whether the cancer is adenocarcinoma or squamous cell carcinoma (squamous cell carcinoma can sometimes be managed with chemotherapy and radiation therapy alone)

the size of the tumor

how deeply the cancer has spread into the wall of the esophagus

whether the cancer has spread to the lymph nodes or other organs

your overall health

For most patients, surgery is not the first treatment, since esophageal cancer isn't usually diagnosed until it is advanced. You may first receive a combination of chemotherapy and radiation therapy to shrink the tumor and make it easier to remove.

Esophagectomy

In an esophagectomy, the goal is to remove all of the tumor in order to prevent it from returning or spreading.

Your surgeon removes the tumor, part of the esophagus, tissue around the tumor, and lymph nodes where cancer cells may have spread. The stomach is then attached to the remaining part of the healthy esophagus. When the stomach is not available or if it needs to be removed because it also has cancer, portions of the large or small intestine may be used instead so you can eat.

For an esophagectomy, we can use open surgery or a minimally invasive technique, depending on your case.

Minimally Invasive Surgery

We do many operations for esophageal cancer using minimally invasive techniques, including robotic-assisted surgery. Minimally invasive surgery uses small cuts. Its benefits include:

less damage to healthy tissue during an operation

shorter hospitalization time

less pain

fewer complications, particularly in older patients

Our surgeons are leaders in robotic-assisted surgery. This approach is not effective for all patients, however. Your doctor will discuss this technique with you if he or she thinks it could help.

After Your Surgery

Surgery for esophageal cancer can sometimes lead to complications, including:

- infections
- leaks and blockages where the remaining esophagus and the stomach, colon, or small bowel are reattached
- gastroesophageal reflux
- a feeling of fullness after eating only little bit of food
- dumping syndrome, in which food or liquid moves into the small intestine too quickly, causing sweating, dizziness, cramps, and diarrhea.

Our doctors, nurses, and other experts will monitor you closely after surgery. They are experts in these complications and other side effects. Tell your cancer care team if you have any discomfort after you leave the hospital. Treatments are available to help many of these symptoms.

Resection and Ablation

Precancers or very early-stage tumors may be treated with a simple technique called endoscopic mucosal resection (EMR). Using an endoscope (a flexible, narrow tube that goes through the mouth), your doctor removes the precancerous tissue or tumor from the inside lining of the esophagus by shaving it off, without taking out the esophagus itself.

We also may use thermal therapy, such as radiofrequency ablation (RFA), along with EMR in precancerous areas or small tumors. RFA delivers heat from a special tool to treat precancerous areas, such as those affected by Barrett's esophagus. Using these techniques may avoid the need for removing the esophagus.

Stenting

If a tumor is blocking the esophagus, a doctor can implant a metal or plastic device called a stent into the esophagus to keep it open. This makes it easier to swallow so you can eat a nutritious diet.

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