仁安醫院
UNION HOSPITAL

Operation Information

Oesophagectomy(Laparoscopic/ Open)

Introduction

Oesophagus is a tubular structure in the upper gastro-intestinal tract that transports food and drink from the throat to the stomach. It is most located within the thoracic cavity. The malignant tumor in the oesophagus is called oesophageal cancer.

Oesophagectomy is the mainstay of treatment for cancer of the oesophagus that is not disseminated and in patients who are medically fit. Nowadays, tri-modality therapy is commonly arranged in stage 2-3 cancer for better control of the disease. Whereas, this operation is also indicated in benign condition like perforation and non-malignant corrosive stricture. This operation can be performed as an open or laparoscopic (keyhole surgery) or thoracoscopic dissection**.** Please discuss with your doctor for the better options of treatment plan.

Outcomes

The expect outcome of this operation is to remove most of the oesophagus including the cancer. The stomach is then used to replace the oesophagus and is drawn up in to the chest where it is connected to the remainder of the oesophagus. However, in selected cases, a segment of the large bowel is required to work as the conduit for reconstruction.

Procedures

1. The operation is performed under general anaesthesia with selective ventilation of the lungs.
2. Open Oesophagectomy:
   - The surgeon makes one or more large incision(s) in the neck, chest or abdomen.

   Laparoscopic (keyhole) Oesophagectomy:
   - The surgeon makes several smaller incisions using special long, thin surgical instruments.
3. Surgical resection of the oesophagus.
4. Mobilization of the stomach keeping with it the blood supply.
5. Anastomosis to maintain the continuity.
6. The wound is closed with stitches and covered with sterile dressing material.

Possible Risks and Complications

1. Haemorrhage
2. Wound infection
3. Injury to nearby major vessels
4. Anastomotic leakage
5. Chylothorax
6. Chest infection/ pneumonia
7. Venous Thromboembolism (VTE)

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care this does not rule out the possibility of complications arising. In the event of peripheral organ

damage or post-operative haemorrhage or leakage, further operations may be required.

Pre-operative Preparations

1. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up yourself on the day of operation.
2. We strongly recommend that you stop smoking at least one month prior to surgery.
3. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
4. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
5. You may have a blood test, cross match, CT scan, PET scan, urine test, electrocardiogram (ECG), a chest X-ray, lung function test before the operation if needed.
6. No food or drink six hours before operation.
7. Please change into a surgical gown after removing all clothing including undergarments, dentures, jewellery and contact lenses.
8. Please empty your bladder before the operation.

Post-operative Instructions

General

1. After general anaesthesia, you may:
   - experience discomfort in the throat after tracheal intubation.
   - experience side effects of anaesthesia includes feeling tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.
3. You may be placed on a device that provides pain medication whenever you press a demand button (called a PCA, or Patient Controlled Analgesia) if needed.
4. An intravenous infusion and parental nutrition/ postoperative enteral feeding will be given to supply fluids, medications and nutrition.
5. A chest drain is used to drain out the body fluid, blood and air. You must ensure the drainage tube is stayed in place. Do not pull, twist, clamp and apply pressure on the drainage tube. It will be removed few days after the operation.
6. A nasogastric (Ryles) tube might be inserted during operation.
7. An indwelling urine catheter will be inserted for urinary drainage. It will be removed within few days.
8. ICU care for ventilator support and monitoring is the routine practice.

Wound Care

1. The wound will be covered with a sterile waterproof dressing. Please ensure that the dressing remains dry.
2. The drain(s) will be removed within few days after the operation.
3. Staples or clips will be removed in 10 – 14 days after the operation.
4. It is normal to have some bruising, swelling and numbness, these may take some weeks to improve.
5. You may take a bath or shower as normal.

Diet

1. Please continue fasting (no food or drinks) immediately after the operation. Intravenous infusion may be required to supply water and nutrition. This will be removed as far as you are drinking normally.
2. Oral diet is usually resumed on day 7-9 after operation as instructed.
3. Smaller meals with consume very often (between six to eight small meals per day) is advised.

Activities

1. Early ambulation is advisable which can promote a rapid postoperative recovery. You may resume activities gradually after the operation. (As advised by your doctor)
2. The physiotherapists will help from very early on to exercise your breathing and coughing muscles.
3. Please avoid heavy lifting, straining or strenuous exercise for the first six weeks.

Advices on Discharge

1. Please comply with medication regime as prescribed by your doctor.
2. Immediately consult your doctor or return to hospital for professional attention in the event of the wound become red, hot to touch or ooze any type of fluid, difficulty breathing, nausea or vomiting continuously, shivering, high fever over 38^{o}C or 100^{o}F, or any other unusual symptoms such as abdominal cramping, abdominal distension, abdominal tenderness, etc.
3. If the operation was performed due to a cancerous mass, then you may also be followed up by an oncologist for further treatment.
4. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification