## Additional Notes

We hope you have found this booklet useful. Let us know what you think so that we can improve the support and care you receive.

To read this leaflet in a different language, please visit our website: **www.uhd.nhs.uk/visit/patient-information-leaflets** and use the language and accessibility function available along the top of the site.

To ask for this leaflet in larger print, please contact the patient experience team on **0300 019 8499** or email **uhd.patientexperienceteam@nhs.net**.

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University Hospitals Dorset
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# Oesophageal cancer surgery

These are the key members of the team looking after you:

- Surgeons
- Oncologists
- Anaesthetists
- Cancer nurse specialists
- Dietitians
- Physiotherapists
- Cancer support workers

Upper GI cancer nurse specialists
contact details: **0300 019 4340**

Specialist dietitian
contact details: **0300 019 4732**

This leaflet will give you information about your treatment. Please contact us if you have any questions.

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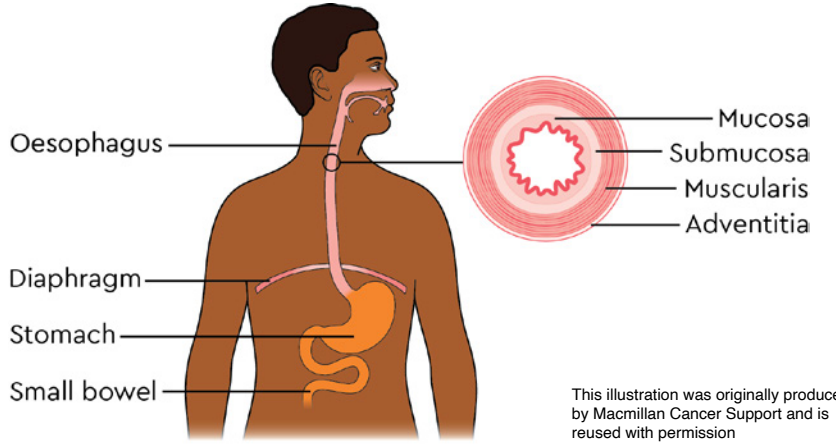
**Some of our hospital services are moving.**
Visit **www.uhd.nhs.uk/future** to find out more.

## What is oesophageal cancer?

Oesophageal cancer occurs when cells of the oesophagus (food pipe/gullet) grow abnormally and in an uncontrolled way. The oesophagus carries food from your mouth to your stomach. This cancer is usually diagnosed in those over 60.

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## What is the operation to remove my cancer?

The surgery you have will depend on the type and location of the tumour. The aim of the surgery is to remove the cancer.

Depending on the type and size of the tumour, some people will benefit from a course of chemotherapy and/or radiotherapy before surgery. This aims to reduce its size and remove microscopic cancer cells. This will be discussed with you at your treatment planning appointment, where you will have the opportunity to ask any questions.



## Useful addresses and contacts for further information and support:

There are many websites claiming to give trustworthy information about cancer. Use them with caution if you haven't heard of them through your hospital team.

Trusted Information Creator

The PIF tick is a useful way of telling if information is trustworthy
**https://pifonline.org.uk**

**Specialist nurses: as per the front of this leaflet.**

**The GO Group**
**(Dorset Gastrectomy and Oesophagectomy support group).**
**https://thegogroup.org.uk uhd.uppergicns.rbh@nhs.net**

**The Oesophaegaeal Patients Association**
- a national charity formed in 1985. Former patients helping new patients:

**www.opa.org.uk** Helpline: **0121 704 9860**

**Macmillan Cancer Relief**
- a national charity. They work closely with the NHS to give information, treatment, and care for people with cancer:

**www.macmillan.org.uk** Telephone: **0808 808 0000**

**Penny Brohn UK**
- Penny Brohn UK is the cancer health and wellbeing charity.

**https://pennybrohn.org.uk** Telephone: **0303 3000 118**

**Marie Curie Cancer Care**
-a national cancer care charity. They provide practical support at home or in their Marie Curie centres:

**www.mariecurie.org.uk** Telephone: **0800 090 2309**.

**Department of Health Cancer Information:**
**www.nhs.uk/conditions/cancer**

During your recovery your mood will fluctuate. Having 'good' days and 'bad' days is quite normal. Your relatives and friends should be aware of this. Help is available from several different sources. There is a list of useful addresses at the end of the booklet.

People recover at different rates from this operation. Many factors are involved. You should plan for 2-3 months of recovery once home. During this time, you will be seen in clinic to check your progress. You can contact the hospital through your specialist nurse for day-to-day advice and support.

Once you are at home, take things easy and use your judgment on when rest is needed. Feeling tired is normal. Eat regular small meals or snacks that are nutritious (aim for every two hours). Gently build up your strength with your usual activities- as you feel able. Try to take a short walk each day, slowly build this up.

You should be able to drive three weeks after you get home. Only drive if you feel safe and can do an emergency stop without pain. Discuss with your surgeon at your clinic appointment for further advice. Slowly restart any interests, hobbies, or sports after 4-6 weeks. This will depend on how strenuous they are.

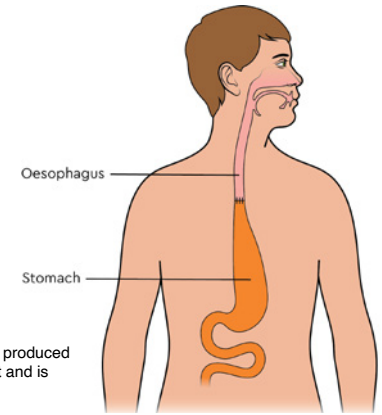
Go back to work when you feel ready. This may be part-time to start with, to ease yourself back into the routine. The team can give you additional advice on specific activities at your two-week clinic appointment.

Be prepared that it can take 12 to 18 months to return to a 'normal' lifestyle following this surgery.



## Oesophagectomy

This operation removes part of your oesophagus and stomach. The remaining stomach is taken up into the chest and joined to the remaining part of the oesophagus.

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## Why are we advising you to have this surgery?

- This is a major operation aimed at curing you of your cancer.
- Following your tests and investigations, the team believes surgery is the best chance of being free from oesophageal cancer.
- This major operation comes with significant risks and consequences. Including side effects which will forever change your life. One example is your relationship with food.
- The surgery can relieve some of the symptoms you have. These include difficulty swallowing, pains in the chest, or anaemia.
- For some patients, despite treatment, their cancer will return.
- It remains your choice to go ahead with the surgery. If you have any questions or concerns, or wish to discuss other options, please speak to your surgeon, oncologist, or cancer nurse specialist.

## What will happen if I decide not to have an operation?

Your healthcare team can discuss other treatment options and their potential risks and benefits.

## How can I prepare for surgery?

To prepare yourself for surgery you must optimise your health. This is to improve your ability to manage the effects of treatment and help you recover more quickly. The following are ways to improve your health in preparation for surgery.

1. Diet - you will meet the specialist dietitian as part of your treatment plan. Take their advice to manage your weight. Start eating six small meals per day rather than three big meals. This is to start preparing for how you will likely be eating following surgery. If you have any questions, especially if you are not able to maintain your weight or struggle with swallowing, contact your dietitian. They may be able to give you further advice or supplements. You will see the dietitian throughout your treatment and after surgery.
2. Physical activity and exercise - it is very important to remain active. If possible, raise your activity levels before surgery. The fitter you are before the surgery, the better your recovery. There is also a reduced risk of complications. The World Health Organisation (WHO) recommends 150 minutes of moderate physical activity a week. This could be a brisk walk. Ideally you would also do strengthening exercises. If you are not doing any exercise, aim to build up your activity. You could do a 20-30 minute brisk walk each day. You may be offered referral to an exercise programme to help. If you would like further information, please speak to a member of the team.
3. Stop smoking - if you smoke it is important for you to quit. If you need help quitting smoking, you can get support from Live Well Dorset www.livewelldorset.co.uk/stop-smoking/ . You can also go to your local pharmacy for support.
4. Psychosocial support - having cancer and treatment can take its toll on your mental wellbeing. Do not be afraid to ask for help if you are struggling. Please contact your cancer nurse specialist if you are concerned or worried.



## What will I be able to eat and drink after surgery?

You will have your water and food via a feeding tube. This is until you can safely swallow. The amount you can eat and drink will slowly increase. This follows a pattern of sips of water, to free fluids, to soup, jelly, ice cream, then on to a minced and moist diet. This will be determined by your recovery and how you are managing.

You will be given a leaflet about managing your diet after surgery. You are likely to find eating is difficult after surgery. We recommend that you eat small amounts of very soft food regularly. Make sure your food is high in calories and protein. We will review how you are managing your food after surgery at your clinic appointment 2-4 weeks after surgery. At this appointment your feeding tube may be removed, and you may be advised to try more solid food.

## What will my recovery after surgery look like?

Going home is a day to look forward to. Some may find this quite daunting. If you had wound clips these would have been removed. Most skin wounds have dissolvable stitches that you don't have to worry about.

Your GP will have details of your hospital admission and discharge. The district nurses will be told if you need support with wounds or any attachments you may be going home with.

We often send patients home with the 'jejunal feeding line' still in place. We keep this in for a minimum of two weeks post discharge. This is in case you have problems managing your diet at home. You will be taught how to look after this before you go home. We recommend that you flush it with cooled, boiled water once a day. You should change the syringe you use weekly. You will be seen in clinic around two weeks after surgery. This is to see how you are doing and if the tube can be removed. You do not need to keep a dressing on it.

## Early mobilisation and rehabilitation following surgery.

The physiotherapy team is there to support your recovery and reduce the risk of complications. From day one after surgery, physiotherapists will support you to:

- clear your lungs of phlegm to reduce risk of chest infection.
- get you back on your feet as soon as possible.

The whole ward team of nurses and health care support workers will help you to remain active on the ward to aid your recovery.

Enhanced recovery mobility goals (these may be tailored depending on your needs):

**Day 1 after surgery:**

- Sitting out in the chair with a physiotherapist for two hours in the morning. This will be repeated in the afternoon/evening with nurses.
- Completing breathing exercises.

**Day 2-4 post surgery:**

- Increasing sitting out time to up to six hours
- Supported to walk on the ward. This will be up to three times a day, with increasing distances.

**Day 4-8**

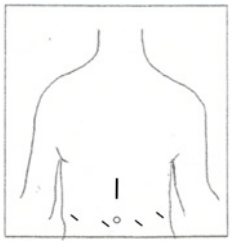
- Aim to be walking on your own around the ward
- Getting in and out of bed independently
- Going out to the toilet independently
- Completing your own washing and dressing tasks
- Walking up and down the stairs (if needed)



A cancer support worker will go through a holistic needs assessment with you. All patients with cancer are offered this. You can discuss anything that is worrying you about your cancer or treatment. This includes finances, social needs, wellbeing, and health. The cancer support worker will be able to give you advice. They can also signpost you to services or clinicians who can help.

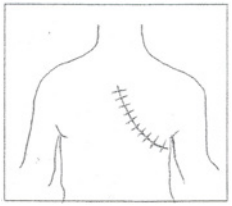
## What does the operation involve?

The surgeon does this operation in two or three stages. You may have one or two surgeons during your operation. You stay asleep throughout the whole operation which may take five to six hours.



All or part of the operation will be done using a keyhole technique. This is called minimally invasive surgery. Some of our minimally invasive surgery is completed using robotic platforms. The first stage is through the stomach. Keyhole (laparoscopic) or open (laparotomy) cuts are made. The surgeon will tell you their plan for their approach to your surgery.

The surgeon frees up the stomach and removes the diseased section of the oesophagus. They then refashion the remaining stomach to make a new oesophagus. The surgeon will also remove any surrounding lymph nodes.



The second part of the surgery is done while you are turned on your side. A cut, or lots of smaller cuts are made in your chest under your right arm around your back. Your lung is collapsed and a small opening in the rib cage is made. This is to give the surgeon access to the top part of your oesophagus. They will then make a new join using the stomach remnant from earlier.

The diseased section, together with nearby lymph nodes, are sent off to the laboratory. Your consultant will discuss the results of this with you when you have recovered. This is usually in your clinic appointment. This will be 2-4 weeks after you have been discharged from hospital.

## What are the main risks of surgery?

Any type of operation carries some risks. A major operation like this one has some additional risks. The healthcare team will always aim to minimise these. The team do these operations regularly and will look after you. However, complications can still happen. We would not have suggested this operation if we did not feel it could help you.

In the UK, the risk of death from this is **3 in 100**. However, individual factors about you and your cancer may raise or lower this risk. The risk is less, the fitter you are.

We complete a fitness test (CPEX) for all patients undergoing this surgery. This is to help you understand your own risk.

30 to 40 out of 100 patients undergoing this surgery will have a complication following their surgery.

There are general complications of any operation and specific complications of oesophageal cancer surgery.

## What are the specific complications of oesophageal cancer surgery?

Most complications are minor, but some can mean you stay in hospital longer.

- Anastomotic leak (8 in 100): This happens when the new join (anastomosis) between the stomach and oesophagus does not heal properly, leaving a hole. This may need antibiotics or another procedure. You may need longer to recover. It will also be longer before you can eat food via your mouth. This is because you will need to wait until the join has healed.



Once this test has shown that the join is healing, we begin to remove several of the drips and drains. Among these will be:

- the tube that you have through your nose. This drains fluid collecting in the stomach remnant.
- the tube(s) through your chest wall that helps your lung to inflate properly.
- the tube in your bladder which drains the urine away.

Your surgeon will decide when exactly to remove the drips and drains. As they are removed you will begin to feel more like your old self. After a period of rest, your bowels will begin working again. Sometimes you may find the bowels are rather loose to begin with. They will return to normal as you make progress with your diet and general activity.

## Enhanced recovery after surgery (ERAS)

This is a pathway the team looking after you will use to support your recovery. This includes aims of when to have certain tests, removal of attachments, food intake, and mobility goals. This will start on the critical care unit and continue to the ward. The surgeon will monitor your progress and whether you are meeting the ERAS goals. However, your health will ultimately guide the decisions made.

## What will happen after the operation?

You will be transferred to the critical care unit (ITU/HDU). This is normal following this operation. This allows us to closely observe your condition in the early days. It will involve lots of drips, drains, and monitors. These will be explained more fully in your clinic appointments. Let the team know if you would like to visit the ward before your operation.

Please let your friends and family know that you cannot have many visitors while you are in the critical care unit. A few days later, you will be transferred back to the surgical ward. Normally you will be in hospital for about 6 to 10 days.

## What pain control will I have?

Before the operation you will meet the anaesthetist. They will explain the benefits of an epidural or paravertebral block. This will help control any discomfort after the surgery. Whether you have an epidural or paravertebral block, they connect to a special drip providing your pain relief. This should keep you comfortable and able to move around in bed.

You will also need to do breathing and leg exercises. The physiotherapists will teach you these. Tell the nurse or physiotherapist if you are too uncomfortable. As you make progress you will be given other forms of pain control.

## What drips and drains am I likely to have?

While the join of your new oesophagus is healing, you will not be able to eat or drink. You will be given fluids, medicines, or blood transfusions directly into a vein in your neck or arms. We will give you a liquid feed through a fine tube. This passes directly through the skin of your stomach into your jejunum (gut). This will give you enough fluids and food. You will have a special swallow test. This will test if you can eat or drink normally again. It takes place on the third day after your operation. This test is done in the x-ray department. You will have a chest x-ray at the same time.



- Chyle leak (4 in 100): this is where immune fluid called chyle leaks into your chest. This may require further procedures and treatments. It is most often managed by altering your diet.
- Chest infection or fluid collecting around the lining of the lung (20 in 100). This may need a drain to remove fluid. However, it is often managed with antibiotics and other interventions. Your physiotherapist will see you regularly after the surgery. They will give you advice to reduce your risk of getting a chest infection.
- Post operative bowel paralysis (Ileus): this is where your bowel stops working for more than a few days. It causes bloating and sickness. This is managed by the doctors continuing to assess and provide medical treatment as needed.
- Damage can be caused to internal organs and structures in the chest and stomach. This may happen when the tumour is stuck to surrounding structures.
- Heart problems such as heart attack or abnormal heart rhythms (7 in 100). You may need treatment with medication.
- A rare complication of oesophagectomy is damage to the nerves of the voice box. This can result in hoarseness of the voice or a sore throat. This is nearly always temporary and is due to bruising of the nerve. Very rarely, permanent damage is done, resulting in a change in quality of the voice.
- Failure to remove the cancer (7 in 100): your surgeon may find the cancer is too advanced during the procedure, despite all the investigations beforehand. This means the surgeon may be unable to remove the cancer during surgery. Your surgeon may place a stent to help swallowing. The surgeon will discuss the results and next steps, following the surgery.
- Narrowing of the join (stricture). This becomes obvious a couple of months after the surgery. You may find it difficult to swallow. If you are having difficulty swallowing once you are home, let your team know. It may not mean the cancer has come back. You may need the surgeon to do a dilatation. This is where the surgeon stretches the join, to let food pass more easily. This is done with an endoscope as a day case.

- Continued pain in the chest wound. During the operation part of your rib must be removed. There may be damage to nerves in this area. This can cause pain long term.

## What are the general complications of major cancer surgery?

- Pain is common with this type of operation. The medical team will help manage this with strong pain killers. It is important to keep your pain well managed. This will let you to take deep breaths and move freely. This helps your recovery.
- Bleeding during or after the operation. You may require a blood transfusion or further procedures to stop the bleeding.
- Infection of the surgical wound (6 in 100). You can shower two days after the surgery but check with your medical team. Let your team know if you:
  - become feverish,
  - notice pus from any of your wounds,
  - if your wound becomes red, painful, or swollen.

Infections are treated with antibiotics but may need further procedures.

- Blood clots can develop in your legs (deep vein thrombosis - DVT) or lung (pulmonary embolus - PE). You will get treatment to help stop this from happening. You will be encouraged to move around as much as possible. If you get pain, redness, heat and/or swelling in your lower leg, tell your medical team immediately. If you have chest pain, shortness of breath, or cough up blood alert medical staff immediately. If you are at home, please go to your nearest emergency department.



## Will I need further treatment after surgery?

Your consultant will advise you if further chemotherapy or immunotherapy would help you. They will base this on the results of your biopsy. They will also look at how well you have recovered from surgery and earlier treatments. If this treatment is advised, it will be your choice to have it. The surgeon and oncologist will discuss this with you further as required.

## Coming into hospital

You will get an appointment letter. This will detail where to go on the morning of your operation. You will be looked after until they are ready to take you to theatre. The pre-assessment nurse will confirm which medications you should continue or stop before surgery. You will meet the surgeon to confirm your details and the plans for the operation. You will meet with the anaesthetist. They will discuss any concerns you have.

Before coming to hospital, you will be given a nutritious carbohydrate drink (preload). The dietitian will give you instructions on when to have this. This is part of enhanced recovery. You will be asked to have no food six hours before attending hospital. You cannot have water for two hours before your surgery. You are allowed to take the preload as advised by the dietitian.

When a bed is available on critical care, you will be taken to theatre. If there is no bed available, you may be asked to go home. Your surgery will have to be rearranged. This will only happen during extremely busy periods in the hospital. Hospital staff will always try to rearrange other care so your surgery can go ahead.