

# About Your Esophagectomy Surgery

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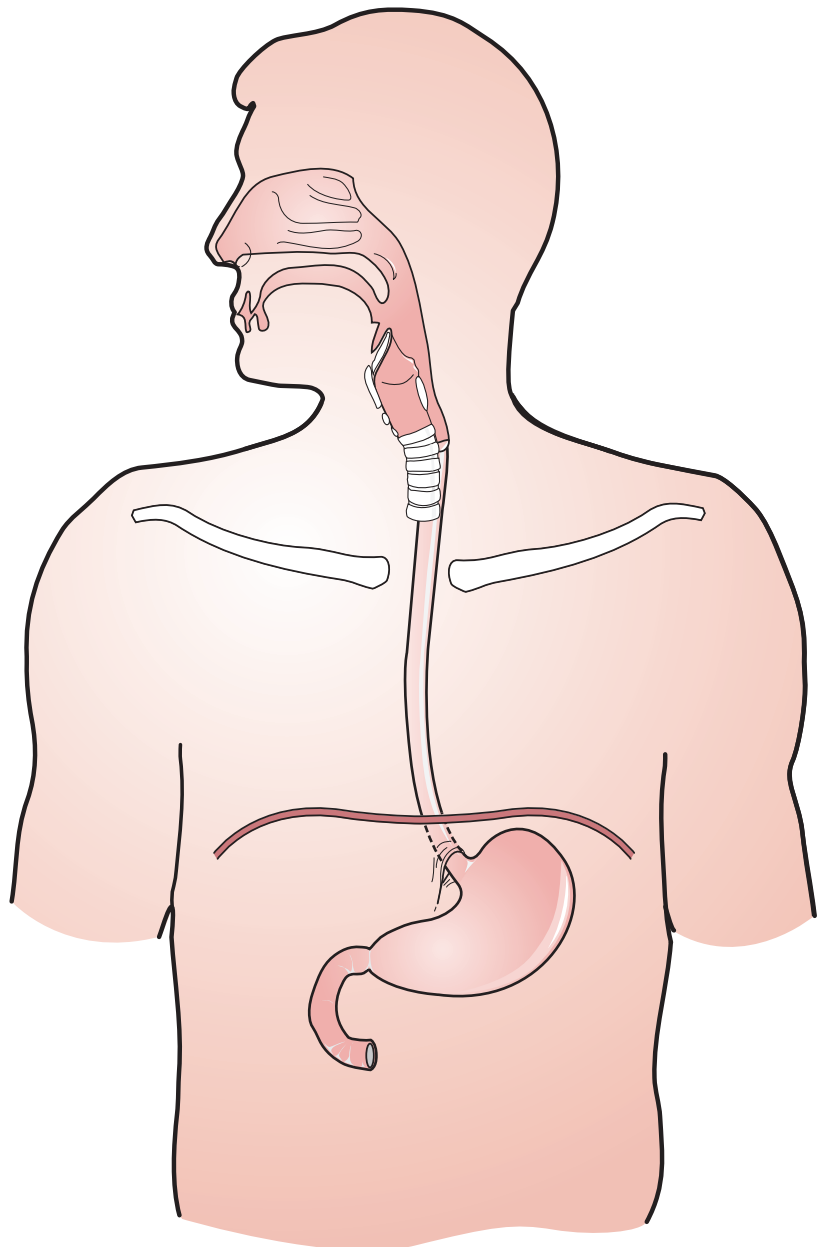
# About Your Surgery

This guide will help you prepare for your esophagectomy surgery at Memorial Sloan Kettering Cancer Center, and help you understand what to expect during your recovery. Read through this guide at least once before your surgery and then use it as a reference in the days leading up to your surgery. Bring this guide with you every time you come to MSK, including the day of your surgery, so that you and your healthcare team can refer to it throughout your care.

An esophagectomy is a surgery to remove part of the food pipe between your mouth and stomach, which is called the esophagus. Your surgeon may also remove part of your stomach to make sure all of the cancer is taken out. The remaining part of your stomach will be reconstructed and attached to what is left of your esophagus.

There are different ways to perform esophagectomy surgery. Your surgeon will talk with you about which approach is best for you.

- During an **Ivor-Lewis esophagectomy**, also known as a transthoracic esophagogastrectomy, an incision is made in the center of the abdomen and along your side, toward the back. After the tumor is removed, the stomach is reattached to the remaining part of the esophagus.
- During a **transhiatal esophagectomy**, the esophagus is removed through 2 incisions, one in the neck and one in the abdomen. After the tumor is removed, the stomach is attached to the remaining part of the esophagus through the neck incision.
- During a **3-hole esophagectomy**, also known as McKeown, incisions are made in the abdomen, neck, and right upper back.
- During a **minimally invasive esophagectomy**, a tiny camera called a laparoscope is inserted into the belly through multiple small incisions in the abdomen and back, below the shoulder. A robot may be used to assist.





The information in this section will help you prepare for your surgery. Read through this section when your surgery is scheduled and refer to it as your surgery date gets closer. It contains important information about what you need to do before your surgery. Write down any questions you have and be sure to ask your doctor or nurse.

# Preparing for Your Surgery

You and your healthcare team will work together to prepare for your surgery.

## About Smoking

People who smoke can have breathing problems when they have surgery. If you smoke, your nurse will refer to you our Tobacco Treatment Program. You can also reach the program at 212-610-0507.

## About Sleep Apnea

Sleep apnea is a common breathing disorder that causes a person to stop breathing for short periods while sleeping. The most common type is obstructive sleep apnea (OSA). This means that the airway becomes completely blocked during sleep, so no air can get through. OSA can cause serious problems when you have surgery. Please tell us if you have sleep apnea or if you think you might have it. If you use a breathing machine (CPAP) for sleep apnea, bring it with you the day of your surgery.

## Exercise

Do aerobic exercise, such as walking, swimming, or biking, for 45 minutes to an hour every day. If it is cold outside, use stairs in your home or go to a mall or shopping market. Walking will help your body get into its best condition for your surgery and make your recovery faster and easier.

## About Drinking Alcohol

The amount of alcohol you drink can affect you during and after your surgery. It is important that you talk with your healthcare providers about your alcohol intake so that we can plan your care.

- Stopping alcohol suddenly can cause seizures, delirium, and death. If we know you are at risk for these complications, we can prescribe medication to help prevent them.
- If you use alcohol regularly, you may be at risk for other complications during and after surgery. These include bleeding, infections, heart problems, greater dependence on nursing care, and longer hospital stay.

Help us keep you safe during your surgery by telling us if any of the following statements apply to you, even if you aren't sure.

- I take a blood thinner. Some examples are heparin, warfarin (Coumadin®), clopidogrel (Plavix®), and tinzaparin (Innohep®). There are others, so be sure your doctor knows all the medications you're taking.
- I take prescription medications.
- I take any over-the-counter medications, herbs, vitamins, minerals, or natural or home remedies.
- I have a pacemaker, automatic implantable cardioverter-defibrillator (AICD), or other heart device.
- I have sleep apnea.
- I have had a problem with anesthesia in the past.
- I have allergies, including latex.
- I am not willing to receive a blood transfusion.
- I drink alcohol.
- I smoke.
- I use recreational drugs.

Here are things you can do to prevent problems before your surgery:

- Be honest with your healthcare provider about how much alcohol you drink.
- Try to stop drinking alcohol once your surgery is planned. If you develop a headache, nausea, increased anxiety, or cannot sleep after you stop drinking, tell your doctor right away. These are early signs of alcohol withdrawal and can be treated.
- Tell your healthcare provider if you cannot stop drinking.
- Ask us any questions you have about drinking and surgery. As always, all of your treatment information will be kept confidential.

## Within **30** Days of Your Surgery

### **Presurgical Testing (PST)**

Before your surgery, you will have an appointment for presurgical testing (PST). The date, time, and location of your PST appointment will be printed on the appointment reminder from your surgeon's office.

You can eat and take your usual medications the day of your PST appointment. During your appointment, you will meet with a nurse practitioner who works closely with anesthesiology staff (doctors and specialized nurses who will be giving you medication to put you to sleep during your surgery). He or she will review your medical and surgical history with you. You will have tests, including an electrocardiogram (EKG) to check your heart rhythm, a chest x-ray, blood tests, and any other tests necessary to plan your care. Your nurse practitioner may also recommend you see other healthcare providers.

Your nurse practitioner will talk with you about which medications you should take the morning of your surgery. To help you remember, we've left space for you to write these medications down on page 11 of this guide.

It is very helpful if you bring the following with you to your PST appointment:

- A list of all the medications you are taking, including patches and creams
- Results of any tests done outside of MSK, such as a cardiac stress test, echocardiogram (echo), or carotid doppler study
- The name(s) and telephone number(s) of your doctor(s)

### **Complete a Health Care Proxy Form**

If you haven't already completed a Health Care Proxy form, we recommend you complete one now. A health care proxy is a legal document that identifies the person who will speak for you if you are unable to communicate for yourself. This person is known as your health care agent. If you are interested in completing a Health Care Proxy form, talk with your nurse. If you have completed one, or if you have any other advanced directive, bring it with you to your next appointment.

## Do Breathing and Coughing Exercises

Practice taking deep breaths and coughing before your surgery. You will be given an incentive spirometer to help expand your lungs. For more information, please read *How to Use Your Incentive Spirometer*, which is on page 32 of this guide. If you have any questions, ask your nurse or respiratory therapist.

## Eat a Healthy Diet

You should eat a well-balanced, healthy diet before your surgery. If you need help with your diet, talk to your doctor or nurse about meeting with a dietitian.

# 10 Days Before Your Surgery

## Stop Taking Certain Medications

If you take aspirin, medications that contain aspirin, or vitamin E, talk with your doctor. These medications can cause bleeding. For more information, please read *Common Medications Containing Aspirin and Nonsteroidal Anti-inflammatory Drugs (NSAIDs)*, which is on page 14 of this guide.

## Purchase Hibiclens® Skin Cleanser

Hibiclens is a skin cleanser that kills germs for 6 hours after using it. Showering with Hibiclens before surgery will help reduce your risk of infection after surgery. Hibiclens is available at your local pharmacy without a prescription.



## Purchase Supplies for Your Bowel Preparation

Your surgeon may instruct you to clean out your bowels before your surgery. Your nurse will tell you how. Use the area below to write down the supplies you'll need.

- 1 (10-ounce) bottle of magnesium citrate
- 1 saline enema, such as Fleet®
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Purchase a Wedge Pillow

Purchase a 12 inch wedge pillow from your local pharmacy or health supply store. You will need this pillow when you go home after your surgery to keep your torso raised. It is not safe to lay flat after esophagectomy surgery.



## 7 Days Before Your Surgery

### Stop Taking Herbal Remedies

Stop taking herbal remedies and supplements 7 days before your surgery. For more information, please read *Herbal Remedies and Cancer Treatment* on page 17 of this guide.

## 2 Days Before Your Surgery

### Drink Only Clear Liquids

Stop eating solid foods. Drink at least 10 (8-ounce) glasses of clear liquids every day.

	Drink	Avoid
Soups	<ul style="list-style-type: none"><li>• Clear broth or bouillon</li><li>• Clear consommé</li><li>• Clear packaged vegetable, chicken, or beef broth-mix</li></ul>	Any products with any particles of dried food or seasoning
Sweets	<ul style="list-style-type: none"><li>• Gelatin, such as Jello®</li><li>• Flavored ices</li></ul>	Ice pops that contain pieces of fruit
Beverages	<ul style="list-style-type: none"><li>• Clear fruit juices, such as cranberry, grape, apple</li><li>• Soda, such as 7-Up®, Sprite®, ginger ale, seltzer, Gatorade®</li><li>• Black coffee (no cream)</li><li>• Tea</li></ul>	<ul style="list-style-type: none"><li>• Juices with pulp</li><li>• Nectars</li><li>• Milk (or cream)</li><li>• Alcoholic beverages</li></ul>

### Stop Taking Certain Medications

Stop taking nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (e.g., Advil®, Motrin®), and naproxen (e.g., Aleve®). These medications can cause bleeding. For more information, please read *Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)* on page 14 of this guide.

# 1 Day Before Your Surgery

## Note the Time of Your Surgery

A clerk from the Admitting Office will call you after 2:00 PM the day before your surgery. He or she will tell you what time you should arrive at the hospital for your surgery. If you are scheduled for surgery on a Monday, you will be called on Friday. If you do not receive a call by 7:00 PM, please call 212-639-5014.



Use this area to write in information when the clerk calls:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

MSK Presurgical Center (PSC)  
1275 York Avenue (between East 67<sup>th</sup> and East 68<sup>th</sup> Streets)  
New York, NY  
B elevator to 6<sup>th</sup> floor

## Take Magnesium Citrate

If you were instructed to drink magnesium citrate to clean out your bowels before surgery, drink it at 2:00 PM. Continue to drink clear liquids.

## Give Yourself an Enema

If you were instructed to use a saline enema (such as Fleet®) to clean out your bowels before surgery, use it at 8:00 PM. Follow the instructions on the box.

## Shower with Hibiclens

The night before your surgery, shower using the Hibiclens solution. To use Hibiclens, open the bottle and pour some solution into your hand or a washcloth. Rub gently over your entire body from the neck down and rinse. Do not let the solution get into your eyes, ears, mouth, or genital area. Dry yourself off with a clean towel after your shower.

## Sleep

Go to bed early and get a full night's sleep.

# Morning of Your Surgery

## Shower with Hibiclens

Shower using Hibiclens from your neck down just before you leave for the hospital. Use the Hibiclens the same way you did the night before. Do not use any other soap.

## Take Your Medications as Instructed

Your doctor or nurse practitioner may have told you to take certain medications the morning of your surgery. If so, list them below. Take only these medications with a small sip of water the morning of your surgery.

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Medication	Dose	Doctor/Nurse
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Medication	Dose	Doctor/Nurse
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Medication	Dose	Doctor/Nurse
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Medication	Dose	Doctor/Nurse
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**Do not eat or drink anything the morning of your surgery. This includes water, hard candy, and gum. Take any medication as instructed with a small sip of water.**

## Things to Remember

- Do not put on any lotion, cream, deodorant, makeup, powder, or perfume.
- Remove nail polish and nail wraps.
- Do not wear any metal objects. Remove all jewelry, including body piercings. The equipment used during your surgery can cause burns if it touches metal.
- Leave valuables, such as credit cards, jewelry, or your checkbook at home.
- Before you are taken into the operating room, you will need to remove your hearing aids, dentures, prosthetic device(s), wig, and religious articles (such as a rosary).
- Wear something comfortable and loose-fitting.

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## What to Bring

- This guide. Your healthcare team will use it to teach you before you leave the hospital.
- Sneakers that lace up. You may have some swelling in your feet. Lace-up sneakers can accommodate this swelling.
- An iPod or other electronic device, if you choose. However, someone will need to hold these items for you when you go into surgery.
- Your breathing machine for sleep apnea (such as your CPAP), if you have one.
- If you usually wear contact lenses, wear your glasses instead. Remember to bring a case for them.
- Your Health Care Proxy form, if you have completed one.
- Your toothbrush and other toiletries, if you wish.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Parking When You Arrive

Parking at MSK is available in the garage on East 66<sup>th</sup> Street between York and First Avenues. To reach the garage, turn onto East 66<sup>th</sup> Street from York Avenue. The garage is located about a quarter of a block in from York Avenue, on the right-hand (north) side of the street. There is a pedestrian tunnel that connects the garage to the hospital. If you have questions about prices, call 212-639-2338. Please note that parking costs are not included in your room charge.

There are also commercial garages nearby on East 69<sup>th</sup> Street between First and Second Avenues, on East 67<sup>th</sup> Street between York and First Avenues, and on East 65<sup>th</sup> Street between First and Second Avenues.

## Once You're in the Hospital

You will be asked to state and spell your name and date of birth many times. This is for your safety. People with the same or similar names may be having surgery on the same day.

## Meet With Your Nurse

A nurse will meet with you before your surgery. Tell him or her the dose of any medications (including patches and creams) you took after midnight and the time you took them.



P = Parking  
M = Memorial Sloan Kettering

## Get Dressed for Surgery

You will be given a hospital gown, robe, and nonskid socks.

## Prepare for Surgery

Once your nurse has seen you, 1 or 2 visitors can keep you company as you wait for your surgery to begin. When it is time for your surgery, your visitor(s) will be shown to the waiting area. Your visitors should read *Information for Family and Friends for the Day of Surgery*, which is located on page 19 of this guide.

Your anesthesiologist will place an intravenous (IV) line into a vein, usually in your arm or hand. The IV line will be used to give you fluids and anesthesia (medication to make you sleep) during your surgery.

Your anesthesiologist may also put an epidural catheter (thin, flexible tube) in your spine (back). This will be used to give you pain medication. The medication is delivered into your epidural space, which is the area just outside your spinal cord. It will give you pain relief with fewer side effects, such as nausea, vomiting, and sleepiness. This is similar to what is given to women when they have babies.

You will be taken into the operating room on a stretcher. A member of your surgical team will help you onto the operating bed. Compression boots will be placed on your lower legs. These gently inflate and deflate to help circulation in your legs.

Once you are fully asleep, a breathing tube will be placed through your mouth and into your windpipe to help you breathe. You will also have a urinary catheter placed to drain urine from your bladder. The length of your surgery depends on which type of surgery and incision you have. Your doctor will discuss this with you before your surgery. Once your surgery is finished, your incisions will be closed with stitches that will absorb as you are healing. Steri-Strips™ (thin pieces of tape) or staples will be placed directly on your incision(s) and covered with a bandage. Your breathing tube is usually taken out while you are still in the operating room.

Notes \_\_\_\_\_

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# Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

This information will help you identify medications that contain aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs). It's important to stop these medications before many cancer treatments.

Medications such as aspirin and other NSAIDs, vitamin E, and COX-2 inhibitors can increase your risk of bleeding during cancer treatment. These medications affect your platelets, which are blood cells that clot to prevent bleeding. If you take aspirin or other NSAIDs, vitamin E, or a COX-2 inhibitor such as celecoxib (Celebrex<sup>®</sup>), tell your doctor or nurse. He or she will tell you if you need to stop taking these medications before your treatment. You will also find instructions in the information about the treatment you're having.

## **If you're having surgery:**

- Stop taking medications that contain aspirin or vitamin E 10 days before your surgery or as directed by your doctor. If you take aspirin because you've had a problem with your heart or you've had a stroke, be sure to talk with your doctor before you stop taking it.
- Stop taking NSAIDs 48 hours before your surgery or as directed by your doctor.
- Ask your doctor if you should continue taking a COX-2 inhibitor.

## **If you're having a procedure in Radiology (including Interventional Radiology, Interventional Mammography, and General Radiology):**

- If you take aspirin because you've had a problem with your heart or you've had a stroke, be sure to talk with your doctor before you stop taking it. If your doctor instructs you to stop taking aspirin, you should stop 5 days before your procedure or as directed by your doctor.
- Stop taking NSAIDs 24 hours before your procedure.
- Stop taking medications that contain vitamin E 10 days before your procedure, or as directed by your doctor.

**Chemotherapy can decrease your platelet count, which can increase your risk of bleeding. Whether you're just starting chemotherapy or you've been receiving it, talk with your doctor or nurse before taking aspirin or NSAIDs.**

Medications are often called by their brand name, which can make it difficult to know their ingredients. To help you identify medications that contain aspirin, other NSAIDs, and vitamin E, please review the list of common medications in this leaflet. While this list includes the most common products, there are others. Please check with your healthcare provider if you aren't sure. Always be sure your doctor knows all the medications you're taking, both prescription and over-the-counter.

**The following common medications contain aspirin:**

Alka Seltzer®	Cama® Arthritis Pain Reliever	Genprin®	Roxiprin®
Anacin®	COPE®	Gensan®	Saleto®
Arthritis Pain Formula	Dasin®	Heartline®	Salocol®
Arthritis Foundation Pain Reliever®	Easprin®	Headrin®	Sodol®
ASA Enseals®	Ecotrin (most formulations)	Isollyl®	Soma® Compound Tablets
ASA Suppositories®	Empirin® Aspirin (most formulations)	Lanorinal®	Soma Compound with Codeine Tablets
Ascriptin® and Ascriptin A/D	Epromate®	Lortab® ASA Tablets	St. Joseph® Adult Chewable Aspirin
Aspergum®	Equagesic Tablets	Magnaprin®	Supac®
Asprimox®	Equazine®	Marnal®	Synalgos® DC Capsules
Axotal®	Excedrin® Extra- Strength Analgesic Tablets and Caplets	Micrainin®	Tenol-Plus®
Azdone®	Excedrin Migraine	Momentum®	Trigesic®
Bayer® (most formulations)	Fiorgen®	Norgesic Forte® (most formulations)	Talwin® Compound
BC® Powder and Cold Formulations	Fiorinal®	Norwich® Aspirin	Vanquish® Analgesic Caplets
Bufferin®	Fiorinal® (most formulations)	PAC® Analgesic Tablets	Wesprin® Buffered
Bufferin® (most formulations)	Fiortal®	Orphengesic®	Zee-Seltzer®
Buffets II®	Gelpirin®	Painaid®	ZORprin®
Buffex®		Panasal®	
		Percodan® Tablets	
		Persistin®	
		Robaxisal® Tablets	

**The following common medications are NSAIDs that do not contain aspirin:**

Advil®	Children's Motrin®	Indomethacin	Mobic®	Piroxicam
Advil Migraine	Clinoril®	Indocin®	Motrin	Ponstel®
Aleve®	Daypro®	Ketoprofen	Nabumetone	Relafen®
Anaprox DS®	Diclofenac	Ketorolac	Nalfon®	Saleto 200
Ansaid®	Etodolac®	Lodine®	Naproxen	Sulindac
Arthrotec®	Feldene®	Meclofenamate	Naprosyn®	Toradol®
Bayer Select Pain Relief Formula Caplets	Fenoprofen	Mefenamic Acid	Nuprin®	Voltaren®
Celebrex	Flurbiprofen	Meloxicam	Orudis®	
	Genpril®	Menadol®	Oxaprozin	
	Ibuprofen	Midol®	PediaCare Fever®	

**Most multivitamins contain vitamin E, so if you take a multivitamin be sure to check the label. The following products contain vitamin E:**

Amino-Opt-E	Aquavit	E-400 IU	E complex-600
Aquasol E	D'alpha E	E-1000 IU Softgels	Vita-Plus E

**Acetaminophen (Tylenol®) is generally safe to take during your cancer treatment. It doesn't affect platelets, so it will not increase your chance of bleeding. The following common medications contain acetaminophen; those in bold require a prescription:**

Acephen®	Datril®	Norco®	<b>Tylenol with Codeine No. 3</b>
<b>Aceta® with Codeine Acetaminophen with Codeine</b>	<b>Di-Gesic®</b>	Panadol®	Vanquish
Aspirin-Free Anacin	Esgic®	<b>Percocet®</b>	<b>Vicodin®</b>
Arthritis Pain Formula	Excedrin P.M.	<b>Repan</b>	<b>Wygesic®</b>
Aspirin-Free	<b>Fiorcet®</b>	<b>Roxicet®</b>	<b>Zydone®</b>
<b>Darvocet-N 100®</b>	<b>Lorcet®</b>	Talacen®	
	<b>Lortab</b>	Tempra®	
	Naldegescic®	Tylenol	

**! Read the labels on all your medications.**

Acetaminophen (Tylenol) is a very common ingredient found in over-the-counter and prescription medications. It's often an ingredient in pain relievers, fever reducers, sleep aids, and cough, cold, and allergy medications. The full name acetaminophen is not always written out, so look for these common abbreviations, especially on prescription pain relievers: APAP, AC, Acetaminoph, Acetaminop, Acetamin, and Acetam.

Acetaminophen is safe when used as directed, but there is a limit to how much you can take in 1 day. It's possible to take too much acetaminophen without knowing because it's in many different medications, so always read and follow the label on the product you are taking. Do not take more than 1 medication at a time that contains acetaminophen without talking with a member of your healthcare team.

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at \_\_\_\_\_. After 5:00 pm, during the weekend, and on holidays, please call \_\_\_\_\_. If there's no number listed, or you're not sure, call (212) 639-2000.



# Herbal Remedies and Cancer Treatment

One week before you have surgery or start chemotherapy or radiation therapy, you must stop taking any herbal or botanical home remedies or other dietary supplements because they can:

- Interact with other drugs
- Increase or lower blood pressure
- Thin the blood and increase the risk of bleeding
- Make radiation therapy less effective
- Lower the effects of medications that suppress the immune system
- Increase the effects of sedation or anesthesia

## ■ Common Herbs and Their Effects

### **Echinacea**

- Can cause an allergic reaction such as a rash or difficulty breathing
- Can lower the effect of drugs used to suppress the immune system

### **Garlic**

- Can lower blood pressure, fat, and cholesterol levels
- Can prevent platelets (the blood cells that help stop bleeding) from sticking together, which increases the risk of bleeding

### **Ginkgo (also known as ginkgo biloba)**

- Can change how platelets function, which can increase the risk of bleeding

### **Ginseng**

- Can act as a stimulant, which can decrease the effects of anesthesia or sedation
- Can interfere with platelet function, which can increase the risk of bleeding
- Can lower blood glucose (sugar) level

### **Turmeric**

- Can reduce the antitumor action of chemotherapy drugs

### **St. John's Wort**

- Can interact with medications given during surgery
- Can make the skin more sensitive to laser treatment

### **Valerian**

- Can have a sedative effect, which can increase the effects of anesthesia or sedation

## Herbal formulas

- Many herbal formulas contain different herbs. We don't know their side effects. You must also stop taking these products 1 week before and during treatment

For more information about herbs and botanicals, visit the About Herbs, Botanicals & Other Products website at [mskcc.org/aboutherbs](http://mskcc.org/aboutherbs).

You can also download the Memorial Sloan Kettering About Herbs app from the Apple App Store at [itunes.apple.com/us/app/about-herbs/id554267162?mt=8](https://itunes.apple.com/us/app/about-herbs/id554267162?mt=8).

This information does not cover all possible side effects. Please share any questions or concerns with your doctor or nurse.

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at \_\_\_\_\_. After 5:00 pm, during the weekend, and on holidays, please call \_\_\_\_\_. If there's no number listed, or you're not sure, call (212) 639-2000.

# Information for Family and Friends for the Day of Surgery

This information explains what to expect on the day your friend or family member is having surgery at Memorial Sloan Kettering (MSK).

## ■ Before the Surgery

After arriving at the hospital, the patient will be asked to provide contact information for the person who will be meeting with the surgeon after the surgery. This is the same person who will get updates from the nurse liaison during the surgery. If the patient is having an outpatient procedure, he or she will also be asked to provide contact information for the person who will be taking them home.

Once the patient is checked in, he or she will go to the Presurgical Center (PSC) to be examined before surgery. One person can come along, but other visitors should wait in the waiting area. If the patient wishes, other visitors may join him or her when the nurse has finished the exam.

When the operating room (OR) is ready, the surgical team will take the patient there. They will prepare the patient for surgery, which can take 15 to 90 minutes. Then, the surgery will begin.

Please remember the following:

- Do not bring food or drinks into the waiting area or the PSC. Patients are not allowed to eat before their surgery or procedure.
- Our patients are at high risk for infection. Please do not visit if you have any cold or flu symptoms (fever, sneezing, sniffles, or a cough). We may ask you to wear a mask if there are any concerns about your health.
- If the patient brought any valuables, such as a cell phone, iPod, iPad, etc., please keep them safe for him or her during surgery.
- Sometimes, surgeries are delayed. We make every effort to tell you when this happens.

## ■ During the Surgery

After the patient is taken to the OR, please wait in the main lobby on the 1<sup>st</sup> floor. While you are waiting, here are some things you can do:

- Food and drinks are available on the 1<sup>st</sup> floor in the cafeteria and in the gift shop. You can also bring your own food and eat it in the cafeteria.
- The coat-check room is located at the bottom of the escalator on the ground level. It is open Monday through Friday from 11:00 AM to 4:00 PM.
- Wireless Internet access is available in most areas of the hospital. You can also use the computers in

the rooms off the main lobby.

- Please be courteous and mindful of others while using your cell phone. Use the designated area to accept and make calls on your cell phone. It may be useful to bring your phone charger to the hospital.
- The Mary French Rockefeller All Faith Chapel is an interfaith chapel located in room M106 near the main lobby on the 1<sup>st</sup> floor. It is open at all times for meditation and prayer.
- The Patient Recreation Pavilion is open daily from 9:00 AM to 8:00 PM for patients and their visitors. Children are allowed in the pavilion as long as they are supervised by an adult. Arts and crafts, a library, an outdoor terrace, and scheduled entertainment events are available in this area. To get to the pavilion, take the M elevators to the 15<sup>th</sup> floor.

## **Surgery updates**

A nurse liaison will keep you updated on the progress of surgery. He or she will:

- Give you information about the patient.
- Prepare you for your meeting with the surgeon.
- Prepare you for visiting the patient in the Post Anesthesia Care Unit (PACU).

To contact the nurse liaison:

- From inside the hospital, use a hospital courtesy phone. Dial 2000 and ask for beeper 9000. Please be patient; this can take up to 2 minutes.
- From outside of the hospital, call 212-639-2000. Ask for beeper 9000.
- You can also ask the information desk staff to contact the nurse liaison for you.

## **■ After the Surgery**

### **Meeting with the surgeon**

When the patient's surgery is completed, we will call you and ask you to return to the concierge desk to tell you where to go to meet with the surgeon.

After you have met with the surgeon, return to the concierge desk and tell them that you have finished your consultation.

### **Visiting the patient in the PACU**

After surgery, the patient will be taken to the PACU. It can take up to 90 minutes before the patient is ready to have visitors. You can use this time to take a walk or just relax in the waiting area until the patient is ready to see you.

When the patient is able to have visitors, a staff member will take you to the PACU. Please remember that only a limited number of visitors can go into the PACU. This is to keep the area quiet and avoid overcrowding. The patients in the PACU need time for rest and nursing care after surgery.

### ***While visiting in the PACU***

- Silence your cell phone.

- Apply an alcohol-based hand sanitizer (such as Purell®) before entering. There are hand sanitizer stations located throughout the hospital.
- Speak quietly.
- Respect other patients' privacy by staying at the bedside of your friend or family member.
- Do not bring food or flowers into the PACU.
- If any PACU patient needs special nursing attention, we may ask you to leave or to delay your visit.

After your visit, the nurse will escort you back from the PACU. He or she will update you on the patient's condition. He or she will also explain the plan of care for the patient, such as whether the patient is staying overnight and when he or she will be moved to an inpatient room. If the patient is going home the same day, a responsible adult must take him or her home.

We will give you a card with the PACU phone number. Please appoint one person to call for updates.

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at \_\_\_\_\_. After 5:00 pm, during the weekend, and on holidays, please call \_\_\_\_\_. If there's no number listed, or you're not sure, call (212) 639-2000.



The information in this section will tell you what to expect after your surgery, both during your hospital stay and after you leave the hospital. You will learn how to safely recover from your surgery. Write down any questions you have and be sure to ask your doctor or nurse.

# What to Expect

When you wake up after your surgery, you will be in the Post Anesthesia Care Unit (PACU). You might have an oxygen mask covering your nose and mouth. Your nurse will be monitoring your temperature, pulse, blood pressure, and oxygen levels. You will have tubes and drains to help your body recover from the surgery.

- You will have 1 or 2 tubes in your chest, which will be attached to a draining device.
- You will have a tube in your nose called a nasogastric, or NG tube. This tube goes down to your stomach to keep your stomach empty.
- You will have a urinary (Foley®) catheter to monitor the amount of urine you are making.
- You will have compression boots on your lower legs to help your circulation.
- You may have other tubes and drains. If so, your nurse will explain why and take care of them while you're in the hospital.
- If you have an epidural catheter, you will have a pain pump called a patient-controlled analgesia (PCA) device. For more information, please read *Patient-Controlled Analgesia (PCA)* on page 34 of this guide. If you do not have an epidural catheter, your pain medication will be given through an IV line.

Once you are fully awake, your oxygen mask will be taken off. You will receive oxygen through a thin tube that rests below your nose called a nasal cannula.

Your visitors can see you briefly in the PACU, usually within 90 minutes after you arrive there. A member of the nursing staff will explain the guidelines to them. Depending on the type of surgery you had, you may stay in the PACU overnight. After your stay in the PACU, you will be taken to your hospital room. There, your nurse will tell you how to recover from your surgery. Below are examples of ways you can help yourself recover safely.

- It is important to walk around after surgery. Walking every 2 hours is a good goal. This will help prevent blood clots in your legs.
- Use your incentive spirometer. This will help your lungs expand, which prevents pneumonia. For more information, please read *How to Use Your Incentive Spirometer* on page 32 of this guide.
- Continue to perform your breathing and coughing exercises every 1 to 2 hours while you are awake.
- Please see the *Esophagectomy Pathway* to see what to expect daily while you are in the hospital after your surgery.



## Commonly Asked Questions: During Your Hospital Stay

The following section covers common questions patients ask after esophageal surgery. Speak with your doctor or nurse if you have any questions or concerns.

### Will I have pain after my surgery?

You will have some pain after your surgery. Your doctor and nurse will ask you about your pain often. You will be given medication to manage your pain as needed. If your pain is not relieved, please tell your doctor or nurse. It is important to control your pain so you can cough, breathe deeply, use your incentive spirometer, and get out of bed and walk.

### What is a chest tube?

A chest tube is a hollow, flexible tube that is used to drain blood, fluid, and air from your lung after surgery. The tube enters your body between your ribs and goes into the space between the inner lining and the outer lining of your lung (see figure). This is called the pleural space.

### When will my chest tube be removed?

Your doctor will decide when your chest tube will be removed based on how much fluid is draining. The area will be covered with a bandage. Keep the bandage on for at least 48 hours, unless your nurse gives you other instructions.

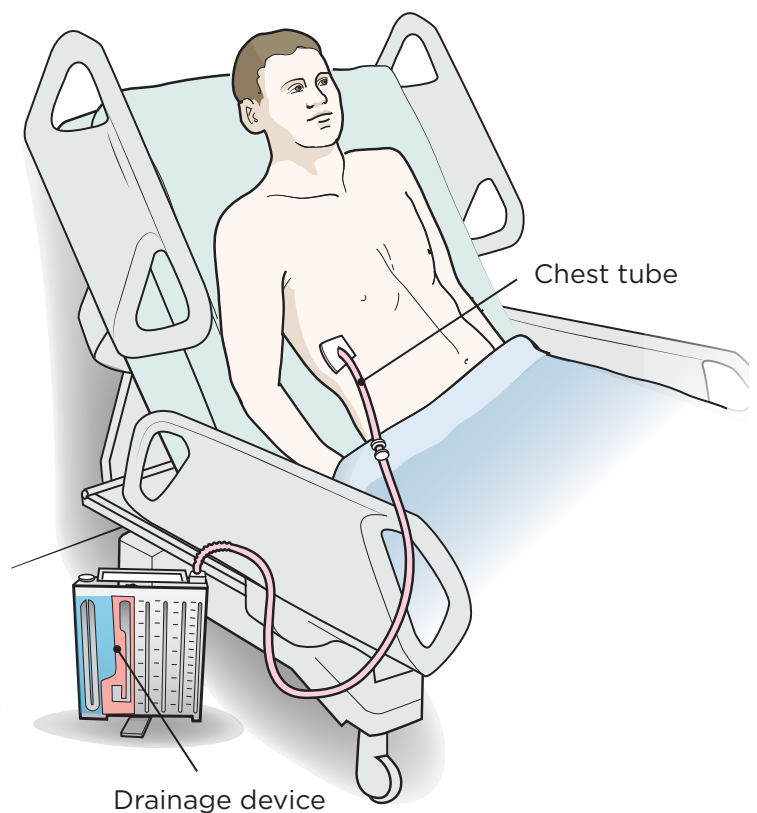
### Will I be able to eat?

Your healthcare team will talk with you about when it is safe for the nasogastric (NG) tube to be taken out. Once that tube is out, your surgeon will tell you if it's safe to start eating and drinking. At first you will be given swabs to wet your mouth, then ice chips and water, then clear liquids.

You may have a tube in your belly that goes into your small intestine. This tube is called a jejunostomy or J tube. The tube will be used to give you nutrition after your surgery.

### Why is it important to walk?

Walking will help prevent blood clots in your legs. It also decreases your risk of having other complications such as pneumonia. Walking 1 mile, which is 14 laps around the unit while you're still in the hospital, is a good goal.



## Commonly Asked Questions: After You Leave the Hospital

### Will I be able to eat when I go home?

Your doctor will tell you whether you will be able to eat when you go home from your surgery. You may go home with a feeding tube. If you have a feeding tube, your dietitian will tell you what kind of formula you will use when you go home. Your case manager will help you work with your insurance company to see what is covered under your plan. Not all insurance companies will pay for formula.

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### Will I have pain when I am home?

You should expect to have some discomfort after you leave the hospital, but how much varies from person to person. You may have incisional soreness, tightness, or muscle aches for 6 months or longer. This does not mean that something is wrong. To manage your pain, follow the guidelines below.

- Call your doctor if the medication prescribed for you doesn't relieve your pain.
- Do not drive or drink alcohol while you are taking prescription pain medication.
- As your incisions heal, you will have less pain and need less pain medication. A mild pain reliever such as acetaminophen (Tylenol®) or ibuprofen (Advil®) will relieve aches and discomfort.
- Pain medication should help you as you resume your normal activities. Take enough medication to do your exercises comfortably. Pain medication is most effective 30 to 45 minutes after taking it.
- Keep track of when you take your pain medication. It will not be as effective if you allow your pain to increase. Taking it when your pain first begins is more effective than waiting for the pain to get worse.

### Can I shower?

You may shower 48 hours after your chest tube is removed. Taking a warm shower is relaxing and can help decrease muscle aches. Do not take tub baths until you discuss it with your doctor at the first appointment after your surgery.

Use soap when you shower and gently wash all of your incisions. Pat the areas dry with a towel after showering, and leave your incisions uncovered (unless there is drainage). Call your doctor if you see any redness or drainage from your incision.

### How can I prevent constipation?

Your usual bowel pattern will change after surgery. You may have trouble passing stool (feces). This is a common side effect of pain medication. Talk with your nurse about how to manage constipation. Information is available in the patient education resource titled *Constipation*.

To avoid constipation, take a stool softener such as docusate sodium (Colace®) 3 times a day and 2 tablets of senna (a laxative) at bedtime. Continue taking the stool softener and laxative until you are no longer taking pain medication. If you feel bloated, avoid foods that can cause gas, such as beans, broccoli, onions, cabbage, and cauliflower.

## How can I help my lungs heal?

- Continue to exercise. This will help you get stronger, feel better, and heal your lung. Make a daily walk part of your routine. Keep using your incentive spirometer and do your coughing and deep breathing exercises at home.
- Avoid sources of infection, such as contact with people with colds, sore throats, or the flu.
- Do not smoke. Smoking cigarettes is harmful to your health at any time. It is even more so at this time. Smoking causes the blood vessels in your lungs to become narrow. This decreases the amount of oxygen in the lungs. It can cause problems with breathing and regular activities. It is also important to avoid places that are smoky. Your nurse can also give you information to help you deal with other smokers or situations where smoke is present. Remember, if you need help quitting, MSK's Tobacco Cessation Program can help.
- Do not drink alcohol, especially while you are taking pain medication.

## How do I care for my incisions?

You will have more than 1 incision after your surgery. The location of your incisions will depend on the type of surgery you had. There will be incisions from the surgical site and the chest tube. You may have some numbness below and in front of your incisions. This is because your ribs were spread apart and some nerves were affected.

### Surgical incision

- By the time you are ready to leave the hospital, your surgical incision will almost be healed.
- You or your caregiver should look at your incision with your nurse before you leave the hospital so you know what it looks like.
- If any liquid is draining from your incision, you should write down the amount and color.
- If you go home with Steri-Strips™ on your incisions, they will loosen and fall off by themselves. If they haven't fallen off within 10 days, you may remove them. If you have staples in your incision, they will be removed during your first appointment after surgery.

### Chest tube incision

- You will have a bandage covering your chest tube incision.
- Keep the bandage on your incision for 48 hours after your chest tube is removed, unless it gets wet. If it gets wet, change it as soon as possible.
- You may have some thin, yellow or pink-colored drainage from this area, which is normal. Place a Band-Aid® or dry piece of gauze over the area and change the bandage as needed.
- Change your bandages at least once a day and more often if they become wet with drainage. When there is no longer any drainage coming from your incisions, they can be left uncovered.

Call your surgeon's office if you have any signs of infection, such as redness, swelling, or drainage that is foul smelling or pus-like.

### **Is it normal to feel tired after surgery?**

It is common to have less energy than usual after your surgery. Recovery time varies with each person. Increase your activities each day as much as you can. Always balance activity periods with rest periods. Rest is a vital part of your recovery.

### **Can I resume my activities?**

It is important for you to resume your activities after surgery. Spread them out over the course of the day. Walking and stair climbing are excellent forms of exercise. Gradually increase the distance you walk. Climb stairs slowly, resting or stopping as needed. You can do light household tasks. Try dusting, washing dishes, preparing light meals, and other activities as you are able.

You may return to your usual sexual activity as soon as your incisions are well healed and you can do so without pain or fatigue.

Your body is an excellent guide for telling you when you have done too much. When you increase your activity, monitor your body's reaction. You may find that you have more energy in the morning or the afternoon. Plan your activities for times of the day when you have more energy.

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### **When is it safe for me to drive?**

You can begin driving again after you have:

- Regained full movement of the arm and shoulder on the side of your surgery
- Stopped taking pain medication

### **Can I travel by plane?**

Do not travel by plane until you have discussed this with your doctor at your first appointment after your surgery.

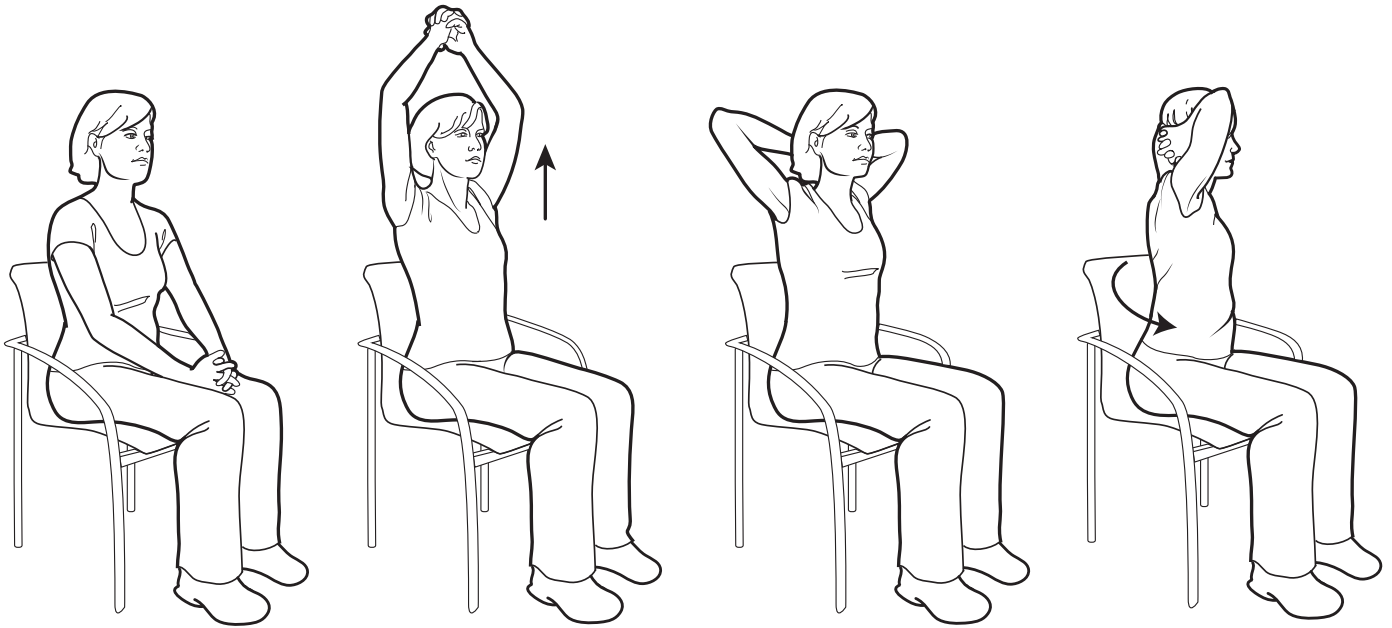
### **When can I return to work?**

The time it takes to return to work depends on the type of work you do, the type of surgery you had, and how fast your body heals.

## What exercises can I do?

Use the arm and shoulder on the side of your surgery in all of your activities. Use them when you bathe, brush your hair, and reach up to a cabinet shelf.

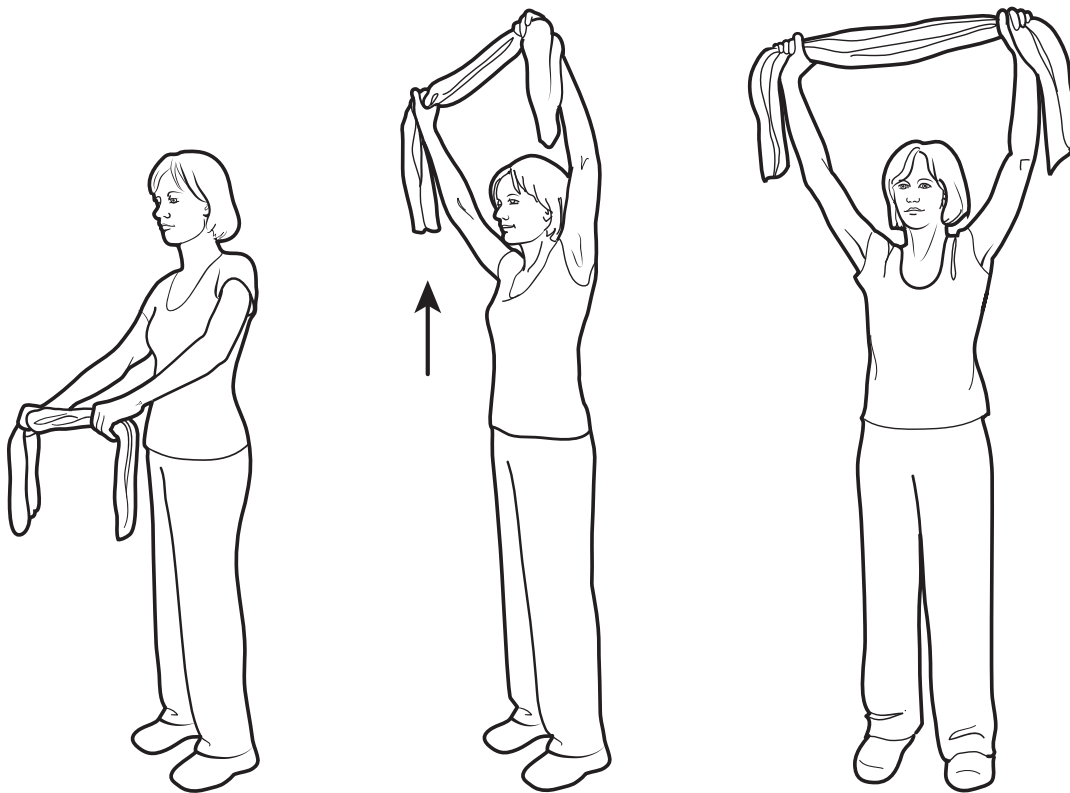
Slowly resume your normal activities to help restore full use of your arm and shoulder. The exercises shown below will help you to regain full arm and shoulder movement. You should begin these exercises as soon as your chest tube is removed.



### Axillary stretch

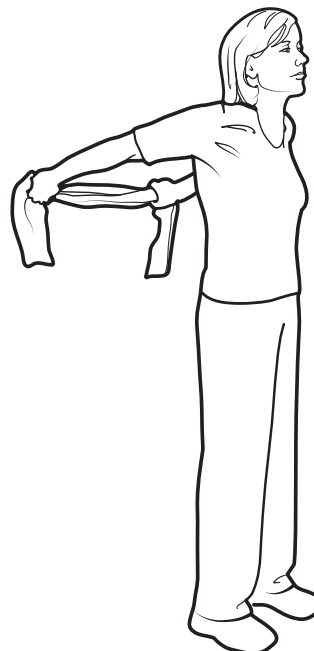
- 1 Sit in a straight-backed chair with your feet flat on the floor.
- 2 Clasp your hands together.
- 3 Lift your arms up and over your head.
- 4 Slide your hands down to the back of your neck.
- 5 Slowly twist the upper part of your body to the right side. Hold this position for 5 seconds while bringing your elbows as far back as possible.
- 6 Return to the starting position.
- 7 Slowly twist the upper part of your body to the left side. Hold this position for 5 seconds while bringing your elbows as far back as possible.
- 8 Return to the starting position.

Repeat \_\_\_\_\_



### Stretch

- 1 Stand comfortably with your feet about 6 inches apart.
- 2 Put your arms in front of your body and hold 1 end of a hand towel in each hand.
- 3 Bring your arms over your head, straighten your elbows, and stretch toward your upper back. Do not arch your back and do not force the movement if it is difficult. Try to hold the position for 5 seconds.
- 4 Relax and return to the starting position.
- 5 Stand as in Step 1.
- 6 Grasp the towel behind your back and lift upward as far as possible. Be sure to stand straight. Try to hold the position for 5 seconds.
- 7 Return to the starting position.



Repeat \_\_\_\_\_

### **When can I lift heavy objects?**

Check with your doctor before you do any heavy lifting. Normally, you should not lift anything heavier than 10 pounds for at least 6 weeks. Ask your doctor how long you should avoid heavy lifting. This depends on the type of surgery you had.

### **When can I resume sports?**

Do not play contact sports until your doctor tells you it is safe. When you resume, remember that it will take time for you to return to your previous level of activity. Start out slowly and increase your activity as you feel better.

### **How can I cope with my feelings?**

After surgery for a serious illness, you may have new and upsetting feelings. Many people say they felt weepy, sad, worried, nervous, irritable, and angry at one time or another. You may find that you cannot control some of these feelings. If this happens, it's a good idea to seek emotional support.

The first step in coping is to talk about how you feel. Family and friends can help. Your nurse, doctor, and social worker can reassure, support, and guide you. It is always a good idea to let these professionals know how you, your family, and your friends are feeling emotionally. Whether you are in the hospital or at home, the nurses, doctors, and social workers are here to help you and your family and friends handle the emotional aspects of your illness.

### **When is my first appointment after my surgery?**

Your first appointment after surgery will be in 1 to 3 weeks after you leave the hospital. Your nurse will give you instructions on how to make this appointment, including the phone number to call.

During this appointment, your doctor will discuss the pathology results with you in detail.



#### **Call your doctor if you have:**

- Difficulty swallowing
- Nausea or vomiting
- New or worsening shortness of breath
- A temperature of 101° F (38.3° C) or higher
- Pain that does not get better with your medications
- Redness, swelling, or drainage from your incisions that is foul smelling or pus-like
- No bowel movement for 3 days or longer
- Any new symptom or physical change
- Any questions or concerns

After 5:00 PM, during the weekend, and on holidays, call 212-639-2000. Ask to speak to the thoracic surgeon on call.





# How to Use Your Incentive Spirometer

This information will help you learn how to use your incentive spirometer.

An incentive spirometer will help you expand your lungs by encouraging you to breathe more deeply and fully. Using your incentive spirometer after your surgery, along with deep breathing and coughing exercises, will help keep your lungs active throughout the recovery process and prevent complications such as pneumonia.

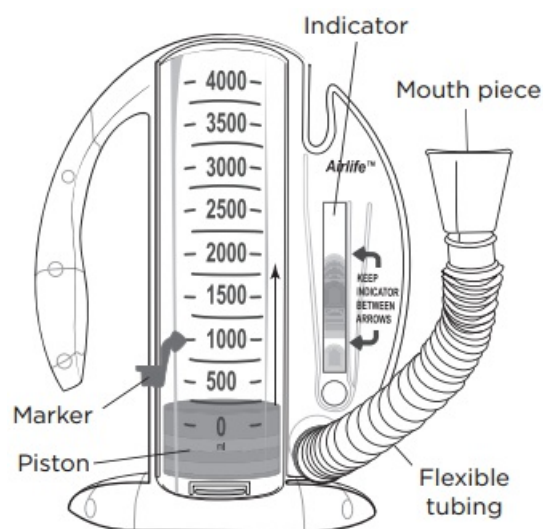
A video demonstrating how to use your incentive spirometer can be found on the Memorial Sloan Kettering Cancer Center (MSK) website at:

[www.mskcc.org/videos/how-use-your-incentive-spirometer](http://www.mskcc.org/videos/how-use-your-incentive-spirometer)

The first time you use it, you will need to take the flexible tubing with the mouthpiece out of the bag. Expand the tubing and connect it to the outlet on the right side of the base (see figure). The mouthpiece will be attached to the other end of the tubing.

To use your incentive spirometer:

1. Sit upright in a chair or in bed. Hold the incentive spirometer upright at eye level.
2. Exhale (breathe out) once slowly. Put the mouthpiece in your mouth and close your lips tightly around it.
3. Take a slow, deep breath in through your mouth. As you take a slow, deep breath, you will see the piston rise inside the large column. While the piston rises, the indicator on the right should move upwards. It should stay in between the 2 arrows (see figure). If the indicator does not stay between the arrows, you are breathing either too fast or too slowly.
4. Try to get the piston as high as you can, while keeping the indicator between the arrows.
5. When you get it as high as you can, try to keep it at that level for 2 to 5 seconds or longer, if possible.
6. Exhale slowly, allowing the piston to fall all the way back to the bottom. Rest for a few seconds.
7. Take 10 breaths with your incentive spirometer every hour while you are awake, or as instructed by your clinician. Try to get the piston to the same level with each breath.
8. After each set of breaths, cough 3 times. This will help loosen or clear any secretions in your lungs.



## ■ Special Points

- If you feel dizzy at any time, stop and rest. Try again at a later time.
- If you had surgery on your chest or abdomen, hug or hold a pillow to help splint your incision. This will help decrease pain at your incision.
- Breathe through your mouth. If you breathe through your nose the incentive spirometer will not work properly. You can plug your nose if you have trouble.
- Keep the incentive spirometer clean by covering the mouthpiece when it is not in use.

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at \_\_\_\_\_. After 5:00 pm, during the weekend, and on holidays, please call \_\_\_\_\_. If there's no number listed, or you're not sure, call (212) 639-2000.

# Patient-Controlled Analgesia (PCA)

This information will help you understand what patient-controlled analgesia (PCA) is and how to use your PCA pump.

Patient-controlled analgesia (PCA) helps you control your pain by administering your pain medication. PCA uses a computerized pump to deliver pain medication into a vein (intravenous, or IV) or epidural space (in your spine). Whether you have an IV PCA or epidural PCA depends on what you and your doctor decided was right for you. When you have pain, you simply press the button attached to the pump. The pump will deliver a safe dose that your doctor has prescribed. Only you should push the PCA button.

**Family and friends should never push the button.**

## ■ How Medication is Given with PCA

The pump can be programmed to deliver your medication in 2 ways:

- As needed - You get your pain medication only when you press the button. It will not allow you to get more medication than prescribed. The pump is set to allow only a certain number of doses per hour.
- Continuous - You get your pain medication at a constant rate all the time. This can be combined with the as needed mode. That allows you to take extra doses safely if you are having pain.

## ■ Possible Side Effects

Pain medication delivered by the PCA pump can have side effects. Tell your doctor or nurse if you have any of these or any other problems:

- Constipation
- Nausea, vomiting
- Dry mouth
- Itching
- Changes in your vision, such as seeing things that are not there
- Drowsiness, dizziness, or confusion
- Weakness, numbness, or tingling in your arms or legs
- Difficulty urinating



## ■ Special Instructions

PCA is not right for everyone.

- People who are confused or cannot follow these instructions should not use PCA.
- If you have been told you have sleep apnea, tell your doctor. This may affect the way we prescribe your PCA.
- If you have weakness in your hands and may have trouble pushing the PCA button, talk with your doctor or nurse.

When using PCA, tell your doctor or nurse if:

- The medication is not controlling your pain.
- You are having side effects.
- Your pain changes, such as if:
  - It gets worse
  - You feel it in a new place
  - Feels different than before

Your doctor may be able to change the medication to one that may work better for you or give you fewer side effects.

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at \_\_\_\_\_. After 5:00 pm, during the weekend, and on holidays, please call \_\_\_\_\_. If there's no number listed, or you're not sure, call (212) 639-2000.

This section contains information about resources that you may find helpful before, during, and after your surgery. You may also wish to add other information, which you can list on page 1 of this guide. Write down any questions you have and be sure to ask your doctor or nurse.

# MSK Support Services

## **Admitting**

212-639-5014

Call the Admitting office to discuss private room or luxury suite options. If you want to change your room choice after your Presurgical Testing visit, call (212) 639-7873 or 7874.

## **Blood Donor Room**

212-639-7643

If you are interested in donating blood or platelets, call for more information.

## **Bobst International Center**

888-675-7722

MSK welcomes patients from around the world. If you are an international patient, call the International Center for help coordinating your care.

## **Chaplaincy Service**

212-639-5982

Spiritual and religious resources provide comfort and strength for many patients. The chaplains at MSK are available to help you access those resources. They can provide spiritual support for anyone. If you have a specific religious need, please call the number above. The interfaith chapel is located near the main lobby of 1275 York Avenue. It is open 24 hours a day. If there is an emergency, please call the hospital operator and ask for the chaplain on call.

## **Counseling Services**

646-888-0100

Many people find counseling helpful. We provide counseling for individuals, couples, families, and groups, as well as medications to help if you feel anxious or depressed.

## **Integrative Medicine Service**

(646) 888-0800 (outpatient)

(646) 888-0888 (inpatient)

Integrative Medicine Service offers patients many services to complement traditional medical care, including music therapy, mind/body therapies, dance and movement therapy, yoga, and touch therapy.

## **Nutrition Services**

(212) 639-7071

Our Nutrition Service offers nutrition counseling with one of our certified dietitians, who will review your current eating habits and give advice on what to eat while you're going through treatment.

## **Patient-to-Patient Support Program**

212-639-5007

You may find it comforting to speak with a cancer survivor or caregiver who has been through a similar treatment. Through our Patient-to-Patient Support Program, we are able to offer you a chance to speak with former patients and caregivers.

**Patient Financial Services**

212-639-8242

Call Patient Financial Services with any questions regarding preauthorization with your insurance company. This is also called preapproval. Patient Financial Services can also help you with your billing or other insurance questions.

646-497-9176

Call the number above for general information about your insurance coverage. Remember, you must call your insurance company for preauthorization.

**Patient Representatives**

212-639-7202

Call the Patient Representatives office if you have any questions about the Health Care Proxy Form or if you have any concerns about your care.

**Perioperative Clinical Nurse Specialist**

212-639-5935

If you have any questions about MSK releasing any information while you are having surgery, call the clinical nurse specialist.

**Private Nursing Options**

212-639-6892

Patients may request private nurses or companions. For more information, call the Private Duty Nursing Office.

**Resources for Life After Cancer (RLAC) Program**

646-888-8106

At MSK, care doesn't end after active treatment. The RLAC Program is for patients and their families who have finished treatment. This program has many services, including seminars, workshops, support groups, counseling on life after treatment, and help with insurance and employment issues.

**Social Work**

212-639-7020

Social workers help patients, family, and friends deal with issues that are common for cancer patients. They provide counseling on getting used to a serious illness, advice on how to communicate with family, friends, and young children, and help with employment issues.

**Tobacco Treatment Program**

212-610-0507

If you want to quit smoking, MSK has specialists who can help. Call for more information.

**Virtual Programs: Esophageal Cancer**

[VirtualPrograms@mskcc.org](mailto:VirtualPrograms@mskcc.org)

MSK offers a live, online support and education group for people who have had surgery for esophageal cancer. You can talk about issues that come up during and after treatment, share your experiences, and to provide practical and emotional support for others. Discussions are led by a social worker and a nurse.

The following are resources outside of MSK that you might find helpful:

**American Cancer Society**

[www.cancer.org](http://www.cancer.org)

**National Cancer Institute**

[www.cancer.gov](http://www.cancer.gov)

For additional online information, visit LIBGUIDES on MSK's library website at <http://library.mskcc.org> or the Lung Cancer section of [MSKCC.org](http://MSKCC.org). You can also contact the library reference staff at 212-639-7439 for help.