



Surgery date: _____

Expected discharge date: _____

Minimally Invasive or Robotic-Assisted Esophagectomy Pathway

These are goals for your recovery. **Your recovery may not follow this pathway exactly.** Your care team will help you know what to expect.

Follow the instructions from your care team and in *About Your Esophagectomy Surgery*. A member of your care team will give you a copy. You can also find it at www.mskcc.org/pe/esophagectomy.

Getting Ready for Your Surgery

What to do

- Plan your care after surgery.
 - Identify your caregiver.
 - Plan your ride home after surgery. Make sure they can pick you up by 11 am on your discharge date.
- Get your body ready for surgery.
 - Follow your healthcare provider's instructions for taking medications.
 - Exercise (such as walking) for 30 minutes daily.
 - Brush your teeth after you eat.
 - Practice using your incentive spirometer.
 - Stop smoking before surgery. For help quitting, call 212-610-0507 to make an appointment with the Tobacco Treatment Program.
 - Do not drink alcohol for 7 days before your surgery.
- Set up a MyMSK account, if you have not already. Visit www.mskcc.org/pe/enroll_mymsk for instructions.

- Fill out a Health Care Proxy form, if you have not already. You can ask your care team for a copy or find it at www.health.ny.gov/publications/1430.pdf

What to buy

- 4% chlorhexidine gluconate (CHG) solution antiseptic skin cleanser, such as Hibiclens®.
- A wedge pillow.
- Clear liquids.

Presurgical Testing (PST) appointment

- Bring a list of all the prescription and over-the-counter medications you take.
- Bring important medical notes or results from tests done outside of MSK, if your MSK care team doesn't already have them.
- Bring a copy of your Health Care Proxy form, if you filled one out.
- Your care team may order other tests or appointments.

3 Days Before Your Surgery

What to do

- Males ages 50 or older may need to take doxazosin (Cardura®) for 3 days before surgery. Follow your healthcare provider's instructions.
- Ask your care team for a referral to the MSK esophageal support group or the Patient and Caregiver Peer Support Program to talk to someone who has been through a treatment like yours.

1 Day Before Your Surgery

What to do

- Follow your care team's instructions for taking your medications.
- Shower before you go to bed.
 - Wash your hair, face, and genital area as usual.
 - Wash from your neck to your feet with 4% CHG solution. Avoid your head and genital area.
 - Dry yourself with a clean towel. Don't use lotion, cream, deodorant, makeup, powder, perfume, or cologne afterward.

What to eat and drink

- **Follow a clear liquid diet.** See page 16 of *About Your Esophagectomy Surgery* for more information.
 - Do not eat any solid foods.
 - Try to drink at least 1 (8-ounce) cup of clear liquid every hour you're awake.
 - Drink different types of clear liquids. Do not just drink water, coffee, and tea.

The Day of Your Surgery (Before Surgery)

What to eat and drink

- **Do not eat anything.**
- If your care team gave you a CF(Preop)[®] drink, finish it 2 hours before your scheduled arrival time. **Do not drink anything else, including water.**
- If your care team did **not** give you a CF(Preop) drink, you can drink a total of 12 ounces of water between midnight and 2 hours before your scheduled arrival time. **Do not drink anything else.**
- **Do not drink anything starting 2 hours before your scheduled arrival time.** This includes water and CF(Preop).

What to do

- Take only the medications your healthcare provider told you to take. Take them with a small sip of water.
- Shower. Follow the same steps as last night.
- Brush your teeth.

Things to remember

- If you use contact lenses, wear glasses instead.
- Take off metal objects and jewelry, including piercings.
- Leave valuable items at home.
- Bring your Health Care Proxy form and other advance directives, if you've filled them out.

The Day of Your Surgery (After Surgery)

Drains, tubes, and medical devices you'll have

- A urinary (Foley) catheter.
- An intravenous (IV) line.
- A nasogastric (NG) tube.
- A jejunostomy tube (feeding tube).
- A chest tube.
- Compression boots on your legs.

Medications you'll take

- Pain medication, if you need it.
- Nausea medication, if you need it.
- Blood thinner injection (shot).

What you'll eat and drink

- You will not be able to eat or drink for a few days after your surgery. You will get nutrition through your feeding tube.

What to do

- Use your incentive spirometer 10 times every hour you're awake.
- Do coughing and deep breathing exercises.
- Keep the head of your bed raised.

1 Day After Your Surgery

Tests and procedures you'll have

- Your Foley catheter may be removed.
- You will get fluids in your IV line.
- You will have a chest X-ray.
- You will have blood tests.

Medications you'll take

- Some of your usual medications. Your care team will give you more information.
- Pain medication, if you need it.
- Blood thinner injection.
- Doxazosin in your feeding tube, if you need it.

What to do

- Use your incentive spirometer 10 times every hour you're awake.
- Do coughing and deep breathing exercises.
- Move to your chair with help.
- Walk 7 laps around the nursing unit.
- Learn about caring for your incisions and feeding tube.
- Brush your teeth and use a mouth rinse 3 or more times today.
- Keep the head of your bed raised.

2 Days After Your Surgery

Medications you'll take

- Some of your usual medications. Your care team will give you more information.
- Pain medication, if you need it.
- Blood thinner injection.
- Doxazosin in your feeding tube, if you need it.

What to do

- Meet with an inpatient clinical dietitian-nutritionist and case manager.
- Learn about caring for your incisions and feeding tube.

What to do (continued)

- 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.
- Keep the head of your bed raised.

3 Days After Your Surgery

Tests and procedures you'll have

- Your chest tubes may be removed.
- Your NG tube may be removed.

Medications you'll take

- Some of your usual medications. Your care team will give you more information.
- Pain medication, if you need it.
- Blood thinner injection.
- Doxazosin in your feeding tube, if you need it.

What to do

- 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.
- Keep the head of your bed raised.

4 Days After Your Surgery

Medications you'll take

- Some of your usual medications. Your care team will give you more information.
- Pain medication, if you need it.
- Doxazosin in your feeding tube, if you need it.
- Blood thinner injection.

What to do

- Practice caring for your incisions and feeding tube.
- Brush your teeth and use a mouth rinse 3 or more times today.

What to do (continued)

- 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.
- Keep the head of your bed raised.

5 Days After Your Surgery

Tests and procedures you'll have

- Chest x-ray.
- Blood tests.

Medications you'll take

- Some of your usual medications. Your care team will give you more information.
- Pain medication, if you need it.
- Doxazosin in your feeding tube, if you need it.
- Blood thinner injection.

What you'll eat and drink

- You will keep getting nutrition through your feeding tube.
- You can try drinking small amounts of liquids when your care team says it's OK.

What to do

- 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.
- Keep the head of your bed raised.

6 Days After Your Surgery (Expected Day of Discharge)

What to expect

- Your nurse will give you discharge instructions and review your medications.
- If a nurse will be visiting you at home, your case manager will give you information about the nursing agency.
- Your IV line will be removed before you leave the hospital.
- You will go home with your feeding tube.

Medications you'll take

- Some of your usual medications. Your care team will give you more information.
- Pain medication, if you need it.
- Doxazosin in your feeding tube, if you need it.
- 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.
- Blood thinner injection.

What you'll eat and drink

- You will keep getting nutrition through your feeding tube.
- You can try drinking small amounts of liquids when your care team says it's OK.

What to do

- 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.

Leaving the hospital

- Plan to leave the hospital by 11 a.m.
- If your ride is not ready when you're discharged, you may move to the discharge lounge while you wait. Ask your nurse for more information.

At Home

Remember to follow your care team's instructions and the instructions in *About Your Esophagectomy Surgery* while you're recovering from your surgery.

Taking your medications

- Take your medication as directed and as needed.
- Don't drive or drink alcohol while you're taking prescription pain medication.

Eating and drinking

- You will go home with a feeding tube.
- 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.
- Read the resource *Diet and Nutrition During Treatment for Esophageal Cancer* (www.mskcc.org/pe/diet_esophageal_cancer) for more information.
- Your feeding tube will be removed during your first appointment after surgery, if you're getting enough nutrition from your diet.

What to do

- **You will need to raise the head of your bed for the rest of your life.**
- Walk more than you did yesterday.
- Don't drive until your care team says it's OK.
- Don't lift more than 10 pounds (4.5 kilograms) for 8 weeks.
- Fill out your Recovery Tracker on MyMSK every day for the first 10 days after you leave the hospital.

When to call your care team

Call your care team if you have:

- A fever of 101 °F (38.3 °C) or higher.
- New or worsening chills or sweating.
- New or worsening redness or swelling around your incision.
- New drainage from your incision or drainage that smells bad or is thick or yellow.
- Pain that doesn't get better with medication.
- A new or worsening cough.

If you have any questions, contact your care team Monday to Friday from 9 a.m. to 5 p.m. After 5 p.m., on weekends, and on holidays, call 212-639-2000. Ask to speak to the person on call for your healthcare provider.

Activity and Recovery Log

Use this log to track your recovery after surgery.

	1 Day After Surgery	2 Days After Surgery	3 Days After Surgery
Walking Check 1 box for each lap you walk around the unit.	Goal: Walk 7 laps. <input type="checkbox"/> <input type="checkbox"/> <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 with help. <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 each hour you use your incentive spirometer 10 times.	Goal: 10 times each hour you're awake. <input type="checkbox"/> 6 a.m. <input type="checkbox"/> 12 p.m. <input type="checkbox"/> 6 p.m. <input type="checkbox"/> 7 a.m. <input type="checkbox"/> 1 p.m. <input type="checkbox"/> 7 p.m. <input type="checkbox"/> 8 a.m. <input type="checkbox"/> 2 p.m. <input type="checkbox"/> 8 p.m. <input type="checkbox"/> 9 a.m. <input type="checkbox"/> 3 p.m. <input type="checkbox"/> 9 p.m. <input type="checkbox"/> 10 a.m. <input type="checkbox"/> 4 p.m. <input type="checkbox"/> 10 p.m. <input type="checkbox"/> 11 a.m. <input type="checkbox"/> 5 p.m. <input type="checkbox"/> 11 p.m.	Goal: 10 times each hour you're awake. <input type="checkbox"/> 6 a.m. <input type="checkbox"/> 12 p.m. <input type="checkbox"/> 6 p.m. <input type="checkbox"/> 7 a.m. <input type="checkbox"/> 1 p.m. <input type="checkbox"/> 7 p.m. <input type="checkbox"/> 8 a.m. <input type="checkbox"/> 2 p.m. <input type="checkbox"/> 8 p.m. <input type="checkbox"/> 9 a.m. <input type="checkbox"/> 3 p.m. <input type="checkbox"/> 9 p.m. <input type="checkbox"/> 10 a.m. <input type="checkbox"/> 4 p.m. <input type="checkbox"/> 10 p.m. <input type="checkbox"/> 11 a.m. <input type="checkbox"/> 5 p.m. <input type="checkbox"/> 11 p.m.	Goal: 10 times each hour you're awake. <input type="checkbox"/> 6 a.m. <input type="checkbox"/> 12 p.m. <input type="checkbox"/> 6 p.m. <input type="checkbox"/> 7 a.m. <input type="checkbox"/> 1 p.m. <input type="checkbox"/> 7 p.m. <input type="checkbox"/> 8 a.m. <input type="checkbox"/> 2 p.m. <input type="checkbox"/> 8 p.m. <input type="checkbox"/> 9 a.m. <input type="checkbox"/> 3 p.m. <input type="checkbox"/> 9 p.m. <input type="checkbox"/> 10 a.m. <input type="checkbox"/> 4 p.m. <input type="checkbox"/> 10 p.m. <input type="checkbox"/> 11 a.m. <input type="checkbox"/> 5 p.m. <input type="checkbox"/> 11 p.m.
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"/>	No goal <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"/>
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 poop.	No goal <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"/>	No goal <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 for each lap you walk around the unit.	Goal: 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: 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"/> <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"/>	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"/>	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"/>
Incentive Spirometer Check 1 box each hour you use your incentive spirometer 10 times.	Goal: 10 times each hour you're awake <input type="checkbox"/> 6 a.m. <input type="checkbox"/> 12 p.m. <input type="checkbox"/> 6 p.m. <input type="checkbox"/> 7 a.m. <input type="checkbox"/> 1 p.m. <input type="checkbox"/> 7 p.m. <input type="checkbox"/> 8 a.m. <input type="checkbox"/> 2 p.m. <input type="checkbox"/> 8 p.m. <input type="checkbox"/> 9 a.m. <input type="checkbox"/> 3 p.m. <input type="checkbox"/> 9 p.m. <input type="checkbox"/> 10 a.m. <input type="checkbox"/> 4 p.m. <input type="checkbox"/> 10 p.m. <input type="checkbox"/> 11 a.m. <input type="checkbox"/> 5 p.m. <input type="checkbox"/> 11 p.m.	Goal: 10 times each hour you're awake <input type="checkbox"/> 6 a.m. <input type="checkbox"/> 12 p.m. <input type="checkbox"/> 6 p.m. <input type="checkbox"/> 7 a.m. <input type="checkbox"/> 1 p.m. <input type="checkbox"/> 7 p.m. <input type="checkbox"/> 8 a.m. <input type="checkbox"/> 2 p.m. <input type="checkbox"/> 8 p.m. <input type="checkbox"/> 9 a.m. <input type="checkbox"/> 3 p.m. <input type="checkbox"/> 9 p.m. <input type="checkbox"/> 10 a.m. <input type="checkbox"/> 4 p.m. <input type="checkbox"/> 10 p.m. <input type="checkbox"/> 11 a.m. <input type="checkbox"/> 5 p.m. <input type="checkbox"/> 11 p.m.	Goal: 10 times each hour you're awake <input type="checkbox"/> 6 a.m. <input type="checkbox"/> 12 p.m. <input type="checkbox"/> 6 p.m. <input type="checkbox"/> 7 a.m. <input type="checkbox"/> 1 p.m. <input type="checkbox"/> 7 p.m. <input type="checkbox"/> 8 a.m. <input type="checkbox"/> 2 p.m. <input type="checkbox"/> 8 p.m. <input type="checkbox"/> 9 a.m. <input type="checkbox"/> 3 p.m. <input type="checkbox"/> 9 p.m. <input type="checkbox"/> 10 a.m. <input type="checkbox"/> 4 p.m. <input type="checkbox"/> 10 p.m. <input type="checkbox"/> 11 a.m. <input type="checkbox"/> 5 p.m. <input type="checkbox"/> 11 p.m.
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Bowel Movements Check 1 box each time you poop.	No goal <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"/>	No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>