Having a transhiatal oesophagectomy for oesophageal cancer

Cancer Services
Information for patients

University Hospitals of Leicester
NHS Trust
Caring at its best
You have been told that you have cancer in your oesophagus and that your treatment plan includes having an operation.

Having treatment for cancer can be stressful and frightening. Please discuss with us any worries or concerns you have. It can be helpful to write down any questions you have and bring them to your next visit.

This booklet provides you with information about having a transhiatal oesophagectomy (removal of the oesophagus).

**What are the benefits of the operation?**

An operation to remove your cancer, usually combined with chemotherapy or a combination of chemotherapy and radiotherapy is currently considered the best treatment for oesophageal cancer, providing there is no spread of the cancer elsewhere in your body. It offers the best chance of a long-term cure.

**Your operation**

Your surgeon will discuss with you how your operation will carried out. It will involve surgery to your abdomen and in the base of your neck.

The aim of the operation is to remove the cancer and the surrounding lymph nodes by removing most of the oesophagus and the top part of the stomach. The stomach is then moved up through the chest and joined onto the remaining oesophagus through a cut in the base of the neck. This will allow you to eat and drink once you have healed following your operation.

Please ask your surgeon to draw you a diagram, if you feel that this would be helpful. More detailed information on eating and drinking after surgery can be found on page 10 of this booklet.
What are the risks?

This is a major operation and there are risks involved. Your surgeon will discuss these with you. The risks include:

- **Chest infection**: after your operation, you will be less able to move around and it can be harder to breathe deeply so you are at greater risk of developing a chest infection. One out of every four patients will have problems with this.

- **Wound infection**: this will affect one in four patients.

- **Anastomotic leak**: this happens when the internal joins that are made do not heal properly, and affects one in ten patients. A small leak will usually heal up if you do not eat and drink for a period of time. This means a longer stay in hospital. A large leak is a serious complication and may require another operation.

- **Leakage of lymph (protein fluid)** into the chest (chyle leak) affects one in twenty patients. A small leak will often stop with a change of feed. A larger leak may require further surgery.

- **Blood clots**: you are at risk of developing blood clots in your legs (deep vein thrombosis) after your operation. This happens in fewer than one in 100 patients. These clots can break up and move to the lungs (pulmonary embolism). You will have a daily injection to reduce the risk of blood clots after your operation. It is recommended that you continue with these injections for 28 days after your operation. The ward nurses will teach you how to give the injections.

- **Hoarseness of the voice** occurs in one in ten patients.

- **Anastomotic stricture**: narrowing of the join requiring endoscopy and dilatation (stretch). This happens in one in five patients.
Complications can be serious. This type of surgery is only carried out in specialist centres, which reduces the risk of complications. However, despite this, up to one in twenty people die of complications following this type of surgery.

Sometimes it is not possible to remove a cancer because it is more advanced than expected. There is also a chance that, even though your cancer has been removed, it may come back in the future.

Cancers that are found at an early stage may be suitable for endoscopic treatment.

Radiotherapy combined with chemotherapy may be an option depending on the position and type of cancer you have. Your consultant will discuss the options with you.

You will come into hospital the evening before your operation and will usually stay for eleven to fourteen days, depending on your recovery. After your operation you will go to the Critical Care Unit (Intensive Care).

Critical care support after your operation is essential for your recovery and it is not safe to operate if a bed is not available. The decision to postpone your operation is not taken lightly and your operation will be rescheduled at the earliest opportunity.
Can I eat and drink?

You can eat and drink as normal on the day you come in to hospital. You must not have anything to eat after 2.00am on the day of your operation. You can drink water until 6.00am. You will have a drip overnight.

After your operation you cannot have anything to eat or drink, until your surgeon tells you that you can. This is to allow the joins inside to heal.

It is important you keep your mouth clean and moist during this time. You can brush your teeth, use mouthwash and moisten your mouth with water but must not drink anything.

When you are allowed to eat and drink, the dietitian will give you advice about what to have. There is information about what to eat and drink on page 10 of this booklet.

Will I be in pain?

After your operation it is very important that your pain is well controlled. You need to be able to breathe deeply, cough and move around as much as you can. You will usually have an epidural after your operation for pain relief, but please tell your nurse if you are in pain. At your pre-assessment appointment you will be given a booklet that gives you more detailed information about how your pain is managed after your operation.
Will I have any tubes attached to me?

After your surgery there will be a number of tubes which help to monitor your condition. They will be removed once they are no longer needed.

- **Central line**: a tube in your neck to give you fluids and help monitor your fluid needs
- **Arterial line**: a tube in your wrist to monitor your blood pressure
- **Oxygen**: to help with your breathing
- **Naso-gastric tube**: a tube that comes out of your nose and goes down your oesophagus into your gut and drains away fluid
- **Jejunostomy**: a tube going into the small bowel to feed you while you are recovering. This is the only tube that will still be in when you go home
- **Wound drain**: to drain fluid away from the operation site
- **Urinary catheter**: to drain urine from your bladder

When can I get moving after my surgery?

Your physiotherapist will work with you to get you moving as soon as possible after your surgery. This helps to reduce the risk of chest infection and deep vein thrombosis (DVT).

**Remember to tell your nurse or physiotherapist if it is painful to breathe, cough or move.**

Most people have some mucus or phlegm that needs to be cleared from the lungs and having a general anaesthetic makes the mucus dry and sticky. This makes it harder to cough up and clear your lungs. Doing deep breathing exercises can help prevent chest infection. The exercises are outlined on the next page. You may want to practice them at home before your admission.
Relaxed breathing
- Sit upright in your bed or chair
- Shoulders should be relaxed and arms supported
- Breathe at a normal speed, so that your tummy rises as you breathe in and fall as you breathe out

After about 30 seconds of relaxed breathing move on to deep breathing.

Deep breathing
- Breathe in slowly and as deeply as you comfortably can
- Feel your lower ribs expand outwards as you hold your breath for a few seconds
- Breathe out gently
- Repeat up to five times
- Take a couple of normal breaths in between the deep breaths to avoid getting breathless

Clearing phlegm
- ‘Huffing’ helps to clear the mucus higher up your lungs so you are able to cough the mucus out easily
- Take a breath in, then ‘huff’, by forcing the air out with your mouth open as if you were trying to steam up spectacles or a mirror
- Only cough if you feel the mucus will clear after one or two coughs
- Use a rolled up towel or pillow to support your wound when coughing

Continue this cycle until your chest feels clear.
Try and do these exercises every hour whilst you are awake.
Exercise

**Getting out of bed:** You will be encouraged to sit out of bed after your operation. The length of time sitting out of bed will be increased daily.

Sitting in the chair is the best position for your breathing.

**Walking:** Walking is important after your surgery. You will need help at the start with but will be encouraged to carry this on by yourself once you are able.

The following gives you an idea of what we expect you to do. It is not always possible to achieve these straight away, but the aim is to increase what you are managing to do each day.

**Day 1:** Sit in the chair for up to 2 hours
**Day 2:** Sit in the chair for up to 3 hours
   - Walk 10 metres during the day with help
**Day 3:** Sit in the chair for up to 5 hours
   - Walk 20 metres during the day with help
**Day 4:** Sit in the chair for up to 7 hours
   - Walk 20 metres twice during the day with help
**Day 5:** Sit in the chair for up to 7 hours
   - Walk 30 metres twice during the day with help
**Day 6:** Walk 40 metres twice during the day without help
**Day 9:** Walk up and down the stairs with supervision

Your physiotherapist will give you advice for when you go home.

It is important that you move around: however, when you are feeling tired, you must rest.
What happens when I leave hospital?

When you are ready to leave hospital, your recovery is only just beginning. It may be six months or more before you feel you have fully recovered. Leaving hospital can be daunting, but remember you can ring your ward or key worker if you have any problems or concerns. Your GP can also help.

In the first few months your body will be using lots of energy to heal and repair. Fatigue (tiredness) is common and can be frustrating. Make sure you rest when you need to, but try to increase the amount of walking you are doing every day.

It can take six months or more for your digestive system to adapt to its new “plumbing” and for you to feel confident eating and drinking. Taking a daily multi-vitamin and mineral supplement may be useful in the early stages of your recovery whilst you are building up the variety in your diet. Your dietitian can advise you further.
Eating and drinking

Ideas to help reduce discomfort and avoid problems when eating and drinking

- Try to eat regular small meals and snacks five to six times throughout the day
- Take your time, relax, eat slowly and chew food well. This will make it easier to digest your food
- Avoid drinking with your meals as this will make you feel full. Try and have a drink half an hour after eating
- Try using a smaller plate to serve your foods on. Leave a gap between your main course and pudding
- If you do not feel like having a meal, try having a nutritious drink instead
- Try to build up the variety of food in your diet to help ensure a balanced intake. Try a new food every day
- Look after your teeth to ensure you can chew properly. Clean your teeth twice a day and consult your dentist regularly

Managing common problems when you start to eat and drink

Loss of appetite and taste changes

- Try to eat regularly through the day even if you don’t feel like it
- Try and avoid long periods without eating
- Foods that you normally like may taste different to start with. Experiment with different flavours. If you do not like the taste of a food to begin with, try it again a few weeks later
- Experiment with different temperatures of food. Some people find cold food or food at room temperatures is tastier than hot food
Feeling full quickly

- To begin with, even tiny meals may make you feel full. Eat little and often. The amount you can eat comfortably will increase with time.

Indigestion, nausea and reflux

- Try eating little and often.
- Avoid tight fitting clothing around your abdomen.
- Sit upright while you are eating.
- Avoid lying down, lifting or bending down immediately after eating.
- Experiment: some people find not eating late at night helps, some people find a plain biscuit or milky drink before going to bed helps.
- If you experience reflux at night, sleeping with extra pillows or raising the head of the bed may help.
- Sometimes medication such as liquid antacids or anti-sickness drugs can help.

Dumping syndrome

- Dumping syndrome can happen after surgery to the oesophagus. It is caused by food moving too fast into the small intestine. If you are affected, symptoms usually improve with time. You may need to make changes to your diet to help prevent symptoms.
There are two types of dumping syndrome: early and late.

**Early dumping syndrome**
- Usually happens within 30 minutes of eating a meal and goes away after an hour
- The food you have eaten is more highly concentrated than the digestive juices in your gut. This causes fluid to be drawn into the intestines as your body tries to dilute the food
- This can cause abdominal cramps, bloating and diarrhoea
- You may feel faint and dizzy, and you may have palpitations

**Late dumping syndrome**
- Usually happens a couple of hours after eating
- It happens when sugary foods pass too quickly through your small intestine, causing your body to produce too much insulin which causes your blood sugar to drop
- This can make you feel faint and you may need to sit or lie down
- You may feel sweaty, anxious, have a headache or feel cold
- Eating or drinking a small amount of something sugary such as biscuits, toast with jam or a sweetened drink can help correct your blood sugar

**Both types of dumping syndrome can be avoided by:**
- Eating slowly
- Cutting down on sugar and sugary foods
- Adding dietary fibre to your diet such as wholemeal and wholegrain foods
- Being cautious with foods that have a lot of liquid in them and avoid drinking with meals, as this may cause food to rush through your digestive system too quickly
- Eating regular small meals and snacks and avoiding long periods without eating
- Increasing the fat content of your food to replace the calories from sugary foods
- Stopping eating when you feel full. Do not force yourself to finish a meal

**Diarrhoea**
- This is quite common after this type of surgery, particularly in the first few months. It may be accompanied by colicky pain
- You may find eating high protein foods such as meat, fish and eggs helps to slow down the rate food passes through your intestines
- Sometimes taking anti-diarrhoea medicine can help: please ask your key worker for further advice

**Weight**
- It is useful to check your weight once a week. If you are losing weight please ask your dietitian for advice
Ideas for adding extra nourishment to food

- Use full fat milk wherever possible. You can fortify the milk by adding skimmed milk powder - add up to four tablespoons to one pint of full fat milk. This can be used throughout the day on cereals and in drinks.
- Add cheese to mashed potato, soup, sauces, scrambled egg and baked beans.
- Add margarine, butter or oil to potatoes, rice and vegetables.
- Add milk powder to soups and milk puddings.
- Add cream and jam to milk puddings such as custard, rice pudding and semolina.
- Use extra oil in cooking.
- Put extra butter or margarine on bread and toast.
- Use mayonnaise or cream cheese on sandwiches.

Suggested meal plans

⇒ Breakfast ideas
- Cereal or porridge made with fortified milk
- Small amount of cooked breakfast
- Cheese on toast
- Milky coffee

⇒ Mid morning snack
- See snack ideas on page 16

⇒ Lunch ideas

Main course
- Mashed potato with butter or margarine
- Pasta with cream sauce
- Meat or poultry casserole
- Fish in sauce with vegetables
- Omelette

**Pudding** - you may want to wait a while before eating
- Milk pudding
- Ice cream
- Trifle
- Tinned fruit with cream or custard

⇒ **Mid-afternoon snack**
- See snack ideas on page 16

⇒ **Evening meal ideas**
- Sandwich
- Snack on toast
- Macaroni cheese
- Cheese and biscuits
- Soup with grated cheese and a slice of bread
- Jacket potato with cheese / tuna / baked beans

⇒ **Bedtime snack**
- See snack ideas on page 16
Snack ideas

- High protein drinks such as Build up, Complan or Nutrament, or make your own with 200ml (7oz) full fat milk whisked together with a scoop of ice cream and a flavouring of your choice, for example chocolate powder, strawberries, banana, other soft fruits.
- Oral Nutritional Sip Feeds are available on prescription - ask your dietitian
- Biscuits and milky coffee or hot chocolate made with milk
- Small sandwich or toast
- ‘Cup a soup’ made with hot milk
- Cheese and crackers
- Full fat yoghurt, Greek yoghurt with honey or lemon curd
- Fruit and cream
- Egg custard, cake, biscuits, tea cake, muffin, crumpet
- Small pot of rice pudding, custard or mousse
- Breakfast cereal with fortified milk

The following foods may cause discomfort and you may want to avoid them in the early stages of your recovery:

- Highly spiced or seasoned foods such as spicy curries and chillies
- Strong tea and coffee
- Unripe fruit, dried fruit, nuts, pips and skins of fruit
- Stringy, coarse or fibrous vegetables such as celery
- Coarse cereals such as granary bread, muesli type breakfast cereals
- Fried food and fatty foods such as pies and chips
- Alcohol.
Eating out

Eating with others is a social occasion and there is no reason why you should not continue to do this. Friends and family should be aware that you only eat small portions, and in a restaurant ask for a child’s portion or have a starter as a main course. Do not worry about leaving food.
Useful numbers and resources

Upper GI Specialist Nurses (key worker)
Tel: 0116 258 5809 (Monday to Friday 8am - 4pm)

Dietitian
Tel: 0116 258 5265 (Monday to Friday 8am - 4pm)

Ward 22, Level 6, Balmoral Building
Tel: 0116 258 5475 (24 hours)

Critical Care Unit, Level 2, Balmoral Building
Tel: 0116 258 5372

Accommodation Office (UHL)
Tel: 0116 258 4249

Macmillan Information Centre
Osborne Building
Leicester Royal Infirmary
Leicester
LE1 5WW
Tel: 0116 258 6189
Email: cancerinfo@uhl-tr.nhs.uk
Website: www.leicestershopsitals.nhs.uk/cancerinfo

Local support group for surgical patients
Meets four times a year at:

Coping with Cancer
Helen Webb House
35 Westleigh Road
Leicester LE3 0HH
Tel: 0116 223 0055

Support group in Northampton
Tel: 01604 523844 for further information
Useful numbers and resources (continued)

Oesophageal Patients’ Association
Helpline: 0121 704 9860 (Monday to Friday 9am - 3pm)
Website: www.opa.org.uk

Patient experiences of having treatment
Website: www.cancerstories.info

Your questions

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If you would like this information in another language or format, please contact the service equality manager on 0116 250 2959