



Information for
patients and
carers

Cardio-Oesophagectomy

What is a Cardio - Oesophagectomy?

It is the removal of the oesophagus (gullet) where the cancer is situated. Part of the stomach will be removed so that it can be joined up to the remaining oesophagus, this means that part of your stomach will be in your chest and will perform a different function.

How long is the operation?

It can take several hours. Cuts are made into the abdomen and chest so that the affected parts can be removed. Sometimes the planned operation cannot be performed and an alternative operation may be performed instead. The outcome of the surgery will be discussed with you during your hospital stay.

How long will I be in hospital?

The average length of stay is 10 to 14 days. We always need a Critical Care Unit (CrCU) bed available when you come out of theatre; if there is not one available your operation will be postponed and rearranged.

Are there any possible complications?

Some complications are common to all types of operations and can be minor or major for e.g.

- Wound or urine infections
- Haemorrhage (Bleeding)

- Pulmonary Embolism (Blood clots in the lungs) or deep vein thrombosis (DVT) in the legs
- Leaking anastomosis (A leak from the join at the remaining gullet to the stomach)
- Severe chest infection/pneumonia
- Anaemia

If a complication occurs this may delay your recovery in hospital by a number of weeks or even months.

Admission on to the Ward

The staff will check your admission details and take some baseline observations (blood pressure, pulse, oxygen saturation and temperature).

You may be required to have a repeat blood test. The nurses will offer you a carbohydrate loading drink the evening before your surgery. You will be measured for anti-embolism stockings and given an injection to thin the blood; this is to prevent a DVT (deep vein thrombosis).

The Day of the Operation

You will have nothing to eat or drink for 6 hours before the operation. The surgeon and anaesthetist will come and see you on the ward. Once the surgeon has been informed the critical care bed is available you will be taken down to theatre by one of the nursing staff.

After the Operation

You will go to the Critical Care Unit (CrCU) for a couple of days until your condition is stable enough for you to be transferred to the ward. Your blood pressure, pulse, temperature and oxygen level in your blood will be monitored regularly. You will have oxygen via a mask or nasal tubing, this is to aid your breathing and oxygenate your lungs and blood.

Whilst in the operating theatre a nasogastric tube will have been passed via your nose into your stomach. This may feel uncomfortable. This is essential to keep your stomach empty as it prevents you from being sick and lets the anastomosis (surgical join) heal. If this comes out for any reason it is not re-inserted as it could go through the anastomosis and cause damage.

During the operation you will also have the following:

- A central line (fine tube) into a large vein in your neck, for hydration.
- A drain into your chest to re-expand your lung to allow fluid which may have collected around your lung to drain into a bottle by the bed and this may cause some discomfort.
- A cannula (fine tube) inserted into your wrist which is used for taking blood samples. This will be removed before you leave the critical care unit.
- A drain into your abdomen to help drain any fluid and a catheter (tube) in your bladder which will drain urine.

Your wounds will be checked regularly for signs of infection and these will be re-dressed as necessary. The clips holding the wounds will be removed after 10-14 days.

You will be encouraged and aided to sit out of bed by staff as soon as possible. This is to prevent complications.

You will be visited every day by members of the surgical team.

Will I have much pain?

You will experience some generalised discomfort but your pain will be initially controlled by an epidural or patient controlled analgesia (PCA). The epidural will be put in before you have the anaesthetic for the operation (see separate leaflet explaining epidurals).

The staff will see you regularly and it is important that you let them know if you are in pain so they can alter the dosage.

The Physiotherapist

All patients are assessed and treatment planned on an individual basis. Your physiotherapist will review you on a regular basis throughout your hospital stay. The aim of physiotherapy is to prevent post-operative pulmonary (lung) complications and to return you to your normal lifestyle as quickly as possible.

We will aim to get you out of bed on the first day after your operation, while still in the critical care unit.

Exercises

These will help to minimise loss of muscle strength and maintain the range of movement in your joints whilst you are in bed recovering. You will be shown some simple circulatory exercises to help prevent a blood clot in your leg (DVT).

Deep breathing exercises will be shown to you by a member of the team, the exercises are important to help your lungs recover from surgery and prevent chest infections.

Increasing Mobility

Early mobility is very important in preventing chest infections, DVTs and muscle weakness. The physiotherapist will show you the most comfortable way to sit out of bed and start getting about again. At first you will need help but you will soon progress to being independent. Before you go home the physiotherapist will give you advice on getting back to your normal routine.

Will I be able to eat normally afterwards?

You will not be able to take anything by mouth for three days to allow the join to heal. Your nutritional needs will be monitored by the team.

Depending on your general condition you may have a specialised x-ray which involves a small drink to see if the join between the gullet and stomach has healed.

You will begin by drinking small amounts of fluid. Each day the amount of fluid will be increased. Then you will be allowed to eat little and often.

You will be able to eat anything, but meals will be smaller and more frequent, because part of your stomach has been removed. It is important to have the food first and drink later because fluid fills you up and you need the nourishment from the food. You will be given advice and reviewed by the dietitian.

Dumping syndrome is a condition where ingested foods pass through the stomach very rapidly and enter the small intestine largely

undigested. Symptoms of **early dumping** include nausea, vomiting, bloating, cramping, diarrhoea, dizziness, and fatigue. Symptoms can occur immediately – 30 minutes after eating or after eating large amounts of food and can last for around 30-60 minutes.

Late dumping displays similar symptoms but occurs 2 to 3 hours after a meal and is related to low blood sugars. Although this may be frightening to experience, it is a normal occurrence.

Your dietitian and specialist nurse will advise you on how to try and avoid this and how to manage it should it occur.

When will I get my results?

It normally takes 10 to 14 days before the results of your operation are back. They will be discussed with you before you go home, if they are available.

Will I be followed up afterwards?

A clinic appointment will be made for 6-8 weeks after your discharge home and regular follow up appointments will be given at the discretion of the individual consultant.

After discharge home you will be referred to the district nurse who will check your wounds.

Once you have had your surgery, the idea is to get you back to living as normal a life as possible. The Upper GI specialist team will be on hand to care for you and answer any questions or problems that you may have in the future.

Prior to discharge from hospital you will be given a booklet from the Oesophageal Patients Association, which will help you in the next 3 months of your recovery.

If you have problems, queries or are admitted to another hospital once home, contact the nurse specialist.

Psychological Issues

Being diagnosed with a serious illness or having an operation can be very stressful. Some days you may feel weary, tearful and generally not able to cope, this is perfectly normal. With some patients these feelings persist. If you find that this is the case, please contact your Upper GI nurse specialist or other health professional. They will have contact details of people and/ or organisations who can help. As your fitness levels return most people start to feel well again. Please contact your nurse specialist if you feel this is not the case.

Driving

You should not drive until you can do an emergency stop and feel comfortable wearing a seatbelt (approximately 6 weeks). That is, you must be able to do this without hesitation because of fear that your wound will hurt. It is advisable to check your car insurance policy as there may be a restriction clause.

Sexual Relationships

You may resume sexual intercourse when it is comfortable for you, this will depend on the surgery performed and will vary from individual to

individual. Your Upper GI nurse specialist is used to discussing such delicate issues and may be able to offer support and advice if needed, or refer you to someone who can help.

List of useful addresses and telephone contacts

Upper Gastrointestinal clinical nurse specialists

Monday – Friday 8am – 4pm 01772 524788

Linden Centre

C/o Trinity Hospice Low Moor Road Bispham FY2 0BG Tel: 01253 952582

Cancer Help (Preston)

Vine House 22 Cromwell Road Ribbleton Preston PR2 6YB Tel: 01772 793344

Cancer Care

Slynedales Slyne Road Lancaster, LA2 6ST Tel: 01524 845040

CORE

3 St Andrews Place London NW1 4LB Tel 020 7486 0341

www.digestivedisorders.org.uk

Oesophageal Patients Association

22 Vulcan House Vulcan Rd Solihull West Midlands B91 2JY Tel 0121 704 9860 www.opa.org.uk

Gassup

This is a local support group, held the last Wednesday of every month 2pm – 4pm at Vine House in Preston. Please come and join us. Further details may be obtained from your nurse specialist.

Questions about cancer?

We're here to help, the Macmillan Cancer Information & Support Service at Lancashire Teaching Hospitals is open to anyone affected by cancer and is situated at both Chorley Hospital & Royal Preston Hospital.

Contact us on 01772 523709 or cancerinfocentre@lthtr.nhs.uk

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.patient.co.uk

www.accessable.co.uk

All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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If you want to stop smoking you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Gujarati:

આ માહિતીને સમજવામાં સહાયતા જોઈતી હોય તો કૃપા કરીને પૂછો. આ માહિતી મોટા છપાણામાં અને અન્ય ભાષામાં ઉપલબ્ધ કરી શકાય છે.

Romanian:

Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informații. Aceste informații pot fi puse la dispoziție în format mare și în alte limbi.”

Polish:

Poinformuj nas, jeśli potrzebna jest ci pomoc w zrozumieniu tych informacji. Informacje te można również udostępnić dużym drukiem oraz w innych językach

Punjabi:

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਵੱਲ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰਿੰਟ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੱਲ ਮੁਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

Urdu:

دو سر ی زبانوں او ر بڑی اگر آپ کو ہی معلومات سمجھنے کے لیے مدد کی ضرورت ہے تو ییچھپیا یں یبھ ابی دست بو یسکت ہے برا ئے مہر یبان پو ے یچھہ ی۔ معلومات

Arabic:

مطبوعه بأ حرف كبير ة و بلغات إذا كنت تر يد مساعده في فهم هذه لمعلومات يُر جى أن تطلب أخرى يمكن تو فسير هذه المعلوما ت

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Division: Upper GI

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