

Your Esophagectomy Surgery

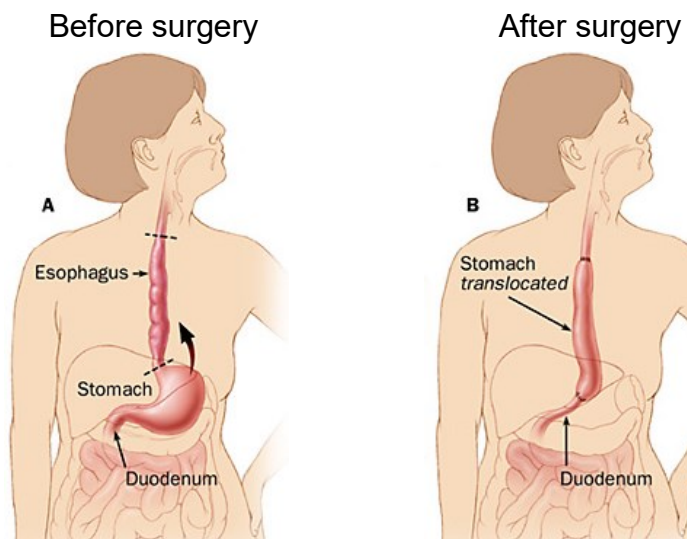
Your Thoracic Surgeon has scheduled you for an esophagectomy. This handout offers information to help you prepare for esophagectomy surgery. It is important you and your family member/care partner read this handout.

You need to have an esophagectomy because of the cancerous area in your esophagus. You and your surgeon will discuss what type of esophagectomy is right for you. A pathologist tests any of your tissue removed during surgery. A pathologist is a specialized doctor who examines body tissues and fluids for changes caused by diseases such as cancer.

What is an Esophagectomy?

An esophagectomy is the removal of part of your esophagus, lymph nodes and surrounding tissue. The surgeon rebuilds your esophagus using part of your stomach or bowel (intestine).

Pictures showing your esophagus and stomach before (picture A) and after surgery (picture B).



Different types of esophagectomy surgery

- ☐ Minimally invasive esophagectomy (MIE) or robotic assisted minimally invasive esophagectomy

The cancerous area in your esophagus is removed using a scope and small incisions (cuts) on your chest, back and abdomen. These incisions are about 1 ½ inches (3.8 cm) long. The thoracic surgeon may need to make larger incisions to remove the cancerous area during surgery. You will be in the operating room for about 5 to 6 hours.

The surgeon may choose robotic assisted surgery if it is the right option for you. This surgery is less invasive than other types of surgery. This means you may have smaller incisions and a faster recovery time after surgery. The robotic system includes a camera arm and mechanical arms with surgical instruments attached. The surgeon controls the mechanical arms while seated at a computer near the operating table. The robotic-assisted scope is inserted through a small incision.

☐ Transthoracic Ivor Lewis Esophagectomy

The cancerous area in your esophagus is removed through 1 or more large incisions made on your abdomen and back. The incision in your abdomen is about 3 to 5 inches (7.7 to 12.7 cm) and your back incision is about 5 to 7 inches (12.7 to 17.8 cm). You will be in the operating room for about 5 to 6 hours.

During your hospital stay

You will stay in the Critical Care Unit (CrCU) at Lakeridge Health – Oshawa site for 2 to 3 days. You will be transferred to an inpatient unit when you no longer need the specialized care of the CrCU. You will stay in the hospital for about 7 to 10 days.

Different types of tubes are placed into your body during surgery. These tubes are still in place when you wake up from surgery. These tubes include a:

- Chest tube

A chest tube is a hollow flexible tube inserted through a small incision between your ribs and into the space around your lung (also called the pleural space). You may have 1 or 2 chest tubes. A small stitch or suture and tape keeps the chest tube in place.

The chest tube(s) is connected to a container to collect the fluid and blood that drains from the space around your lung. The chest tube(s) is removed by your healthcare team when the drainage of fluid decreases or stops.

- Feeding tube (also known as a Jejunal or J-tube)

A feeding tube is a flexible tube inserted through your abdominal wall and into your bowel (jejunum). This tube is used to provide you with liquid nutrition (food). You cannot eat food or drink fluids for about 2 to 3 days after surgery.

The feeding tube is not removed before you go home. It may need to be used to provide you with liquid nutrition if you have problems eating food or drinking fluids. The feeding tube is removed when you tolerate food and fluids to maintain your weight. A registered dietitian from Home and Community Care Support Services will let your doctors know when it is safe to remove the feeding tube. Your healthcare team tells you when this will be done.

- Foley catheter

A foley catheter is inserted during surgery to drain urine from your bladder into a drainage bag. A nurse measures the amount of urine in the drainage bag. Your healthcare team removes the foley catheter 1 to 2 days after your surgery.

- Jackson Pratt drain (JP drain)

A JP drain is a small tube inserted into your chest to drain out excess fluid. Your healthcare team removes the JP drain when it is no longer needed to drain fluid.

- Nasogastric (NG) tube

A NG tube is a small hollow tube inserted into 1 side of your nose and down into your stomach. This tube connects to a container to drain fluid from your stomach. This allows time for your esophagus to heal. Your healthcare team removes the NG tube 2 to 3 days after your surgery.

Pain

Pain medications are given to you in different ways. This includes:

- Epidural

An epidural catheter may be inserted during your surgery. An epidural catheter is a small tube inserted through the skin on your back into the epidural space of your spinal canal. The tubing is attached to a pump that delivers pain medication to you.

- Intravenous (IV) patient controlled analgesic (PCA) pump

A PCA pump is connected to your IV. The pump delivers a specific amount of pain medication through your IV when you push a button. You will be told how this works if it applies to you.

- By mouth

You will take your pain medications by mouth after you are able to drink fluids safely.

Before you go home

- You may have a barium swallow test. A barium swallow test uses a type of x-ray to see what happens when you swallow a food or liquid. This test is done to make sure your esophagus is healing well and there is no leaking from where it was rebuilt.
- You will see a registered dietitian. The registered dietitian offers information on how to safely add fluids and foods into your diet.

- You will see a care coordinator from Ontario Health atHome. A care coordinator makes the plan for a visiting nurse to see you in your home to help you manage the feeding tube and change the dressing. A registered dietitian may also see you in your home.

You will begin to recover from surgery in about 2 to 4 weeks. It can take up to 8 to 12 weeks for you to completely recover. Each person recovers differently. How you recover from surgery can depend on your age and overall health.

Going home after surgery

A nurse will review the information below with you before you go home:

Activity

Slowly increase your activity.

Having a shower

You can shower (not a bath) when you feel strong enough to safely get in and out of the shower. Ask for help if you need it. Let the water run over your incision and the insertion site of your feeding tube. Pat these areas dry with a clean towel. Do not rub them.

Feeding tube

Do not apply any cream or lotion on the insertion site of your feeding tube. Creams or lotions may cause the stitches or sutures to break, allowing your feeding tube to fall out.

Appetite

Your appetite will improve as you start to feel better and your activity increases. It is common to lose weight after this surgery. You may not gain all your weight back.

- Eat 5 to 6 small meals throughout the day. You will not tolerate a large meal.
- Eat enough to maintain your weight (stop you from losing weight).
- Eat slower and chew your food well.
- Drink fluids after your meals. This helps prevent you from feeling 'full' from drinking fluids.
- Some diarrhea and abdominal cramping is normal after surgery.

Dumping syndrome

You may experience dumping syndrome after your surgery. It happens when food moves too quickly from your stomach into your small intestine. Eating meals high in sugar can cause it to happen. It often happens within 10 to 30 minutes after you eat.

Symptoms of dumping syndrome include:

- Feeling bloated or too full
- Nausea and vomiting

- Abdominal cramps
- Diarrhea
- Flushing
- Dizziness
- Rapid heart rate

To help prevent dumping syndrome:

- Eat 6 small meals a day instead of 3 regular meals (eat ½ a normal meal each time).
- Do not drink fluids during your meals.
- Eat a diet higher in protein and complex carbohydrates (examples: whole grains, fiber-rich fruits and vegetables, and beans).
- Chew your food well.
- Sit in an upright position while you eat.

Call your thoracic surgeon's office if you experience symptoms of dumping syndrome.

Regurgitation and heartburn

Regurgitation is when bile and food come back up into your esophagus and mouth. This happens because the esophageal sphincter (valve that controls the passage of food and air between the throat and the stomach) is removed during your surgery. This may cause you to have heartburn.

To help prevent regurgitation

- Eat 6 small meals a day instead of 3 regular meals (eat ½ a normal meal each time).

To help prevent heartburn

- Stay sitting or standing for about 45 minutes after you drink or eat.
- Do not drink or eat for 4 hours before you go to bed.
- Do not lie flat when resting or sleeping. Elevate the head of your bed about 30 to 40 degrees. You can also use pillows to elevate your head when lying down.
- Do not eat spicy or acidic foods. This includes black pepper, hot peppers, fruits or juices and tomato based foods.
- Drink less alcohol.
- Do not smoke.

Feelings of sadness

It is normal to feel tired and sad for days or weeks after your surgery. Feeling depressed is also common. These feelings should go away as you recover from surgery. Make an appointment to see your family doctor if these feelings do not go away.

Incisions

- Do not apply cream or lotion to your incisions until they have healed.
- You may have a bump on your incision(s). This bump becomes smaller in about 4 to 6 weeks.
- The area around your incision(s) may feel numb. This is normal and can last for months. It may never go away.

Travel

Ask your thoracic surgeon at your post-op visit when it is safe for you to travel.

Lifting

- Heavy lifting can put a strain on your incision.
- Do not lift, push or pull anything over 4 ½ kg (10lbs) for 8 weeks after your surgery. This includes vacuuming, carrying heavy groceries, shoveling snow, etc.
- Do not lift anything if you have any pain or discomfort.

Going back to work

Plan to be off work for about 4 to 6 weeks. You may need to be off for 8 to 12 weeks. This depends on what you do at work. Ask your thoracic surgeon about this.

Driving

- Do not drive while you are taking pain medication. Your pain medication can make you very sleepy and not safe to drive.
- You must have full movement of your arm and shoulder to be safe to drive. This usually takes about 2 to 3 weeks after your esophagus surgery.

Sexual activity

Resume sexual activity when you feel ready. Do not do anything that puts a strain on your incision(s).

Sports

- You may go swimming after your incision has healed. Ask your thoracic surgeon about this.
- You may golf 3 to 4 weeks after your surgery.
- You may jog, play tennis, pickleball or do aerobics 4 to 6 weeks after your surgery.
- Ask your thoracic surgeon about the safety of sky diving or scuba diving.

Questions or concerns about symptoms

Call the nurse navigator at your thoracic surgeon's office if you have any of these symptoms:

- New redness or swelling around your incision(s)
- Problems with your feeding tube
- A stitch or suture breaks
- Drainage from your incision(s)
- Increase in pain or pain that does not go away with pain medication
- Fever
- Problems drinking fluids or eating food
- New shortness of breath or an increase in your shortness of breath
- A cough that is new or getting worse
- A cough with mucous that is yellow or green in colour, and/or has a bad smell
- New pain, redness or swelling in 1 or both of your legs

Call the nurse navigator from Monday to Friday from 8 am to 4 pm – except on holidays.

- Dr. Browne at 905-576-8711 or 1-866-338-1778 at extension 32383.
- Dr. Dickie at 905-576-8711 or 1-866-338-1778 at extension 36357.
- Dr. Sisson at 905-576-8711 or 1-866-338-1778 at extension 36342.
- Dr. Trainor at 905-576-8711 or 1-866-338-1778 at extension 34481.

You will be referred to the Ontario Health East Telehomecare Remote Surgical Monitoring Program. You need a computer, or a smartphone, tablet or iPad to sign up for this program. You will receive a handout with information about this program.

Go to a walk-in clinic or the Emergency Department at the hospital closest to you if are concerned about a symptom and the nurse navigator or the Telehomecare nurse is not available.

Follow up appointment

You will receive an appointment to see your surgeon 2 to 3 weeks after your surgery. Call your surgeon's office (within 1 week after you go home) if you did not receive this appointment before you left the hospital.

What to expect for this appointment

- The surgeon will talk with you about your pathology results and the next steps in your care and treatment.
- Your feeding tube may be removed if your weight is stable and you are tolerating fluids and foods well.

- You will go to the x-ray department to have a chest x-ray. This allows the surgeon to make sure everything is healing well. The appointment for the chest x-ray will be arranged by the surgeons' office.

Talk to a member of your healthcare team if you have questions or do not understand any information in this handout.

Last reviewed: August 2025