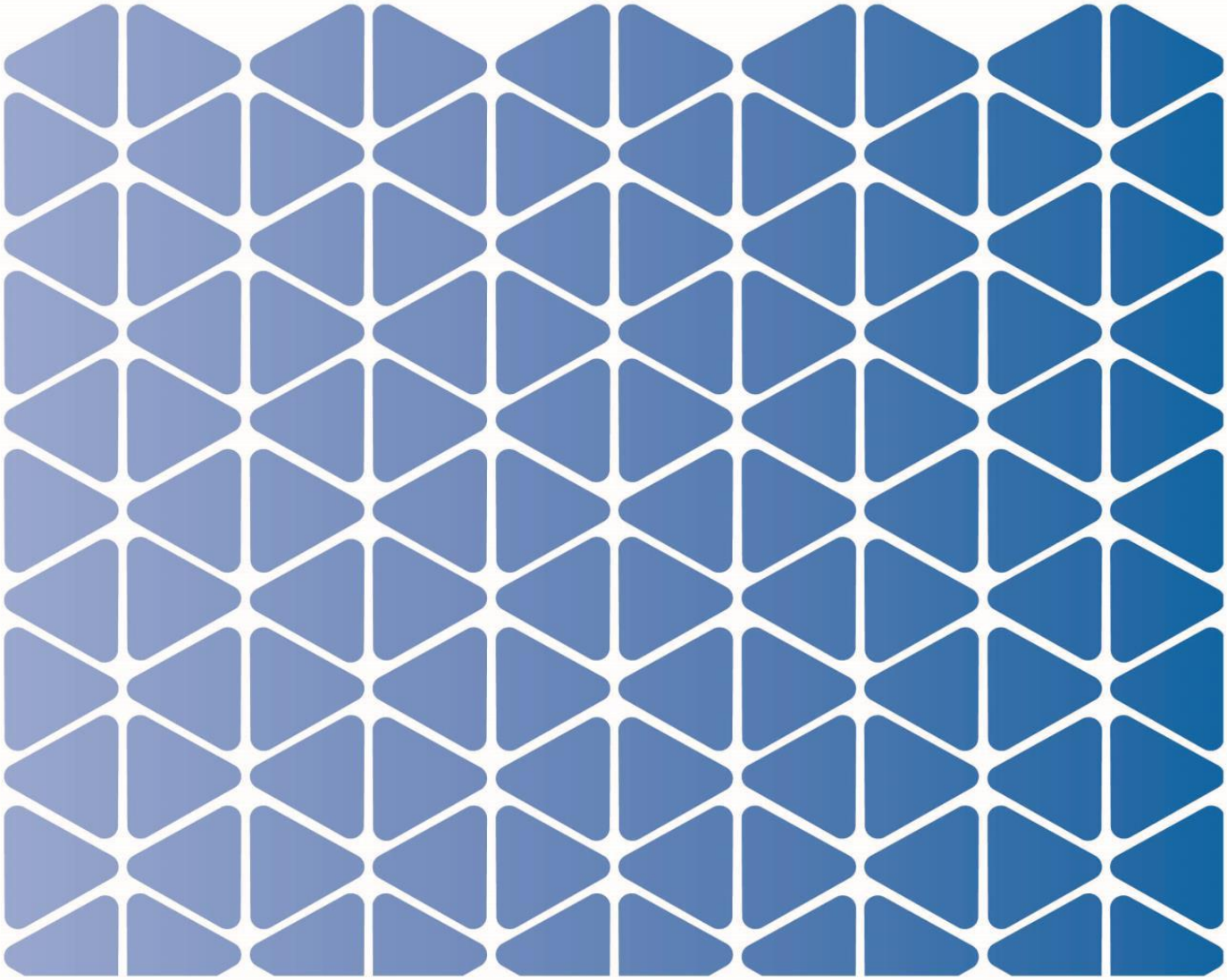
PATIENT INFORMATION

SURGERY FOR CANCER OF THE OESOPHAGUS



Introduction
Your consultant and your specialist nurse have explained that you have a cancer or growth in your oesophagus (gullet). Treatment for cancer of the oesophagus depends of the size, location and extent of the tumour; the stage of the disease, your general health and other factors.

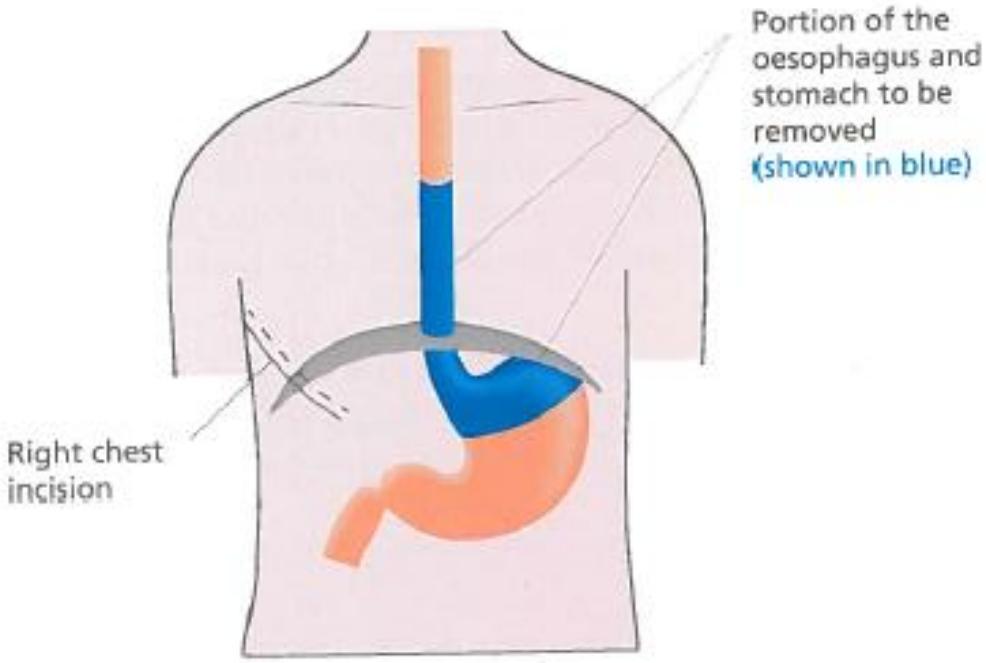
Surgery is the most suitable treatment for your cancer and is performed at the Regional Surgical Centre in Gloucester, which specialises in this type of surgery.

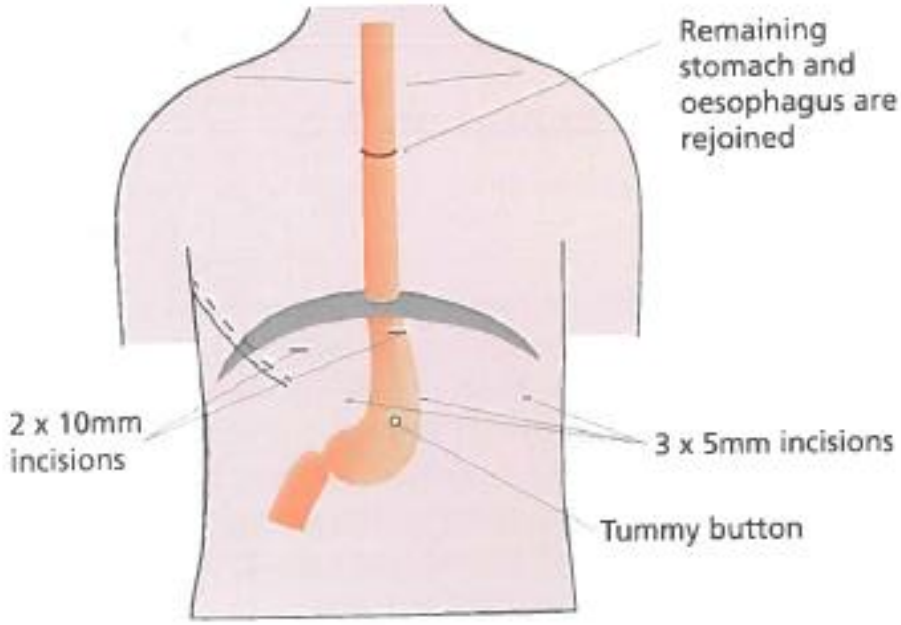
Your surgeon is:

……

What type of operation is it?
The operation is called an oesophagectomy (removal of part of the gullet).

The surgeon usually removes the cancer (tumour) along with a section of the oesophagus, nearby lymph nodes and other tissue in the area. It may be necessary to remove part of the stomach as well but this depends where the tumour is. The remaining healthy part of the oesophagus is connected to the stomach so you are still able to swallow. This usually means bringing the remaining stomach up into the chest.





What are the benefits of the operation?
The purpose of the operation is to try and remove the entire tumour. Therefore, an operation to remove the cancer is only considered if there is a good chance of removing the whole cancer. However, it is important to stress that, despite all the tests you have had, this final assessment can only be made by your surgeon during the operation itself.

Are there any other treatment choices?
Prior to surgery your Oncologist will discuss with you the most appropriate treatment for your cancer. This may include chemotherapy alone, or a combination of chemotherapy and radiotherapy.

What are the risks involved with this type of surgery?
As with any type of surgery, there are some significant risks involved which the surgeon and specialist nurse are happy to discuss with you.

It is important that you understand these fully and we encourage you to ask questions and obtain information form the team caring for you.

One of the most common problems following this surgery is a chest infection. This is partly due to the fact that the surgeon has operated on your chest and that during the operation your right lung has to be collapsed to allow the surgeon to access your oesophagus. To help minimise the risk you will be seen by a physiotherapist who will encourage breathing exercises. It is important that you carry out these exercises as shown.

There is a small but serious risk of a leak from the join between your stomach and the remaining part of the oesophagus. To minimise the risk, we keep the gullet empty by use of a drainage tube. If a leak occurs, it can usually be managed by waiting for nature to heal the join. However, you may need a second operation to repair it.
During the operation on your gullet, we will cut some of the main nerves (vagus nerves)

to the intestines. This can affect how your bowel works. One of the most common effects is that you can have attacks of unexpected diarrhoea. This does not affect everyone and people who experience it usually find that it improves with time. Eating 'little and often' usually helps with this. Most people find it difficult at first. However, many people can eat well once their bodies have adjusted to the change. Your dietitian and specialist nurse will help support you with this.

The nerve to the voice box passes very close to the gullet and it occasionally gets bruised during the operation. This can result in a temporary hoarse voice and difficulty coughing. If the nerve has to be removed or is damaged as part of the surgery, then the hoarseness will be permanent.

You will have been through a series of tests to make sure that you are fit enough to withstand this operation. However, as with any surgical procedure, there is a small risk of death.

Every precaution is taken to reduce the risks associated with this operation.

Your surgeon will explain these and other risks to you before the operation.

What will happen if I do not have the surgery?
If untreated, the cancer will continue to grow, with the risk of further spread around the body. This will result in the cancer no longer being curable. If you decide not to have the operation, it is possible to improve your swallowing by placing a 'stent' (tube) into your gullet to hold the gullet open, allowing food to pass through more easily. It is sometimes possible to shrink the cancer by use of chemotherapy or radiotherapy.

Why do I need chemotherapy before my operation?
Recent evidence has shown that for many patients, having chemotherapy or chemotherapy and radiotherapy treatment before surgery can improve the overall outcome of the surgery. The oncologist will discuss this with you.

Where will I have my chemotherapy?
Chemotherapy can be given countywide or locally to where you live. Further detailed information will be given when you have your appointment with the oncology (cancer) specialist consultant. It is important to note that if you require radiotherapy, this will take place at Worcestershire Royal Hospital only.

Pre-assessment clinic and what will happen before the operation
Surgery to your gullet is a major operation and you need to be physically and psychologically prepared for it. You will be invited to attend two pre-assessment appointments. One at the beginning and one at the end of your treatment. This is held at Gloucestershire Royal Hospital (where your operation will take place) or Cheltenham General Hospital.

Members of the medical and nursing teams will see you at this appointment. The aim of the visit is to record your current symptoms, your past medical history, current medications and check you are fit enough to undergo this operation. It is usual for you to have two blood tests at this visit.

Enhanced recovery after surgery (eras)
ERAS is a system of care that has been designed to improve the recovery of patients after major surgery. The aim of the ERAS programme is to reduce complications, reduce the impact of the complications and to get patients home earlier, safer and fitter so their long term recovery can begin before discharge from hospital. Regular exercise from an early stage and good pain control are at the heart of the ERAS and it is very important that you are actively involved in your recovery.

Being admitted to the ward
You will usually be admitted on the morning of your operation.

Your anaesthetic
Your operation will be carried out under general anaesthetic. This means you will be asleep and feel nothing during the operation.

Can I help prepare for the operation?
There are some things you can do to help prepare for the operation and reduce the chance of difficulties with the anaesthetic.

If you smoke, it is important that you stop before the operation. Smoking reduces the amount of oxygen in your blood and increases the risk of breathing problems during and after the operation.

Maintaining a healthy diet is important to your overall wellbeing. You may be finding eating difficult due to lack of appetite or because there is a narrowing in your gullet. If you can’t manage an adequate diet it is important that you talk to your specialist nurse who will arrange an appointment with the dietitian. Light exercise, such as a brisk walk once a day, is encouraged. This will help improve your fitness prior to the operation.

How long will the operation take?
The operation usually takes most of the day. After the operation you will need to be nursed in the High Dependency Unit (HDU) /Intensive Care Unit (ICU).

How does the surgeon remove the tumour?
The operation is often done in two stages (Ivor Lewis Oesophagectomy). An initial incision is made into the abdomen to free the stomach from the surrounding tissues. This is normally done with a keyhole approach. A second incision opens the chest to allow access to the upper part of the oesophagus. The section of the oesophagus containing the cancer is removed, the stomach is then joined to the remaining oesophagus.
Alternatively, you may require a Mckeown Oesophagectomy or 3 stage Oesophagectomy. Your surgeon will explain which surgery you will require.

Where will I stay after my operation?
The first few days following surgery will be spent in the HDU / ICU. The doctors and nurses will closely monitor you. You will stay in the HDU / ICU until you are well enough to return to the general ward.

Tell me about the tubes and drains that will be attached
Whilst you are asleep under anaesthetic, a drip will be placed in a vein in your neck, this will allow the doctors and nurses to closely monitor you. It will also allow you to have any medication that you may require.

A fine tube will be passed down your nose and into your stomach, this removes any secretions and helps the join between the gullet and stomach heal.

During the operation the surgeon will place a tube in your small bowel, this will come out on the abdominal wall. Through this tube we will be able to give you nutritious fluids until you are able to eat and drink normally.

You will have a drain in your chest; this is a tube leading from your chest to a bottle. It helps the lung to re-inflate after the operation. It is put in while you are asleep and is removed after a few days.

You will have a drip in your arm to give you fluids.

You will have a drip that goes into an artery in your wrist. This allows the doctors and nurses to monitor your blood pressure very closely.

You will also have a catheter (fine tube) into your bladder, this helps the nurses monitor your urinary output. This is removed once you are up and about.

In addition to this an epidural catheter will be placed in your back to allow painkillers to be given to you post-operatively. Your anaesthetist and specialist nurse will explain this fully to you.

The doctors will decide when these tubes can be removed. It is usually within the first five days. It is not uncommon for you to go home with the feeding tube still in place (feeding jejunostomy). If you are eating well this will usually be removed at the outpatient appointment after your operation. This will be two or three weeks after your hospital leave.

How will my pain be controlled after the operation?
You will normally have an epidural. This is a fine tube placed in your back, through which pain-numbing medicines are given. The anaesthetist puts this in before your operation. It is usually kept in place for several days and is removed painlessly. Then you may be given pain relief via a drip in your arm, this is known as PCA (patient controlled analgesia) in order to meet your individual pain control needs. The anaesthetist and specialist nurse will explain this further to you. You will also be shown how to support your wound when you cough.

Breathing
While you are still sleepy you will be given some oxygen to breathe. It is important to take deep breaths and cough as this will help keep your lungs free from infection.

Will I be able to eat and drink after my operation?
Immediately following the operation, you will not be allowed to eat or drink, this is to allow the area of your gullet/stomach affected by surgery to rest and heal. You will be fed via a feeding tube.

Personal hygiene
Initially you will need help with your personal hygiene, however, after only a few days you will begin to regain independence.

When will I be able to walk about?
The day after your operation you will be encouraged to get out of bed and sit in the chair. You will be helped by the nurses and physiotherapist. Over the next few days you will gradually build up to short walks at frequent intervals throughout the day. This will prevent chest infections, blood clots, stiffness and bedsores. You will be given an injection in your tummy and be given a pair of elastic stockings to wear to help prevent blood clots forming.

How long will I be in hospital?
You can expect to stay in hospital for between 7 to 10 days if there are no problems following surgery.

How long does it take to fully recover from the operation?
This is major surgery and involves a cut in your abdomen and chest. It can take six to eight weeks before muscles and tissues have healed sufficiently to allow you to start driving and gentle exercise. We advise that you avoid activities that may put strain on your abdomen as this may delay healing. It can take at least three months before you begin to feel fit again. This is normal following this type of surgery and it often takes between 12-18 months to fully recover. As your energy levels and stamina improve, you will be able to resume your normal activities. You should not drive until you feel confident that you could perform an emergency stop without discomfort. This usually takes about six weeks, but you should consult with your insurance company if in any doubt. The team looking after you will talk to you about your recovery.

Potential problems

Wind problems – this may be a long-term effect. You may have a tendency to ‘burp’ more than you did before, as the throat and the stomach are closer together. It sometimes can be involuntary, but with time some control will be gained.

Diarrhoea – you may experience some changes in bowel habit. Diarrhoea or constipation is not uncommon. If you have severe diarrhoea it can be treated, so be sure to tell your specialist nurse or consultant.

Swallowing difficulties – occasionally the new join in the gullet narrows due to the natural healing process, this can result in difficulty swallowing. This narrowing can easily be stretched in the endoscopy unit while under a short acting sedative.

Fatigue – everyone has good and bad days, but due to the operation itself and any treatments you may have had before surgery, fatigue can be a common experience. This can last for several weeks or months following completion of treatment.

Persistent cough – Some patients can experience a new persistent cough following surgery. This can be improved with continuing to take a PPI (lansoprazole or Omeprazole e.g.) but please discuss this with the Clinical Nurse Specialist if you feel this is an ongoing issue.

Scar pain – It is not uncommon to experience pain at the site of the thoracotomy (chest wall) Initially the site can be numb but as the nerve endings start to heal, this can result in pain. Please speak to your specialist nurse team if you have any concerns.

How will I know if the surgeon was able to completely remove my tumour?
Following surgery, the section of the oesophagus removed is sent to the pathologist to be examined under the microscope. This can take two or three weeks. The results are sent to your consultant. These results confirm whether the cancer was completely removed and if any lymph nodes were involved. This will be discussed with you at your follow up appointment.

Your follow up care
Follow up care is important after treatment to ensure that any changes in health are found. Check-ups may include physical examination, blood tests and scans. Your first appointment is usually two or three weeks after you are discharged from hospital. If, when you are at home and you develop any problems please contact your specialist nurse or your GP. No routine CT scans or endoscopies will be made unless clinically indicated.

Further support
Your consultant has explained that they have found cancer in your oesophagus (gullet) which requires an operation to remove it. This can be an extremely worrying and frightening time for you, your family and friends. You may have many questions and concerns about the diagnosis and treatment options given to you. The whole team is always willing to answer any questions you have in an open and honest manner and can be contacted on the telephone numbers provided overleaf.

Worcestershire Acute Hospital NHS Trust has also set up a patient support group called GUSTY. These local meeting provide a focal point for oesophagectomy and gastrectomy patients and their carers to chat and exchange experiences and hopefully feel supported and less isolated. Meetings are held every three to four months, the Worcestershire venue to be confirmed prior to meeting date. Your specialist nurse will be able to provide more information.

Contact numbers

Worcestershire Acute Hospitals NHS Trust	
Worcestershire Royal Hospital switchboard	01905 763333
Mr Wadley's secretary	01905 733022
Upper GI Clinical Nurse Specialist Team	01905 733615
Gloucestershire Royal Hospital	
Hospital switchboard	0300 422 222
Upper GI Clinical Nurse Specialist Team	0300 422 6222

Other information

The following internet websites contain information that you may find useful

Worcestershire Acute Hospital NHS Trust
www.worcsacute.nhs.uk

Information fact sheets on health and disease
www.patient.co.uk

Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'
www.rcoa.ac.uk

Macmillan Cancer Support
www.macmillan.org.uk

NHS Choices
www.nhs.uk

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.