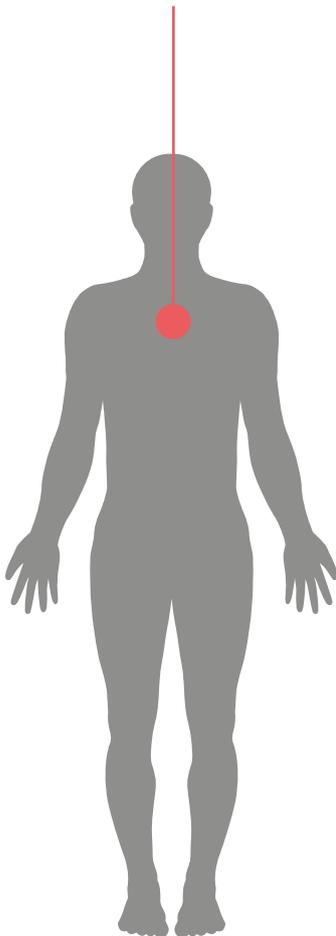


Get Well Soon

Helping you to make a speedy recovery after surgery to remove a cancer of the gullet or upper stomach

Oesophagectomy



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This leaflet is a guide to recovering from surgery to remove a cancer of the gullet or upper stomach. It does not provide specific medical advice or diagnosis. Nor does it give advice about whether you should consent to an operation. All of these matters depend on individual medical advice from your consultant surgeon based on your own health, medical condition, and personal circumstances.

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Who this leaflet is for

Print instructions:

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To save ink, select the 'draft' option.

This leaflet is for anyone who is recovering from, or is about to undergo, surgery to have a cancer of the gullet or upper stomach removed.

The technical term for your operation is an oesophagectomy, which is how your surgeon and other health professionals who are helping you may refer to it.

Knowing what to expect after the operation can help you to make a quicker recovery and get back to enjoying the best possible quality of life. In the pages that follow, you'll find information that will help you do that. There are also web links to other sources of valuable information, such as the [Oesophageal Patients Association \(OPA\) website \(http://www.opa.org.uk/\)](http://www.opa.org.uk/), which contains a wealth of useful information.

Most people who have an oesophagectomy are of retirement age, but younger people do undergo this operation. The advice in this leaflet offers broad guidelines for people:

- Who do not have any complications with their surgery
- Whose job is not physically demanding (ie does not involve heavy lifting or long periods of standing up).

Obviously, every individual has different needs and recovers in different ways – so not all of the advice will be suitable for everybody. As always, if you're in any doubt, take professional advice. Everyone who undergoes an

oesophagectomy for cancer should have an allocated contact at the hospital (a key-worker or clinical nurse specialist), who helps to coordinate all aspects of care. They will help you to make the right choices for a safe and speedy recovery.

There are a number of different approaches to oesophagectomy, most of which involve a surgical incision of the chest wall (thoracotomy), while others use keyhole surgery (thoracoscopy). The approach that your surgeon takes will determine the location of the surgical incisions made and to some extent the pattern of recovery. The most well known are:

- Right thoracotomy and abdominal incision (also referred to as Ivor Lewis)
- Right thoracotomy and abdominal incision with neck incision, (known as McKeown)
- Left thoracotomy with or without neck incision
- Thoracoscopically assisted oesophagectomy (keyhole surgery to the chest, plus abdominal and neck incision)
- Laparoscopically assisted oesophagectomy (keyhole surgery to the abdomen, right chest, and neck).

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What to expect after the operation

Scar

You will have a wound around the side of your chest. Depending on the approach used, you may also have a wound on your abdomen and sometimes in the neck. These may be raised and swollen at first but should gradually settle. You may bathe and shower as normal, but avoid rubbing soap or shower gel directly onto your wound. Pat it dry with a soft towel. Do not pick any scabs that form as they are protecting the new tissue growing underneath.

Stitches

If your surgeon has used stitches or clips, then the ward staff will arrange for a district nurse from your general practitioner (GP) practice to remove these for you. This is normally done at your home 7–10 days after the operation. If you have had a chest drain, the stitches from this will also be removed by the district nurse, but may be taken out at a different time.

Dressings

Some wounds require a dressing as they can leak a little fluid. If this is the case the ward nurses will arrange for the district nurses to come and change this dressing.

Discomfort

You will experience some pain following your surgery, around the site of your scar and on the back and side of the chest, but also at the front of your chest. You may feel a tingling or burning sensation in the front of your chest or a feeling of numbness; this is perfectly normal in people recovering from any operation that

involves opening the chest (each rib has a nerve running underneath from front to back and these nerves are affected to some extent every time the chest is opened). This sensation can also occur in patients having keyhole surgery in the chest. The discomfort can be managed easily with painkillers. You are unlikely to experience these symptoms until after you have been discharged, because while in hospital you will probably have pain relief delivered by an epidural. You will normally be given a week's supply of pain relief to take home with you (this will be decided according to your specific needs in consultation with your surgeon) and you will be able to get further supplies from your GP.

It can take a few weeks for the pain to settle and you may have some pain for up to 3 months after your operation. If you are experiencing pain, it's important that you take your prescribed analgesics to relieve the discomfort. This will make you more mobile and will reduce the risk of complications such as chest infection. When the pain settles you should wean yourself off the pain-relief medication. A small minority of patients, about 5%, can develop long-term pain in their wound, but there are methods available to treat this if it occurs.

Exercise

It is important to do your breathing and coughing exercises after the operation; walking around the ward with help, as soon as the staff allow, is also very important. These simple things will speed your recovery and prevent complications after the operation.

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What to expect after the operation

Other symptoms

In the first few weeks after surgery you may experience a number of gastrointestinal symptoms, but most of these will settle down as your body adapts to its new way of working.

Dumping syndrome is a common problem. There are two types – early and late.

Early dumping occurs soon after eating. It happens because after the operation the contents of the stomach can be emptied rapidly into the small intestine. Over-filling of the stomach can cause this, although there are other reasons. Symptoms may include dizziness, cramping, nausea, vomiting, sweating, or feeling 'flushed' after eating. Diarrhoea may also follow. The symptoms can be alleviated by eating little and often, avoiding drinking with meals, or in some cases, varying the diet.

Late dumping occurs an hour or so after a meal. It is caused by excess secretion of insulin in response to the stomach contents in the small intestine. This can lower blood sugar, and as a result the patient feels weak, finds it difficult to concentrate, experiences sweating, shakiness, and a feeling of hunger. Patients who experience late dumping symptoms have found that taking a glucose tablet or another form of sugar as soon as the symptoms start is very helpful in offsetting the effects.

Diarrhoea and flatulence can also be problems, as can gastric reflux and feeling sick, but these can generally be resolved with medication or diet and will improve over time as you learn to manage them.

[The Oesophageal Patients Association website](http://www.opa.org.uk/) (<http://www.opa.org.uk/>) also offers lots of good, practical advice in this area.

Tiredness

Your body is using a lot of energy to heal itself, so you'll feel more tired than normal – sometimes it can come upon you suddenly, but don't feel that it's going to be that way forever. As your physical activity levels improve, you will start to feel less tired. In the first few weeks, however, try to go to bed each afternoon for a couple of hours' sleep; this will really help.

Feeling emotional

If you feel upset or emotional in the days and weeks after your operation, don't worry – this is a perfectly normal reaction that many people experience.

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Things that will help you recover more quickly

Don't sleep in – you can always rest later. Sleeping in will alter your sleep pattern and may make it difficult for you to get to sleep at night.

If you live alone, and you do not have family or friends close by, organise support in advance – you will need somebody around for the first 2 weeks after surgery.

Stop smoking

The single most important thing you can do to give yourself the best chance of recovery is to stop smoking – right now. One of the common complications after this operation is the development of a chest infection. Patients who smoke right up to the day before their operation have more respiratory problems after chest surgery.

Free expert help is available on the NHS to help you stop smoking – ask your nurse or GP for more information or visit the NHS Stop Smoking Service website at <http://www.nhs.uk/smokefree>.

Eat healthily

A healthy balanced diet containing a variety of foods, including plenty of fresh fruit and vegetables, will help to ensure that your body has all of the nutrients it needs to heal. Follow the advice given to you by your surgeon and their team. You may also see a dietician who will advise you on eating after oesophagectomy.

Family and friends

Family and friends can give you two important things:

- Practical help with the tasks you might temporarily be unable to do while you recover – such as driving, the weekly shop, or lifting heavier items.
- Keeping your spirits up – the novelty soon wears off being home alone all day, and it's easy to feel isolated. Having company can help you worry less. It's important not to let anxiety set in, as it can become a problem in itself, and stands in the way of getting back to your normal routine.

Keep a routine

Get up at your normal time in the morning, get dressed, move about the house. You will get tired, but you can build in an afternoon's rest into your routine.

Exercise

It is important to continue your breathing and coughing exercises and the exercises to prevent poor posture. In addition, steady exercise, particularly walking, is ideal.

Build up gradually

Have a go at doing some of the things you would normally do, but build up gradually. Some suggestions are included in the recovery tracker. Obviously, everyone recovers at different speeds, so not all of the suggestions will be suitable for everybody.

When you're building up your activities, you may feel more tired than normal. If so, stop for a while, and rest until your strength returns. If you feel pain, you've probably overdone it a little. Ease back on your activities and then gradually increase them again. If you are concerned about anything, speak to your allocated contact, or a member of the surgical team; later you can always consult your GP.

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Returning to work

Patients returning to work after an oesophagectomy will need to think about how to balance work and recovery.

Fact: Work can be part of your recovery

Everyone needs time off to recover after an operation – but too much can stand in the way of you getting back to normal. In fact, by staying off for too long, people can become isolated and depressed. Getting back to your normal routine sooner rather than later will play a big part in preventing this.

Getting back to work

How quickly you can return to work depends on a number of things:

- How you heal
- How you respond to surgery
- The type of job you do

People whose work involves a lot of heavy lifting, standing up, or walking for long periods will not be able to return to work as quickly as those who have office jobs, which are less demanding physically.

How soon can I go back?

Every person recovers differently and has different needs. In most cases it's usually safe to return to work between 2–4 months after the operation. Your consultant or GP will advise you on this.

Whilst surgery is the mainstay of treatment of oesophageal and oesophagogastric cancer, recent studies have shown some benefit from giving chemotherapy before and possibly after the operation. If you have chemotherapy postoperatively, this can delay getting back to work after surgery; however, most patients having chemotherapy before the operation should have recovered from the treatment by the time they have their surgery.

If you have a long commuting distance it can be easier to start with just a couple of days work each week with a day or two at home in between. If you want to work every day, then start with just a couple of hours a day to see how you cope, and if you start to feel very tired towards the end of the week, be prepared to stay at home for a day or two. Start with administrative duties and very light manual handling, and build up gradually over 3 or 4 weeks to heavier work.

You may find you just can't cope with very heavy work. Ask your employer if you can change your duties, or adjust rest breaks to help you.

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Planning for your return

3 Golden rules for a speedy recovery:

Stay active.

Keep a normal daily routine.

Keep social contact with people.

Confidence

It will take you a little while to regain your full confidence when you go back to work. You may be slower than normal at first, so don't take on too much responsibility too soon. Don't be too hard on yourself about this - it's perfectly normal and you'll start to get back up to speed after a few days.

- Talk to your Occupational Health service or GP to work out when and how is best for you to return to work.
- Ask your employer if you can go back on shorter hours or lighter duties at first, while you recover your full strength; consider working from home. Most employers will be happy to accommodate your needs.
- If you have an HR Department at work, they will be able to advise you regarding sick pay or any other benefit you may be entitled to during your time off. Alternatively, talk directly with your employer.
- If you work out a plan with your employer to return to work sooner rather than later, always double-check with your GP before you go back to work.

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Driving

Ultimately, it is your responsibility to ensure that you are in control of the vehicle at all times and to feel confident that you would be able to demonstrate this if asked.

There are no hard and fast legal rules about when you can drive. Some patients may be fit to drive a month or so after the operation, others will take longer. It is important to follow your doctor's advice, and check the views of your insurance provider.

The doctor's decision will depend on your own health, medical condition, and personal circumstances and whether you are a Group 1 (car or motor cycle) or Group 2 (bus or lorry) licence holder.

Your insurance company should always be informed about your operation. Some companies will not insure you for up to 4 weeks after an oesophagectomy, so it is important to understand what your policy says.

Before resuming driving, you will need to be fully recovered from your surgical procedure. You should also be free from the distracting effect of pain, or the sedative or other effects of any pain-relief medication you are taking, to be able to concentrate fully on driving.

You should be comfortable in the driving position and able to safely control your car, including freely performing an emergency stop without causing yourself any pain or soreness, and without damaging your operation wound.

It is not advisable to begin driving with long trips; to start, try shorter journeys nearer home.

In the early weeks, the motion of the car can cause some patients to experience quite severe nausea and even reflux when driving.

Driving – Notifying Driver and Vehicle Licencing Agency (DVLA)

After oesophagectomy, you do not need to notify the DVLA unless instructed to do so by your doctor. However, higher medical standards are required for those holding a Class 2 licence, so for reasons of safety and comfort, your doctor may advise you to delay driving for a little longer. You should also speak with your employer.

Check the DVLA website for further information.

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Recovery tracker

Days/Weeks Post Op	How you might feel	Things you can do safely	Traffic light	Fit to work?
1–2 days	You are likely to be in a high-dependency area with nursing staff closely monitoring your oxygen levels and blood pressure. You will have one or more chest drains – the length of time in which the drain has to stay in place varies from person to person. You'll be feeling groggy from the anaesthetic and very tired. You'll also experience some pain or discomfort in your back and chest area.			No

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The precise sequence of postoperative recovery varies from hospital to hospital. In some, patients spend the first 24 hours in intensive care, usually with a short time on the ventilator. If so, you will have a tube in your windpipe attached to a breathing machine. This will feel strange as you wake up. In some centres you will have a nasogastric tube in place and will not be able to drink or eat for 7 days until a contrast swallow X-ray has confirmed that the join between the oesophagus and stomach has healed. There are, however, other units where patients are allowed to start drinking fluids much earlier.

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Recovery tracker

Days/Weeks Post Op	How you might feel	Things you can do safely	Traffic light	Fit to work?
2–6 days	Nurses will give you pain relief for your chest and surrounding muscles. Usually the drains come out during this period; occasionally you may be discharged with a chest drain still in place. If this is considered appropriate for you, your consultant or nurse will discuss it with you.	<ul style="list-style-type: none"> Exercises to improve your breathing. The nurses and physiotherapist will begin to get you moving around the ward. 		No
1–2 week	Every 24 hours makes a big difference to your recovery. If a contrast swallow X-ray has been performed and the results are okay, you will be allowed to start drinking fluids after day 7. You will progress initially to a sloppy diet, then onto a soft diet. In some centres you will already have progressed to this stage without the X-ray. Any remaining drains will be removed. The amount of pain you are experiencing will be reducing and you will be transferred to pain relief by mouth.	<ul style="list-style-type: none"> Exercises that you have been given for breathing and posture. Walk around. You might feel stiff at first, but getting moving again will help you recover more quickly. Set aside specific rest times in bed and stick to them. 		No

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Recovery tracker

Days/Weeks Post Op	How you might feel	Things you can do safely	Traffic light	Fit to work?
2–4 weeks	Your chest wound will feel quite sore. Your appetite may not have returned at this stage. Some patients will be fed through a tube (jejunostomy). This tube will be removed once the surgeon is happy you are maintaining nutrition orally (normally between 3–6 weeks after the operation).	<ul style="list-style-type: none"> Steady exercise, particularly walking, is ideal. Rest after a meal and before and after exercise; keep a good balance between the two. Try to take an afternoon nap (in bed) each day. Do your posture exercises. 		No
4–6 weeks	You'll have more energy, but you may find it hard to concentrate on things and you may still feel tired towards the end of the day. You may have some numbness around the scar and in front of the chest and occasionally feel sharp pain. If you are experiencing discomfort, take pain-relief medication; if it concerns you, discuss with your nurse or consultant at the follow-up appointment or contact your key-worker.	<ul style="list-style-type: none"> Use the after you get home diary to build up your levels of activity, slowly and steadily. At 6–8 weeks, most people have not recovered sufficiently to return to full-time work. However, patients vary and some do feel strong enough to return, especially if their work is not heavy manual. Even so, it is recommended that a return to work is initially on a trial basis with reduced hours at the start (see returning to work). Keep up your exercises and try to go for a walk each day. 	 	Not just yet

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Recovery tracker

Days/Weeks Post Op	Things you can do safely	Traffic light	Fit to work?
8–12 weeks	<p>Between 6–8 weeks after your operation, you will have your follow-up appointment with your surgeon, who will be able to assess your recovery and discuss with you whether you need any further treatment, or if you are fit to resume normal activities. Remember, you can contact your allocated contact or your surgeon's secretary if you have any concerns.</p> <p>You will be feeling stronger each day and be experiencing minimal discomfort now, but you may still feel a little tired and have some difficulty concentrating. Try to go for a walk each day.</p>		Maybe after 2-4 months
16 weeks	<p>If you haven't had any complications to do with your surgery, and you're still not back to living life as you normally would, it's possible that you're feeling anxious or depressed. Talk first with your allocated contact or GP and, if you are still in work, to your employer. Between you, it's possible that you can work out a solution that can help you make a full recovery.</p>		Yes, probably

When can I have sex?

For many people, being able to have sex again is an important milestone in their recovery. There are no set rules or times about when it's safe to do so other than whether it feels okay to you – treat it like any other physical activity and build up gradually.

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After you get home

Week	Got up at ... am	Activities (eg walked for ... minutes)	How much rest I needed after each	Went to bed at ... pm	How have I been feeling? Any pain? Emotional feelings?	What do you want to achieve tomorrow?
1						
2						
3						
4						
5						
6						
7						

Keeping a track of what you've achieved each day will help you to stay positive and get back to enjoying your normal life more quickly.

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After you get home

Week	Got up at ... am	Activities (eg walked for ... minutes)	How much rest I needed after each	Went to bed at ... pm	How have I been feeling? Any pain? Emotional feelings?	What do you want to achieve tomorrow?
1						
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Keeping well

Because of your operation, the chances are you'll be a lot more aware of your body and how it works.

Right now is a really good time to build on the knowledge you've gained and make small changes to your lifestyle that can prevent you from experiencing certain health problems in the future. You can do this by:

- Any exercise – the best medical advice suggests that you should try to do at least 30 minutes of physical activity each day in the early stages of your recovery, even if it's just a few short walks – it really will make a difference.
- Improving your diet – After oesophagectomy many patients adjust their eating pattern to 'little and often'. Patients should try to eat a healthy balanced diet but may find with experience that some foods suit them better than others. A healthy diet contains a variety of foods, including fresh fruit and vegetables, starchy foods (such as rice, pasta, and potatoes) and some protein-rich foods (such as meat, fish, eggs, lentils, and beans). Your diet should also be low in fat (especially saturated), salt, and sugar.
- Quitting smoking - NHS Stop Smoking Services are one of the most effective ways to stop for good – and they're completely free. Your doctor will be happy to help you.

Holidays

For many people, having an oesophagectomy marks an important turning point in their life. Having a holiday to look forward to is a good way of improving your recovery. There are no restrictions to holidaying in the UK, but it's advisable not to plan any long journeys until you are feeling comfortable enough to sit for long periods and are able to eat solid food.

- Flying: after an oesophagectomy, it is recommended that you don't fly until 6–8 weeks after your operation, assuming satisfactory progress.
- Travel insurance: getting travel insurance following surgery can sometimes be difficult, so it's best to shop around for a good deal. [Macmillan](http://www.macmillan.org.uk/) (<http://www.macmillan.org.uk/>) lists a number of insurance companies that are prepared to offer insurance.

Travelling within the European Union is probably easier than elsewhere in the world, mainly because you can access any emergency treatment that you need – provided that you have a European Health Insurance Card (E111). However, it's important to remember that this does not cover you for the cost of being flown home under medical supervision after emergency treatment, which is an expense that you will have to cover yourself. Also, the emergency cover provided is only to a level given to the people resident in that country.

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Website links

The internet's a great thing – anything you want to know is there for you at the click of a mouse, but do be careful about the way you use it when it comes to getting information about your health. It's hard to know which sites to trust and none of them can tell you anything that's specific to your individual medical needs.

If you do want to know more about your operation, recovery or return to work, here is a list of trusted websites that offer safe, sensible, useful information:

Oesophageal Patients Association – <http://www.opa.org.uk/>

Macmillan – <http://www.macmillan.org.uk/>

The Royal College of Surgeons of England – <http://www.rcseng.ac.uk/>

NHS Direct – telephone: 0845 46 47 – <http://www.nhsdirect.nhs.uk/>

NHS Stop Smoking Service – telephone: 0800 0224332 – <http://smokefree.nhs.uk/>

NHS Choices – <http://www.nhs.uk/livewell/workplacehealth/pages/workplacehome.aspx>

Health and Wellbeing – <http://www.direct.gov.uk/en/HealthAndWellBeing/index.htm>

Department for Work and Pensions – <http://www.dwp.gov.uk/health-work-and-well-being/>

DirectGov – http://www.direct.gov.uk/en/Employment/Employees/Sicknessabsence/DG_190449

DVLA (Driver and Vehicle Licensing Agency) – <http://www.direct.gov.uk/en/Motoring/DriverLicensing/MedicalRulesForDrivers/index.htm>

BusinessLink – <http://www.businesslink.gov.uk/workingforhealth>