

Surgery date: \_\_\_\_\_

Expected discharge date: \_\_\_\_\_

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

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

Notes \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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



# 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
<b>Walking</b> 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"/>
<b>Sitting</b> 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"/>
<b>Incentive Spirometer</b> 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
<b>Lung Exercises</b> 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"/>
<b>Mouth Care</b> 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"/>
<b>Bowel Movements</b> 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
<b>Walking</b> 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"/>
<b>Sitting</b> 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"/>
<b>Incentive Spirometer</b> 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
<b>Lung Exercises</b> 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"/>
<b>Mouth Care</b> 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"/>
<b>Bowel Movements</b> 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"/>

Notes \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_