't eat or drink anything else. | <p>After surgery:</p> <ul style="list-style-type: none"> • Don't eat or drink anything. |

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While you're in the hospital:

- Your weight will be measured every day.
- Keep the head of your bed raised to 30 degrees.
- Wear compression boots while you're in bed.
- Tell your nurse if your pain isn't controlled.

| | 1 Day After Surgery | 2 Days After Surgery |
|---|--|--|
| What should I do? | <ul style="list-style-type: none"> • Learn about caring for your incisions and feeding tube. • Brush your teeth and use a mouth rinse 3 or more times today. • Move from your bed to your chair. • Walk 7 laps around the nursing unit. • Use your incentive spirometer 10 times each hour you're awake. • Do coughing and deep breathing exercises. | <ul style="list-style-type: none"> • Meet with an inpatient clinical dietitian nutritionist and case manager. • Learn about caring for your incisions and feeding tube. • Brush your teeth and use a mouth rinse 3 or more times today. • Sit in your chair for 2 hours or more. • Walk 10 laps around the nursing unit. • Use your incentive spirometer 10 times each hour you're awake. • Do coughing and deep breathing exercises. |
| What tests, procedures and medical devices should I expect? | <ul style="list-style-type: none"> • You will get fluids in your IV line. • You will have a chest x-ray. • You will have blood tests. • Your urinary catheter may be removed. | <ul style="list-style-type: none"> • None |
| What medications will I take? | <ul style="list-style-type: none"> • Epidural pain medication • IV pain medication • Blood thinner injection • Doxazosin in your feeding tube | <ul style="list-style-type: none"> • Epidural pain medication • IV pain medication • Blood thinner injection • Doxazosin in your feeding tube |
| What can I eat and drink? | <ul style="list-style-type: none"> • Don't eat or drink anything. | <ul style="list-style-type: none"> • Don't eat or drink anything. • You will start to get nutrition through your feeding tube. |

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| | 3 Days After Surgery | 4 Days After Surgery |
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| What should I do? | <ul style="list-style-type: none"> • Learn about caring for your incisions. • Start practicing caring for your feeding tube. • Brush your teeth and use a mouth rinse 3 or more times today. • Sit in your chair for 3 or more hours. • Walk 14 laps (1 mile) around the nursing unit. • Use your incentive spirometer 10 times each hour you're awake. • Do coughing and deep breathing exercises. | <ul style="list-style-type: none"> • Learn about caring for your incisions. • Keep practicing caring for your feeding tube. • Brush your teeth and use a mouth rinse 3 or more times today. • Sit in your chair for 4 or more hours. • Walk 14 laps (1 mile) around the nursing unit. • Use your incentive spirometer 10 times each hour you're awake. • Do coughing and deep breathing exercises. |
| What tests, procedures and medical devices should I expect? | <ul style="list-style-type: none"> • Your chest tubes may be removed. • Your NG tube may be removed. • Your epidural catheter may be removed. | <ul style="list-style-type: none"> • None |
| What medications will I take? | <ul style="list-style-type: none"> • Pain medication in your feeding tube • Blood thinner injection • Doxazosin in your feeding tube | <ul style="list-style-type: none"> • Pain medication in your feeding tube (as needed) • Doxazosin in your feeding tube |
| What can I eat and drink? | <ul style="list-style-type: none"> • Don't eat or drink anything. • You will get nutrition through your feeding tube. • Your tube feeds will gradually be increased to the goal set by your doctor. | <ul style="list-style-type: none"> • Don't eat or drink anything. • You will get nutrition through your feeding tube. |

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| | 5 Days After Surgery | 6 Days After Surgery (Target Discharge Day) |
|---|--|---|
| What should I do? | <ul style="list-style-type: none"> • Make sure you have a ride home after discharge. • Learn about caring for your incisions. • Keep practicing caring for your feeding tube. • Brush your teeth and use a mouth rinse 3 or more times today. • Sit in your chair for 6 or more hours. • Walk 14 laps (1 mile) around the nursing unit. • Use your incentive spirometer 10 times each hour you're awake. • Do coughing and deep breathing exercises. | <ul style="list-style-type: none"> • Learn about caring for your incisions. • Keep practicing caring for your feeding tube. • Brush your teeth and use a mouth rinse 3 or more times a day. • Sit in your chair for 6 or more hours. • Walk 14 laps (1 mile) around the nursing unit. • Use your incentive spirometer 10 times each hour you're awake. • Do coughing and deep breathing exercises. • Talk to your case manager to check that your home tube feeding supplies have been delivered. • If a nurse will be visiting you at home, talk to your case manager to get information about the nursing agency. <p>Before you're discharged:</p> <ul style="list-style-type: none"> • Gather your belongings in the morning. • Plan to leave the hospital by 11:00 AM. <p>If you're discharged before your ride home is ready, you may be able to wait for your ride in the Patient Transition Lounge. Your nurse will give you more information.</p> |
| What tests, procedures and medical devices should I expect? | <ul style="list-style-type: none"> • Chest x-ray • Blood tests | <p>Before you're discharged:</p> <ul style="list-style-type: none"> • Your nurse will give you discharge instructions. • Your IV line will be removed. • You will go home with your feeding tube in place. |
| What medications will I take? | <ul style="list-style-type: none"> • Pain medication in your feeding tube (as needed) • Doxazosin in your feeding tube | <ul style="list-style-type: none"> • Pain medication in your feeding tube (as needed) • Doxazosin in your feeding tube (if needed) <p>Before you're discharged:</p> <ul style="list-style-type: none"> • Your doctor will give you prescriptions for oral pain medication and stool softeners. • A member of your healthcare will talk with you about the medications you will take at home. |
| What can I eat and drink? | <ul style="list-style-type: none"> • You will get nutrition through your feeding tube. • You can try drinking small amounts of liquids when your doctor says it's okay. | <ul style="list-style-type: none"> • You will get nutrition through your feeding tube. • You can try drinking small amounts of liquids when your doctor says it's okay. |

After Discharge

What should I do?

- Follow the instructions in your *About Your Esophagectomy Surgery* guide.
- You will need to raise the head of your bed for the rest of your life.
- Walk 1 mile every day.
- Increase your physical activity as much as you can every day.
- Don't drive until your doctor says it's okay.
- Don't lift more than 10 pounds (4.5 kilograms) for 8 weeks.
- Call your doctor if you haven't had a bowel movement in 48 hours.

What tests, procedures, and medical devices should I expect?

- An outpatient clinical dietitian will call you to give you instructions for slowly getting less nutrition from your feeding tube and more nutrition from your diet.
- Your feeding tube will be removed during your first appointment after surgery, if you're getting enough nutrition from your diet.

What medications will I take?

- Oral pain medication (as needed)
- Stool softeners (as needed)

What can I eat and drink?

- You will go home with a feeding tube.
- Follow your outpatient clinical dietitian nutritionist's instructions for how to slowly start eating again.
- Read the resource *Diet and Nutrition During Treatment for Esophageal Cancer* for more information.

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Activity and Recovery Log

Use this log to track your recovery after your surgery.

| | 1 Day After Surgery | 2 Days After Surgery | 3 Days After Surgery |
|--|--|--|--|
| Walking Check 1 box each time you walk 1 lap around the nursing unit. | Goal: Walk 7 laps. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Goal: Walk 10 laps. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Goal: Walk 14 laps (1 mile). <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Sitting Check 1 box for each hour you sit in your chair. | Goal: Move to your chair. <input type="checkbox"/> | Goal: Sit in your chair for 2 hours or more. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Goal: Sit in your chair for 3 hours or more. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Incentive Spirometer Check 1 box for each hour you use your incentive spirometer 10 times. | Goal: 10 times each hour <input type="checkbox"/> 6 AM <input type="checkbox"/> 7 AM <input type="checkbox"/> 8 AM <input type="checkbox"/> 9 AM <input type="checkbox"/> 10 AM <input type="checkbox"/> 11 AM <input type="checkbox"/> 12 PM <input type="checkbox"/> 1 PM <input type="checkbox"/> 2 PM <input type="checkbox"/> 3 PM <input type="checkbox"/> 4 PM <input type="checkbox"/> 5 PM <input type="checkbox"/> 6 PM <input type="checkbox"/> 7 PM <input type="checkbox"/> 8 PM <input type="checkbox"/> 9 PM <input type="checkbox"/> 10 PM | Goal: 10 times each hour <input type="checkbox"/> 6 AM <input type="checkbox"/> 7 AM <input type="checkbox"/> 8 AM <input type="checkbox"/> 9 AM <input type="checkbox"/> 10 AM <input type="checkbox"/> 11 AM <input type="checkbox"/> 12 PM <input type="checkbox"/> 1 PM <input type="checkbox"/> 2 PM <input type="checkbox"/> 3 PM <input type="checkbox"/> 4 PM <input type="checkbox"/> 5 PM <input type="checkbox"/> 6 PM <input type="checkbox"/> 7 PM <input type="checkbox"/> 8 PM <input type="checkbox"/> 9 PM <input type="checkbox"/> 10 PM | Goal: 10 times each hour <input type="checkbox"/> 6 AM <input type="checkbox"/> 7 AM <input type="checkbox"/> 8 AM <input type="checkbox"/> 9 AM <input type="checkbox"/> 10 AM <input type="checkbox"/> 11 AM <input type="checkbox"/> 12 PM <input type="checkbox"/> 1 PM <input type="checkbox"/> 2 PM <input type="checkbox"/> 3 PM <input type="checkbox"/> 4 PM <input type="checkbox"/> 5 PM <input type="checkbox"/> 6 PM <input type="checkbox"/> 7 PM <input type="checkbox"/> 8 PM <input type="checkbox"/> 9 PM <input type="checkbox"/> 10 PM |
| Lung Exercises Check 1 box each time you do your coughing and deep breathing exercises. | No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Mouth Care Check 1 box each time you clean your mouth. | Goal: Brush your teeth and use a mouth rinse 3 or more times. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Goal: Brush your teeth and use a mouth rinse 3 or more times. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Goal: Brush your teeth and use a mouth rinse 3 or more times. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Bowel Movements Check 1 box each time you have a bowel movement. | No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

| | 4 Days After Surgery | 5 Days After Surgery | 6 Days After Surgery |
|--|--|--|--|
| Walking Check 1 box each time you walk 1 lap around the nursing unit. | Goal: Walk 14 laps (1 mile). <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Goal: Walk 14 laps (1 mile). <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Goal: Walk 14 laps (1 mile). <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Sitting Check 1 box for each hour you sit in your chair. | Goal: Sit in your chair for 4 hours or more. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Goal: Sit in your chair for 6 hours or more. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Goal: Sit in your chair for 6 hours or more. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Incentive Spirometer Check 1 box for each hour you use your incentive spirometer 10 times. | Goal: 10 times each hour <input type="checkbox"/> 6 AM <input type="checkbox"/> 7 AM <input type="checkbox"/> 8 AM <input type="checkbox"/> 9 AM <input type="checkbox"/> 10 AM <input type="checkbox"/> 11 AM <input type="checkbox"/> 12 PM <input type="checkbox"/> 1 PM <input type="checkbox"/> 2 PM <input type="checkbox"/> 3 PM <input type="checkbox"/> 4 PM <input type="checkbox"/> 5 PM <input type="checkbox"/> 6 PM <input type="checkbox"/> 7 PM <input type="checkbox"/> 8 PM <input type="checkbox"/> 9 PM <input type="checkbox"/> 10 PM | Goal: 10 times each hour <input type="checkbox"/> 6 AM <input type="checkbox"/> 7 AM <input type="checkbox"/> 8 AM <input type="checkbox"/> 9 AM <input type="checkbox"/> 10 AM <input type="checkbox"/> 11 AM <input type="checkbox"/> 12 PM <input type="checkbox"/> 1 PM <input type="checkbox"/> 2 PM <input type="checkbox"/> 3 PM <input type="checkbox"/> 4 PM <input type="checkbox"/> 5 PM <input type="checkbox"/> 6 PM <input type="checkbox"/> 7 PM <input type="checkbox"/> 8 PM <input type="checkbox"/> 9 PM <input type="checkbox"/> 10 PM | Goal: 10 times each hour <input type="checkbox"/> 6 AM <input type="checkbox"/> 7 AM <input type="checkbox"/> 8 AM <input type="checkbox"/> 9 AM <input type="checkbox"/> 10 AM <input type="checkbox"/> 11 AM <input type="checkbox"/> 12 PM <input type="checkbox"/> 1 PM <input type="checkbox"/> 2 PM <input type="checkbox"/> 3 PM <input type="checkbox"/> 4 PM <input type="checkbox"/> 5 PM <input type="checkbox"/> 6 PM <input type="checkbox"/> 7 PM <input type="checkbox"/> 8 PM <input type="checkbox"/> 9 PM <input type="checkbox"/> 10 PM |
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| Bowel Movements Check 1 box each time you have a bowel movement. | No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

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