Instructions for Care after Esophageal Surgery

As you recover from your esophageal surgery, it is important to follow these guidelines which have been developed for you.

Nutrition
Your surgeon will decide when it is right for you to start eating after your operation.

- You may need to have a swallow study in 5 to 7 days after your operation. This test will confirm that your internal incisions are healing.
- You will be started with a clear liquid diet. As you make progress, this will be changed to a full liquid diet and then a post-esophagectomy diet.
- The dietitian will give you special instructions on your post-esophagectomy diet. This will usually occur during your hospital stay.

The following guidelines will help you to answer any nutrition concerns you have as you recover from your operation.

Everyone’s tolerance to food is different. You will need to find foods that agree with you. It may take some time to find the right foods that work for you. This is normal. Do not get discouraged, these issues will improve over time.

- Try to eat small meals or snacks during the day. (Example: 6 small meals instead of 3 large meals)
- Take small bites. Chew your food well before swallowing.
- Stop eating when you feel full. Right after surgery, you may not be able to tolerate the same amount of food or certain types of food as before your operation.
- If eating a certain food causes any discomfort, avoid that food for a week or two and then try the food again.
- Avoid foods that are hard to chew such as tough meats or hard rolls.
- Avoid soft, doughy bread or rolls that could block the esophagus.
- Avoid anything gummy or stringy that could be hard to swallow.
- Drink liquids separately instead of with meals.
- Drink 6-8 eight ounce glasses of fluids daily. Choose unsweetened, non-caffeinated liquids.
- Avoid carbonated beverages because they can cause gas and bloating.
- Take a daily multivitamin. You may try children’s chewable vitamins if it is hard to swallow tablets.
Heartburn and Reflux

The following suggestions may help you avoid heartburn or reflux.

- Avoid or limit caffeine. Drink only decaffeinated beverages.
- Avoid tight fitting clothes.
- Do not drink alcohol.
- Do not use tobacco or smoke.
- Avoid or limit the amount of high fat foods.
- Limit spicy and acidic foods such hot peppers or citrus fruits/juices.
- Avoid very hot and very cold foods.
- Sit upright for at least 45 minutes after eating or drinking.
- When resting or sleeping, do not lie flat. Sleep with the head of the bed raised.
- Do not eat or drink for at least 2 hours before going to bed.

Food to Avoid
Some foods cause heartburn and reflux or make it worse. It is best to avoid the following foods:

- Chocolate
- Cream sauces or soups
- Tomato products or tomato-based soups
- Whole milk, chocolate milk, or milkshakes
- Citrus fruits and juices
- High fat (Examples: heavy cream, half and half, sour cream, oils, fried foods)
- Hot peppers, chili peppers
- Spearmint, peppermint,
- Mint teas

Gas and Bloating

The following suggestions may help you avoid gas and bloating.

- Avoid any activity that causes you to swallow air. (Examples: drinking carbonated beverages, using a straw, chewing gum, slurping food, sucking on hard candy)
- Avoid foods that may cause gas or bloating such as the following:

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apples     lentils
avocado    nuts
beans      onions
broccoli   peas
cantaloupe sauerkraut
cauliflower scallions
cabbage    soybeans
corn       turnips
garlic     watermelon
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Dumping Syndrome

Dumping syndrome occurs when undigested food quickly passes into the small intestine. Symptoms include nausea, cramps, abdominal pain, and diarrhea. Some people will have low blood sugar in 1-2 hours causing nausea, palpitations, sweating, shaking, or weakness.

The following suggestions may help you avoid dumping syndrome.
- Eat slowly. Take small bites. Chew your food well.
- Eat only until you feel full. Do not overeat.
- Drink liquids 30-60 minutes before meals or 30-60 minutes after meals.
- Choose unsweetened liquids.
- Your diet should include a moderate amount of fat to help slow the passage of food thru the stomach.
- Eat high protein foods.
- Limit the amount of simple carbohydrates. (Examples: white and brown sugar, honey, jam)
- You may have some lactose intolerance at first. Over time, add small amounts of milk to your diet to determine tolerance.
- Avoid very hot and very cold foods and liquids.
- Avoid foods that are natural laxatives. (Examples: caffeine, figs, flax, prunes, licorice)

Weight Management

Monitor your weight on a regular basis (1-2 times per week at the same time of day).

If you are losing weight:
- Try to increase the amount of food you eat by adding snacks or more small meals during the day.
- Try drinking a liquid supplement such as Ensure™ or Boost™ to maintain your weight. If you have diabetes, try Glucerna™ or Boost™ Glucose Control.

If you cannot maintain your weight, call your doctor or call the dietitian at 610-954-4330.

Exercise

It is important to maintain a daily exercise program as you recover from your operation. It may take as long as 4-8 weeks to fully recover and return to your normal activity level.
- Walking is the best type of exercise.
- Many people need to rest throughout the day. Rest helps to improve strength and stamina.
- Space your activities to allow time for rest.
- If you have an incision on your chest for your esophageal surgery, shoulder exercises will help prevent stiffness in the arm on the side of your surgery.
  - Continue these exercises at home to prevent loss in mobility and flexibility.
  - Take your pain medication so you are able to perform your exercises.
- Continue to use your incentive spirometer as directed at home.
Deep breathing and coughing exercises

Deep breathing and coughing exercises are part of your daily exercise routine. They help to fully expand your lungs and loosen any mucus in your lungs.

Do your deep breathing and coughing exercises at least 3 times a day for 10 minutes.

- Sit upright and lean slightly forward with your feet flat on the floor.
- OR
- Lie on your side with your knees bent toward your stomach.
  - Breathe slow and deep in through your nose and out through your mouth.
  - Repeat 3-5 times.
  - Take a deep breath then cough several times as you breathe out.
  - Repeat.

Take your time doing this exercise to avoid getting tired.

Restrictions
There are few activity restrictions once you are home.

- Doing routine daily activities will not hurt your incision. (Examples: cooking, washing dishes)
- Avoid any activity that causes pain or pulls across your incision.
- Do not lift, push, or pull anything heavier than 10 pounds. At your doctor's visit you will be told when you may begin lifting heavier objects.
- Expect to feel tired.
- Avoid strenuous activity. Take time to rest during the day.
- Be careful walking up and down stairs; use the handrails.

Driving
Do not drive a car. You may ride in a car as a passenger; wear a seat belt.

- The surgical incision may cause you to react slowly. This places you and the other drivers at risk.
- Medicines for pain relief can make you drowsy and dull your reflexes. This makes driving dangerous.
- At your doctor’s visit you will be told when you may begin driving.

Sleep
Sleep is a very important part of your recovery.

- Try to sleep at least 8 hours every night.
- You may have trouble sleeping for the first few weeks, but it will improve.
- Taking your pain medicine before going to bed may help.
- Avoid eating or drinking for at least 2 hours before going to bed.
- You may sleep in any position you find comfortable, unless your doctor gave you other directions.
- If you have an incision on your chest, you may lie on the same side as the incision if that is most comfortable.
Feeding Tube Care

Most people will have a feeding tube until they are eating enough calories by mouth. Your doctor will determine when you no longer need the feeding tube. Home care nurse can help with the care of the feeding tube at home.

- If the J-tube was placed before the operation, continue to care for it as before.
- If the J-tube is new, your doctor will give you instructions when you leave the hospital if you need to continue tube feeds at home.

Instructions for flushing feeding tube:
- Flush tube with 10mL of tap water 2 times each day and after each time medicine is given through the feeding tube.
- Draw up 10 mL of tap water into a syringe.
- Stop tube feeds or remove cap on end of tube.
- Insert syringe into feeding tube and flush the water into the tube.
- Remove syringe and re-insert cap or continue tube feeds.

Go to the nearest Emergency Room if your feeding tube falls out.

Bathing

You may shower once you are ready to leave the hospital.

Avoid swimming or soaking in a tub until cleared by your surgeon.

Your doctor will give you instructions if there are restrictions.

Bowels

Your normal bowl routine may be interrupted while you are in the hospital.
- Constipation is a common after an operation.
- If you have difficulty having a bowel movement, try a gentle laxative such as Milk of Magnesia™. If you have no bowel movement, try a Dulcolax™ suppository or pill.
- If constipation continues, call your doctor.

Patients may have diarrhea. Read the section above called Dumping Syndrome for suggestions.

If you have diarrhea and a fever (temperature above 101°F), call your doctor.
Care of the Incision

You may keep a dry, sterile dressing over the incisions for a few days after you return home. There may be some clear yellow or pinkish drainage; this is normal.

- Use only soap and water to clean around the incisions.
- Do not put any lotions or creams onto the incisions.
- Some of your incisions may have tape-like bandages (steri-strips) in place. You can remove them after 5-7 days. It is easiest to remove them when your incision is wet.
- If you have staples in your incisions, they will be removed during a return visit to the office.
- If you had a chest tube after your surgery, you may see a suture (stitches) where the chest tube was removed. This will be removed during your office visit.

When to Call Your Surgeon

If you have any of the following symptoms, call your surgeon:

- Increased redness, swelling, worsening pain, thick yellowish/greenish drainage from your incisions.
- Temperature (fever) greater than 101°F.
- Coughing up secretions or mucus that has become thick or turns from clear to yellow or green.
- Severe shortness of breath.
- Worsening chest pain or abdominal pain.
- Persistent cough.
- Trouble swallowing or pain with swallowing.
- Trouble flushing the feeding tube.
- Leg swelling.
- Questions or concerns related to your surgery.

It is best to call during regular business hours when the office is open to help you. During off-hours, the answering service will help contact the surgeon. For any routine medical problems, you should contact your primary care doctor.

Post-operative Visit

You will have a follow-up visit with your surgeon. During the visit, your surgeon will assess your progress and discuss any further therapy or treatment that you may need.

Your appointment may have been made for you before you were discharged from the hospital.

You will need to call the office to schedule an appointment if one was not made.

Thoracic Surgeons
Dr. Burfeind or Dr. Puc – Call 610-954-3990

Surgical Oncologists
Dr. Desai or Dr. Quiros – Call 610-954-2140