

SITEMAN CANCER CENTER
800-600-3606
siteman.wustl.edu



| Esophageal Surgery Patient Journey Guide



Siteman Cancer Center complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.
Atención: hay servicios de asistencia de idiomas disponibles a su disposicion sin costo. Llame al 314-747-5682 (TTY: 1-800-735-2966).
注意: 免费提供语言协助服务, 如有需要敬请致电 314-747-5682 (TTY: 1-800-735-2966)。





Thank you for choosing Washington University Physicians. The information in this guide will help you understand, prepare for and recover from your lung surgery. Patients who follow these guidelines are more likely to leave the hospital sooner and may experience fewer complications than those who do not. Your surgeon will discuss your recovery plan with you and you will receive personalized education from our team throughout your journey. The goal is to allow you to go home or discharge to the safest setting.

We want you to be an active member in your care. If at any time, you have questions, please ask a member of your care team.

If you have questions when you are at home, during business hours, call your surgeon’s office. After hours, call the hospital operator at 314.747.3000 who will connect you with the resident on-call.

Everyone on the thoracic surgery team wishes you a healthy recovery. We strive to make your hospital experience excellent.

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Your Journey To Recovery Starts Now

This is your Journey Guide to a healthy recovery. You will have an excellent care team to lead you along the way.

- Use this guide to learn about what will happen before, during, and after surgery.
- Complete the guide checklists. This will help you prepare for a healthy recovery.
- Your entire care team will refer to this guide throughout your journey. Bring this guide with you to all doctor visits, meetings, and your hospital stay.

MyChart: Your Secure Online Health Connection

Manage appointments, get test results, message your doctor, pay bills and request prescription refills online or with the MyChart app.

How do I sign up?

If you received an email from MyChart: Click the link and follow the instructions.

If you received an activation code from your doctor’s office:

Visit MyPatientChart.org and click the “Sign Up Now.”

Enter the code and follow the instructions.

Both sign up methods are active for 90 days.

If you have not received the MyChart email or activation code, please call our office.

If you do not have either, you can self-sign-up by going to mypatientchart.org.

Thoracic Surgery Phone List

Office Hours

8:00 a.m. to 4:00 p.m.
Monday – Friday

Fax

314-362-6288

Exchange

After hours, holidays and weekends
314-747-3000

Website

cardiothoracicsurgery.wustl.edu/thoracic

SURGEONS	PHONE NUMBER
Ruben Nava Bahena, MD	314-362-9181
Benjamin Kozower, MD	314-362-8089
Daniel Kreisel, MD	314-362-6021
Bryan Meyers, MD	314-362-8598
George A. Patterson, MD	314-362-6025
Varun Puri, MD	314-362-4191

INPATIENT-NURSE PRACTITIONERS	
Jennifer Burns, APRN-BC	314-362-4158
Amanda Knobloch, APRN-BC	314-362-4158
Theresa Frazier, APRN-BC	314-362-4158

INPATIENT-CARE UNITS	
5600 ICU	314-362-4026
7400 PCU	314-362-3852
7400	314-362-4054

OUTPATIENT-NURSE PRACTITIONERS	
Nicole Lee, NP	314-747-4580
Andrea Naes, NP	314-362-3706
Laura Thomas, NP	314-362-5692

Getting To Know Your Care Team

Your care team is here to provide excellent, compassionate, respectful and responsive care. While in the hospital, you will be managed daily by your surgeon and his/her resident, but also cared for by other members of the surgical team.

<p>Thoracic Surgeon</p> <p>Your surgeon and surgical care team will guide your care and perform your thoracic surgery.</p>	<p>Anesthesia Team</p> <p>An anesthesia doctor or advanced practice nurse will evaluate your surgery needs. This team is trained to keep you safe during surgery and in recovery. They also help treat your pain.</p>
<p>Fellows</p> <p>Fellows are physicians who have completed their residency and are undergoing additional training to become board certified in a specialty. If you are an inpatient, you will see fellows on daily rounds, checking your progress.</p>	<p>Advanced Practice Nurses and Physician Assistants</p> <p>These state certified health-care providers are trained at the master's degree level and will work with your surgeon to care for you after surgery. They will follow your progress daily and update your care team as needed.</p>
<p>Registered Nurse (RN)</p> <p>A registered nurse holds a license to practice professional nursing in the state of Missouri. Nurses are your advocates. They work with your surgeon and health care team to care for you before, during and after your surgery. They will teach you how to stay safe and healthy during every step of your recovery.</p>	<p>Case Manager/Social Worker</p> <p>Your case manager is a trained registered nurse. They work with your care team to help plan your discharge, home equipment needs, and help with insurance questions. Your social worker is available to provide support, help with advanced directives, find community resources, and help the team in preparing you for discharge.</p>
<p>Physical Therapist (PT)</p> <p>Your physical therapist will teach you to safely move after surgery. Since you will have a chest incision, they will teach you how to move without putting strain on your incision. They will also help you return to your pre-hospital activities.</p>	<p>Registered Dietitian (RD)</p> <p>Dietitians are healthcare professionals licensed to assess, diagnose, and treat nutritional problems. They will teach you about healthy nutritional habits to aid in your recovery.</p>
<p>Patient Care Technician/Student Nurse Technician</p> <p>A trained individual who assists the RN in the delivery of direct patient care.</p>	<p>Medical Assistant</p> <p>A trained individual from your surgeons' office who helps coordinate your outpatient care i.e. schedules testing, obtains medical records etc.</p>

Appointments

Your surgeon’s office will coordinate your preoperative appointments. It is essential that you keep these appointments. If you are unable to make an appointment, call your surgeon’s office immediately to avoid delay or cancellation of your surgery. (Page 2)

APPOINTMENTS	DATE	TIME	LOCATION
Anesthesia Evaluation Surgery evaluation by the Center for Perioperative Assessment and Planning (CPAP)			<input type="checkbox"/> Barnes-Jewish Hospital Center for Advanced Medicine <input type="checkbox"/> Barnes-Jewish St. Peters Hospital <input type="checkbox"/> Barnes-Jewish West County Hospital <input type="checkbox"/> Christian Hospital <input type="checkbox"/> South County Center for Advanced Medicine
Your Surgery Name of your procedure: _____ Surgeon: _____ Estimated length of procedure: _____		Surgery arrival and start time will be communicated the afternoon prior to surgery by the OR registration desk.	<input type="checkbox"/> Barnes-Jewish Hospital Plaza Tower <input type="checkbox"/> Christian Hospital
Post-op Appointment			<input type="checkbox"/> Center for Advanced Medicine/ Siteman Cancer Center 4921 Parkview Place, Suite 8B Saint Louis, MO 63110 <input type="checkbox"/> Siteman Cancer Center - South County 5225 Midamerica Plaza Saint Louis, MO 63129 <input type="checkbox"/> Siteman Cancer Center at Barnes-Jewish St. Peters Hospital 150 Entrance Way St. Peters, MO 63376 <input type="checkbox"/> Siteman Cancer Center at Barnes-Jewish West County Hospital #10 Barnes West Drive, (Bldg. 2), Suite 100 Creve Coeur, MO 63141 <input type="checkbox"/> Siteman Cancer Center at Memorial Hospital Shiloh 1418 Cross St., Suite 180 MOB 2 Shiloh, IL 62269

Disease/Condition Information

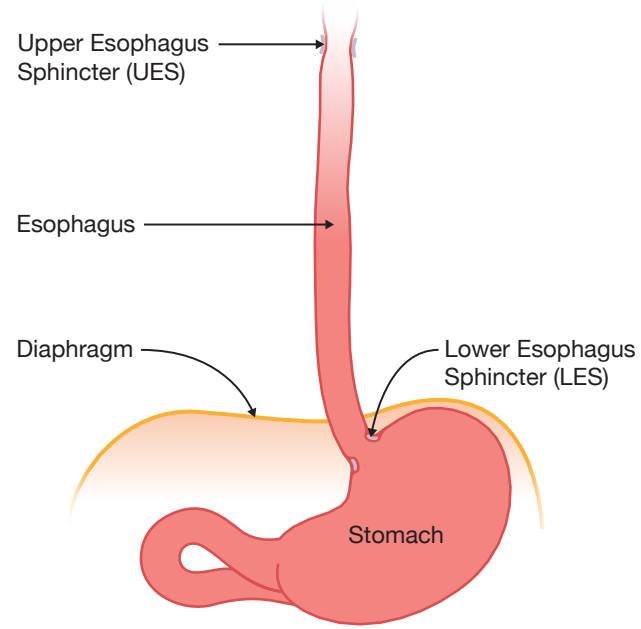
About The Esophagus And Stomach

The **Esophagus** is a 10-inch long tube of muscles. When you swallow, food passes into the esophagus and the muscles contract to push food down into the stomach. The esophagus starts at the back of the throat. The top 2 inches of the esophagus are in the neck. The next 7 inches are in the chest behind the breastbone. Then the esophagus passes through the diaphragm and joins the stomach. The diaphragm is a large, flat muscle that separates the contents of the chest from those of the abdomen.

The **Stomach** is about 10 inches long and 5 inches wide at the widest part. The stomach makes acid juices that digest food. The digestive juices are helpful in the stomach, but may cause problems if the acid juices get into the esophagus.

Treatment

With new developments in esophageal cancer research, more treatment options are available. Esophagus cancer can be treated with surgery, radiation therapy, chemotherapy and/or immunotherapy.

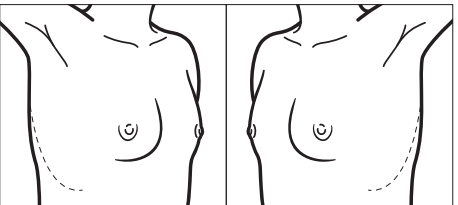


Ask questions. It is important that you understand what will happen to you before, during and after your surgery. You will be asked to sign a consent form to give the doctor permission to proceed with the surgery.

Your Surgical Approach

☐ Thoracotomy

A 4-8 inch incision is made to your chest. It can extend from underneath your arm to around your back. Chest and back muscles are divided and the ribs are spread apart. Your surgeon can then perform the necessary operation and the incision is closed in layers. Typical recovery time is about 6-8 weeks.



☐ Robotic Assisted Thoracic Surgery

Four to five small incisions are made in your chest or abdomen (belly) without any large incisions or rib spreading. Your surgeon operates the camera and the instruments from a console located next to you in the operating room. Robotic assisted surgery provides improved magnification and visualization using four arms that move the surgical instruments controlled by your surgeon. Typical recovery time is 2-4 weeks.

☐ Laparoscopic

Four to five small incisions are made in your abdomen (belly) and carbon dioxide is used to inflate your abdomen and provide working room. Surgical instruments and a scope with a video camera and light source are placed through the incisions. Your surgeon can then perform the procedure that you need, typically an esophageal or stomach procedure. Typical recovery time is 2-4 weeks.

☐ Laparotomy

An incision is made in the middle of your abdomen from the bottom of your breast bone to above your belly button. Your abdominal wall muscles are divided down the middle to perform the procedure. The muscles are then closed with suture (stitches) and the skin is closed with surgical staples. Typical recovery time is 4 weeks.

Getting Healthy For Surgery

Take steps to feel good about your health – starting now. These steps will help you to be healthy before, during, and after surgery.

Boost Your Activity

It is important to be active prior to your surgery. Try starting a daily walking program. Start out at 5 minutes a day and work your way up to 20 minutes twice a day. The better shape **you are prior** to surgery, the more you can do after. This can also help reduce complications after surgery.

Stop Smoking And The Use Of Nicotine Products

Stop smoking at least 2 weeks before surgery to help prevent infection and help your body recover faster. Ask your surgeon for tools to help you quit or call 1-800-QUIT-NOW (1-800-784-8669). Visit Smokefree.gov for more information. You will not have access to tobacco products, alcohol, or illegal drugs during your hospital stay.

Eat Well

Eat well-balanced meals to be healthy for surgery. The food you eat will help your body heal after surgery. We recommend you eat a wide variety of healthy foods:

- Fruits & Vegetables
- Whole Grains
- Low-fat dairy products
- Skinless poultry and fish
- Nuts and Legumes

If you have questions, using a registered dietician may help you reach your goals, perform better, and be healthier. MOVE by BJC at 314-286-0525.

Manage Your Diabetes

It is important to control your blood sugar levels during your journey, this will help you heal faster and prevent infection. If you have questions or need help controlling your diabetes, the Barnes-Jewish & Washington University Diabetes Center can help. To make an appointment with a diabetes specialist call 314-TOP-DOCS (314-867-3627) or toll-free 866-867-3627.

Support Your Recovery

Your main responsibility after surgery is to focus on recovery. Plan for a family member or friend to stay with you for a few days when you go home to assist you with meal prep, household work and other necessary errands.

Take Care Of Your Mental Health

It is important to take care of your mental health before and after surgery. Taking control of your anxiety, depression, or other mental illnesses will help your recovery. If you have questions or need help with your mental health the psychiatrists at Barnes-Jewish & Washington University can help. To make an appointment call 888-998-8076.

Local Lodging

For short-term and long-term lodging options and to inquire about special rates at area hotels, call 314-362-5301 or toll free at 800-551-3492, 8:30 a.m.-4:30 p.m., Monday-Friday or email us at conciergeservices@bjc.org. Please make these arrangements before the day of surgery.

Think About When To Return To Work

Recovery time and when patients can safely return to work varies by patient. Your care team will help you prepare to go back to work and return to your active lifestyle. Plan to discuss returning to work at your follow up appointment.

Family And Medical Leave Act (FMLA) Paperwork

FMLA paperwork can be faxed to 314-362-6288, mailed to the office or given to your surgical coordinator. We cannot email records for FMLA paperwork due to privacy rules. Please allow 7-10 days for FMLA paperwork to be completed and returned to your employer.

Anesthesia Evaluation

Many patients have an appointment with a member of the anesthesia team before surgery. This is held in our **Center for Preoperative Assessment and Planning (CPAP)**.

What to bring with you to CPAP:

- ☐ Patient journey guide
- ☐ Insurance card, driver's license or state ID
- ☐ Advanced directive (if you have one)
Such as a living will, heath care proxy, or health care power of attorney documents
- ☐ Complete list of your current medications including prescriptions, over-the-counter, vitamins, and herbal supplements

At The Appointment

- You will have a complete history and physical and any necessary blood tests.
- You will discuss medications you take and allergies you have.
- You will discuss the different types of anesthesia (the medicine that makes you comfortable during your surgery) and their risks and benefits. Please let your care team know if you've ever had a problem with anesthesia in the past.

- You will talk about side-effects you may have from anesthesia or surgery, like:
- Drowsiness
 - Nausea, vomiting, gas or headache
 - Sore throat, dry mouth, and thirst
 - Shivering or coldness
 - Soreness or discomfort
- Your medications will be discussed at your CPAP appointment. **Please follow all instructions for stopping any medications prior to surgery.**
 - If you are unclear or have not been given specific instructions regarding certain medications, please call your surgeon's office.

Blood Thinners

- Many blood thinners need to be stopped for at least 1 week before surgery.
- Please discuss your medication list with your surgeon and/or nurse practitioner for your individual pre-surgery instructions.

Please alert us if you are taking any of these medicines:

Abciximab	Aggrastat	Aggrenox	Apixaban	Asaphen	Aspirin
Brillinta	Celebrex	Cilostazol	Clopidogrel	Coumadin	Dabigatran
Dipyridamole	Ecotrin	Effient	Eliquis	Empirin	Eptifibatide
Halfprin	Heparin	Ibuprofen	Integrilin	Lovenox	Meloxicam
Motrin	Naproxen	Persantine	Plavix	Pletal	Pradaxa
Prasugrel	Reopro	Rivaroxaban	Ticlid	Ticagrelor	Ticlopidine
Tirofiban	Warfarin	Xarelto			

The Day/Night Before Surgery

What To Bring To The Hospital

- ☐ Bring this journey guide with you!
- ☐ An attitude of success!
- ☐ Insurance card and photo ID
- ☐ Phone numbers of your other doctors
- ☐ Copy of Advanced Directive
- ☐ Health history and list of medications
- ☐ Phone numbers of family/friends
- ☐ Glasses/contacts and cases
- ☐ Do not wear contacts morning of surgery
- ☐ Hearing aids
- ☐ Loose fitting clothing
- ☐ Comfortable walking shoes and socks (cane, walker if needed)
- ☐ CPAP/BiPAP if applicable
- ☐ Insulin pump and/or continuous glucose monitor supplies
- ☐ CAPD bags/supplies

What To Leave At Home

- Jewelry, rings
- Valuables such as purse, wallet, cash, credit cards
- Medications from home

What To Eat For Dinner

- Eat a filling dinner. It may be awhile before you are able to eat or drink anything. Follow the instructions from CPAP for eating or drinking before surgery.
- Do NOT drink any alcoholic beverages during the 24 hours before your surgery.

How To Prepare Your Skin For Surgery

Before surgery your entire body must be thoroughly cleaned with an antiseptic soap. The antiseptic soap will decrease the amount of bacteria on your skin. This will reduce your chance of getting a surgical site infection.

Follow instructions from anesthesia team provided at your CPAP appointment for the 2-Day CHG Bathing Protocol.

You must take a shower with the antiseptic soap the evening before surgery AND the morning of surgery.

Family Hospital Stay Information

The following tips can help make a recovering patient's stay accommodating, supporting and productive:

- Know the visiting hours and policies of the floor you will be staying on.
- Visitors should practice good hand-washing hygiene. Hand sanitizer stations are available throughout the hospital. Visitors may be asked to wear a mask.
- Please be aware Barnes-Jewish Hospital has semi private rooms and the private rooms are reserved for patients with special isolation needs.
- Concierge services can provide: laptop rental, advice on area activities and dining, help in lodging/ transportation, etc.

- Family support resources are available including the Office of Patient and Family Affairs, information desk, spiritual care services/chapels, cafeterias/gift shops, shuttles, etc.
- Family and friends should work to coordinate help after the patient leaves the hospital.
- Visitor guidelines can be found here: [barnesjewish.org/Patients-Visitors/Visiting-Hours](https://www.barnesjewish.org/Patients-Visitors/Visiting-Hours)



The Day Of Surgery

Before You Arrive

- Shower with remaining half of antiseptic soap as previously detailed.
- Take medications as instructed.
- Follow any other instructions.

HELPFUL TIPS

- Arrive on time and at the correct location.
- Before and during surgery, medications and medical devices will be used to help you relax, breathe, and help your heart recover.
- Family will be updated during and after surgery, but visitation may be limited.

Parking And Check-In

Either park with the valet or in the Plaza Garage.

After you check-in, you will be registered. Once finished, you will be taken to the pre-surgery holding area.

Valet

If you park with valet, take the escalator up to the main floor lobby, the entrance to the surgical registration waiting room is located by turning right and walking down the hallway. The entrance is immediately on the left. Check-in at the main desk.

Plaza Garage

If you park in the plaza garage, you will take the pedestrian bridge over the street to the main floor lobby of Barnes Jewish Hospital south campus. There are signs in the main lobby that will direct you to the SURGICAL registration and waiting area. If you are facing the large water fountain, turn right and walk straight down the hallway, past the escalator and mirrored wall. You will see the entrance to the Surgical Registration and Waiting area on your left. Check in at the main desk.

Procedure And Surgery Safety

- You will be asked to remove all personal items and put on an ID bracelet and a hospital gown.
- When you sign a consent form for the procedure or surgery, make sure you read and understand the name of the procedure or surgery and that the correct body part is spelled out along with its location (for example, "right lung" or "left lung").
- Staff will mark "YES" on the body area where surgery or a procedure will be performed if there could be confusion about the site (for example, left vs. right side).
- Make sure you agree with the site that is being marked.
- Your Anesthesia provider will review your medications and health history and talk with you about your pain management plan.
- Your Surgeon will meet come meet with you to review your surgical plan.
- You will have an IV placed in a vein in your arm. This allows us to put medicines and fluids into your blood stream during surgery. It often stays in place until you can eat and drink.
- You will be given medication to help you relax.
- After you are taken to the OR, your loved ones will be directed on where to wait and when/how they will be updated on your progress. It is helpful to designate a loved one to get updates from the care team.

During Surgery

During surgery, your surgical team will take excellent care of you. They will monitor your breathing, heart rate, and blood pressure.

Your surgical team will provide updates to your family or friends during surgery about how the surgery is going. This will be communicated by waiting area staff.

After Surgery

- A member of the surgical team will come talk to your family once the surgery is over.
- You will be in the recovery room for one to two hours before being taken to your room.
 - o You will stay there until you are fully awake. A nurse will check your blood pressure, heart rate and breathing every 15 minutes.

- o You will have supplemental oxygen in place.
- o You may have a chest tube to drain air and fluid from your chest.
- o You may wake up with a breathing tube in your mouth. The breathing tube will be attached to a machine, called a ventilator that helps you breathe.
- o Do not try to talk while the tube is in your mouth.
 - The breathing tube will be suctioned out as needed. This will make you cough. Try to relax and take slow deep breaths.
 - The breathing tube will be taken out when you can breathe on your own.
- You will be moved to the 7400 progressive care unit/ floor or to 56ICU when the doctor says you are ready.
- Your loved ones will need to make a plan to rest and sleep while you are in the hospital. It is important that they take care of themselves since you will need them when you are discharged from the hospital.
- Please pick one person to get updates and communications from your care team during your hospital stay.
- Once anesthesia has worn off, the nursing staff will be getting you up to walk around.

Tubes, Drains, Lines And Devices

A variety of equipment will be used to help your recovery, increase your safety and improve your progress after surgery. As you improve, equipment will be removed or replaced with other methods that allow you to get closer to your normal activity and comfort.

Arterial Line

You may have a line usually placed in your wrist or groin, while in the OR. This thin, flexible tube will allow for close monitoring of your blood pressure. This is removed before you leave the ICU.

Venous Line

During your hospital stay, you **will** be given medications, fluids, nutrients, or blood products. These are given through thin, flexible tubes placed in your arm or hand while you are awake. A central venous line is placed in your neck or chest while you are under anesthesia.

Epidural Catheter

A very fine plastic catheter (tube), which is placed through the skin into the epidural space within your spinal canal. This temporary catheter is left in place for a 4-5 days to help manage surgical pain.

Patient Controlled Analgesia (PCA)

Medicine for pain is called analgesia. Patient controlled analgesia allows you to treat your own pain without having to wait for a nurse to give you the medicine. You give the pain medicine to yourself by pressing a button. Pain medicine is delivered to your body through your IV.

Nasogastric Tube (NG)

Inserted in the operating room (OR), this tube goes down your nose into your stomach, to prevent pressure build-up. It will be connected to a suction device on the wall. This is usually removed within a few days of your surgery.

Feeding Tube

You may have a feeding tube in your bowel to provide nutrition while allowing your esophagus to heal.

Chest Tube

A flexible tube placed in your chest during surgery to drain fluid and air from your lung. It is common to have more than one chest tube placed during surgery. The fluid may appear bloody at first and should change to a light pink appearance. These tubes are removed at the bedside and may be uncomfortable during removal. Ask your nurse for pain medication before the tubes are removed.

Telemetry Monitor

You may have a small box that is attached to your chest with circular pads. This allows your nurses and providers to monitor your heart rate and rhythm at the nurses' station. This is removed when you discharge from the hospital.

Urinary Catheter

A tube inserted in your bladder in the OR while you are asleep to measure urine output. It connects to a bag that hangs on the side of your bed. It is usually removed a day or two after surgery.

Sequential Compression Device

Inflatable sleeves worn around the calves that regularly squeeze the legs to help prevent blood clots. It is important that these are worn at all times when lying in bed or sitting. They are removed when you get up to walk.

Your Hospital Stay

We are committed to delivering excellent care by listening carefully and explaining things to you, and treating you with courtesy and respect. We invite you and your family to partner with us. As a team, we will work together to make sure your experience is a safe one.

Pain Management After Surgery

The goal of pain management after surgery is to manage your pain enough to allow you to do the things you need to do in order to heal, walk, eat, breathe deeply and sleep and to minimize medication side effects.

Pain Expectations

- Pain after surgery is normal.
- Pain is usually more intense the first 2-3 days after surgery.
- Pain can be managed by combining different management techniques.
 - o Non-medication therapy such as mindful breathing, relaxation, music, physical therapy, meditation, reflection, short walks
 - o Non-opioid medications (e.g., ibuprofen, acetaminophen)

- o **PCA** - patient controlled pain medicine
- o **Epidural** - a tube placed in your back for giving pain medicine
- o Short-acting opioids taken only as needed

Helping You Move

Moving is vital to improving your progress. Starting the day of surgery, you will be encouraged to increase your movement throughout your hospital stay. Physical Therapy will visit you and help you get out of bed the day after your surgery.

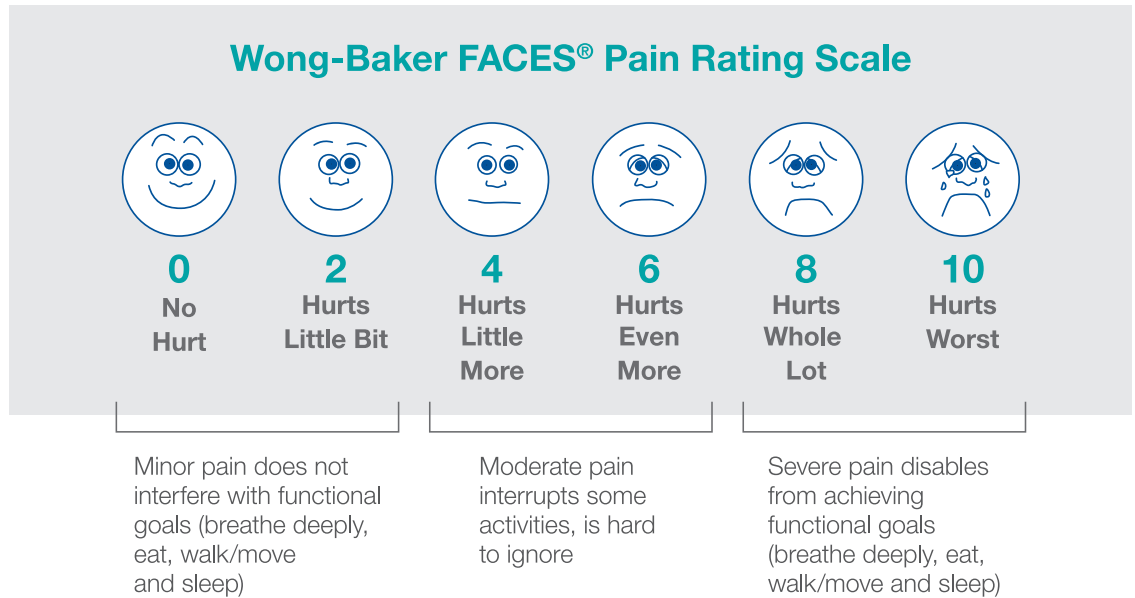
Safety is our biggest concern.

Prevent a Fall – Call Your Nurse: You are at risk for falling and becoming injured because of anesthesia, medications, weakness, and equipment you received.

- **Please call your nurse for assistance when getting out of bed!**
- Do NOT get out of bed on your own!

Wong-Baker FACES® Pain Rating Scale

Pain scales are used to measure pain and can be a helpful tool to track your pain after surgery.



Preventing Blood Clots

- Resting in bed for a long time after surgery can increase your risk of a blood clot forming in a deep vein inside your body. This type of blood clot is known as deep vein thrombosis or DVT.
- You may be given a type of drug to thin your blood after surgery.
- While you are in the hospital you may need to wear pumps around your legs to help prevent blood clots.
 - o The nurse or patient care technician will place Velcro wraps on your legs. The wraps are attached to a pump.
 - o The pump inflates with air every few seconds. This increases blood flow to help prevent blood clots.

Preventing Infection

Keeping Your Lungs Clear

- o Incentive spirometer
 - This hand-held device will help you take deeper breaths to prevent lung infection (Pneumonia).
 - We will show you how to use it.
 - Use your incentive spirometer, take deep, slow breaths, and cough every hour while awake.

Keeping Your Skin Healthy

- o The single most important thing you can do is wash your hands often with soap and water or alcohol hand foam. Always wash your hands after using the bathroom and before eating.
- o Perform daily antiseptic soap (CHG) skin treatment.

Eating After Surgery

- You will have **nothing to eat or drink**.
- You will have **a swallowing test** about 5 days after surgery, and the dietitian will teach you about the “Full Liquid Diet”.
- Because you are unable to eat or drink by mouth you may require a feeding tube. The doctor will order liquid feedings to be given by the nurse into the feeding tube. You will be taught about the tube feeding because they are needed at home.
- It is best to eat or drink only while sitting up in a chair. You should stay upright for at least one hour before reclining. This is an excellent time to take a walk.

Preventing Constipation

Medications used during surgery and in the hospital can cause constipation. We will prescribe medications to help prevent this from happening and walking will speed up return of bowel function as well.

Transition To The Floor

Your Care Schedule

- Your surgical care team will make rounds in the morning, visit you, and discuss your plan for the day.
- You are encouraged to take part in bedside shift report. This is a great time to talk about questions or concerns.
- Use the blank pages in this guide to write down questions or concerns you would like addressed by your care team.
- You will be checked on every hour by a staff member.
- You will have access to your nurses at all times with a call light button. Your nurse will show you how this works.
- Visitor guidelines will be shared at the hospital.
- Discharge planning rounds are held with your nurse and surgical care-team daily.
- Pathology results can take 7-10 days on average and may not be available until after you are discharged. Please contact the surgeon’s office to obtain your results, otherwise they will be discussed at your post-operative visit.

Getting Ready For Discharge

We treat all of our patients as individuals and plan care according to your needs. You will receive written instructions on how to take care of yourself at home. Please share any concerns or questions you have related to your discharge from the hospital.

Drains/Devices To Be Removed

You will have all of your drains and devices removed before discharge (with the exception of a feeding tube if indicated).

Know Your Medications

You will receive a list of medicines to take at home.

- Make sure you understand what they are for, how much to take, when to take them and what the side effects may be.
- Ask if there are any home medicines you should stop taking.
- You will be told if a medication you were taking at home will now have a higher or lower dose than what you were used to. If so, be sure you understand whether you can use the medicine you already have at home, or if you should not use it at all and will need a new prescription.

- You will be given a prescription for any new medications.
 - o If you want, you may get them filled at our mobile pharmacy before you go home.

Ask Your Family To:

- Bring clothes for you to wear home.
- Bring all needed equipment (cane, walker, etc.).
- Bring pillows for the car ride.
- Stop frequently on the ride home.

It Is Normal To:

- **Not have much appetite.** It can take several weeks for your appetite to return. It is important to continue to eat small, frequent meals as tolerated.
- Have **difficulty sleeping** at night. Try sleeping in incline or sitting up to relieve discomfort. If this remains a problem, call your surgeon’s office.

LEARNING HOW TO USE THE INCENTIVE SPIROMETER

Your doctor will order an incentive spirometer to help you take deep breaths after surgery. You will use it in the hospital and keep using it when you go home. **Using it may help prevent pneumonia.**

Your nurse will help teach you how to use it:

1. Breathe out (exhale) normally. Then place your lips tightly around the mouthpiece.
2. Breathe in (inhale) slowly to raise the piston in the chamber. See the picture on right. When inhalation is complete, remove the mouthpiece.
 - Try to hold the small blue ball within the two markers while you inhale.
3. Breathe out normally. Let the piston return to the bottom of the chamber.
4. Rest. Repeat these steps 10 times. Try to do this every hour while awake after your surgery.
5. Hold your pillow and take a deep breath and cough.

The diagram shows an incentive spirometer with a vertical scale from 0 to 4000. A piston is shown at the 1000 mark. A goal marker is at 1000. A mouth piece is attached to the top. A flexible tubing connects the mouth piece to the device. An indicator points to the piston. Below the diagram, an illustration shows a person using the device. A label says 'Using an Incentive Spirometer'. Another label says 'Piston rises with each deep breath'.



- Have problems with **constipation**. If on pain medications, a stool softener or laxative should be used. We will recommend continuing your bowel regimen at discharge.
- Experience **soreness in your chest** and on the side of your surgery. During surgery the nerves in the chest are irritated. These nerves run from the mid back to the mid chest on the side of surgery. Some people will even notice the pain in their upper abdomen. You may experience sharp, shooting pain, burning, numbness, tingling or pins and needle sensations. Sometimes even a shirt rubbing on the skin can be very irritating. This is all normal and should get better the farther out you are from surgery. You may also experience pain near your abdominal incision.
- Feel **stiffness in the chest** in the morning.
 - o This may be helped by a long warm shower or by using a heating pad with a towel placed between you and the pad.
 - o The puffiness under your arm, above your incision, will improve over 3 to 6 weeks.
- For women to feel **breast pain** during healing.
 - o Keep the breasts well supported to avoid pulling on your chest.
 - o A bra larger in the chest measurement (not in the cup size) may help.
 - o If your bra rubs your incision, place a small clean pad over the scar.
- **Cough** after surgery. Coughing will help clear out the lungs from any secretions that accumulate during surgery. It is also normal to cough up old blood that may be brown in color. This should clear up a week or so after surgery. If coughing gets worse or is associated with any other symptoms, please call your surgeon's office.
- Experience **acid reflux** after surgery. During surgery the muscle between your esophagus and stomach is removed and is no longer able to block acid from going up onto the remaining esophagus. Simple ways to control reflux after surgery are to not lay down after eating and to have your last meal of the day at least 2-3 hours before going to bed. Avoiding spicy, acidic or trigger foods can also help.
- Have good and bad days. Do not let this upset you. If you have concerns, call your surgeon.

Your Recovery At Home

Good Nutrition

- Good Nutrition is important for proper healing after your surgery.
- If you are able to eat after esophageal surgery, you will go home on a "Full Liquid Diet" (see page 20).
 - o The restrictions of the "Full Liquid Diet" are temporary.
 - o Your doctor will decide when you are ready to eat a normal diet again.
- Typically you will start a soft food diet after your post-operative visit.

Tube Feedings

- Because you are unable to get enough calories and other nutrients by eating, your doctor will order liquid feedings into your feeding tube. This tube was placed in your small bowel during your surgery.
- You will use the feeding tube for supplemental nutrition for a short time after surgery, and maybe up to 2 or 3 months.
 - o A registered dietitian will give you a plan for tube feedings that will meet your needs.
 - o The dietitian will teach you how to give your own tube feedings before you go home.
 - o A night-time feeding schedule will be set up so that you can be more flexible during the day.

Care Of Your Incisions

- Your chest tube site bandage can be removed 24 hours after you get home. Once this is removed, you are free to shower.
- Wash your hands before and after touching your incisions. Gently wash your incisions with mild, unscented soap and warm water every day. Pat dry and do not scrub.
- Your surgeon will remove your stitches or skin staples 10 to 14 days after your operation, or at your return appointment.
 - o Your surgeon may put strips of tape over the incision after removing the stitches or staples. Wash over the tapes with soap and water.
 - o Remove the strips of tape after 7 days if they have not fallen off.

- If you have Dermabond (skin glue) on your incisions, it will fall off in a couple weeks as your incision heals. Please do not pick this off. It will fall off on its own.
- It is best to keep surgical incisions open to air.
- Once healed, use sunscreen on your scar to prevent it from getting dark.
- **Don't:**
 - o Use very hot water on your incisions.
 - o Soak in a bath or swim until your incisions are healed and you are cleared by your surgeon.
 - o Use lotions, powders, creams or ointments until your incisions are healed.

CALL 911 OR GO TO YOUR LOCAL EMERGENCY ROOM IF EXPERIENCING:

- New or worsening chest pain
- Heart rate faster than 150 beats/minute with shortness of breath or new irregular heart rate
- Shortness of breath NOT relieved by rest
- Coughing up bright red blood
- Sudden numbness or weakness in arm or legs
- Sudden severe headache
- Fainting spells
- Severe abdominal pain
- Bright red blood in stool

CALL YOUR SURGEON IF EXPERIENCING

- Increased tenderness of the incision site
- Increased redness or swelling around the edges of the incision
- Any drainage or smell from the incisions.
- A persistent fever over 101 F degrees in 24 hours
- Difficulty breathing
- Persistent nausea or vomiting
- No bowel movement in more than 3 days
- Persistent or increased pain not relieved with your pain medication
- New or worsening chest pain

(See page 2 for Surgeon's office numbers)

Slowly Increase Your Activity

Use common sense. If it hurts, don't do it. Listen to your body.

Walk

Walk at least 1 to 2 times a day. Start with short walks and plan to walk a little longer each day. Do more as you feel stronger. Walk at your own pace. Stop and rest if you get tired.

Use Stairs

If your surgeon allows, you may use stairs. Go slow and rest if you get tired. Hold onto the rail for safety.

Posture

Please sit and stand up straight. Do not let yourself bend toward your incision. This makes you stiff and uncomfortable.

Do NOT Lift More Than 10 Pounds

Don't lift over 10 pounds for at least 4 weeks after surgery. Don't hold your breath during any activity, especially when lifting or using the bathroom.

Rest

You need a balance of rest and exercise. Plan to rest between activities. Take short naps as needed.

Drive

You can ride in a car at any time. Don't drive until your surgeon says it's OK. If you're taking pain medicine, don't drive. If you're traveling, get out of your car every 1-2 hours and walk for a few minutes.

Shoulder Exercises

Your doctor wants you to do a simple exercise to prevent stiffness in your shoulder.

1. Stand facing the wall.
2. Keeping your elbow straight, "walk" your fingers up the wall as high as you can.
3. Repeat this 10 times. Try each time to "walk" your fingers a little higher.
4. Turn your body slightly. Repeat the "wall walk" 10 times.
5. Turn your body again so that you are at a right angle to the wall.
6. Repeat the "wall walk" 10 more times.
7. Repeat these exercise steps with the other arm.
8. Do this exercise for 10 minutes, two or three times each day.



WEEKS 1 TO 4	AFTER 4 WEEKS
<input type="checkbox"/> Light housework: - Dusting - Setting the table - Washing dishes - Folding clothes	<input type="checkbox"/> Heavy housework: - Vacuuming - Sweeping - Laundry
<input type="checkbox"/> Light gardening: - Potting plants - Trimming flowers	<input type="checkbox"/> Heavy gardening: - Mowing the lawn - Raking leaves
<input type="checkbox"/> Needlework	<input type="checkbox"/> Ironing
<input type="checkbox"/> Reading	<input type="checkbox"/> Business or recreational travel
<input type="checkbox"/> Cooking meals	<input type="checkbox"/> Fishing
<input type="checkbox"/> Climbing stairs	<input type="checkbox"/> Light aerobics (no weights)
<input type="checkbox"/> Small mechanical jobs	<input type="checkbox"/> Exercising: - Biking - Swimming - Light weight lifting
<input type="checkbox"/> Shopping	<input type="checkbox"/> Golfing
<input type="checkbox"/> Restaurants or movies	
<input type="checkbox"/> Church	
<input type="checkbox"/> Attend sporting events	
<input type="checkbox"/> Passenger in a car	
<input type="checkbox"/> Walking/treadmill	
<input type="checkbox"/> Stationary bike	
<input type="checkbox"/> Shampooing hair	
<input type="checkbox"/> Playing cards/games	

Keep Your Lungs Clear

Continue to use your incentive spirometer, take deep, slow breaths, and cough every hour while awake. (Refer to page 12).

Support Your Recovery

- Wear comfortable, loose fitting clothes that don't put pressure on your incision. Your clothes may feel tight for a while due to swelling after surgery.
- Take all the medications as prescribed by your doctors.
- Clean your hands often with soap and water or hand sanitizer to protect you from germs that cause infections. Remind your family and friends to do the same. Germs are everywhere - even healthy people can spread them.
- Limit visitors for the first few weeks. If you get tired, excuse yourself and lie down.
- It may take some time to start feeling like yourself again. Be patient.

Follow-Up Appointments

- At the time of discharge, you will have already been scheduled for your follow-up appointments, approximately 2-3 weeks after surgery. (see page 4)

Eating Well After Your Post-Op Visit

- Typically, during your post-op visit you will be given instructions to start a soft diet. (see page 21)
Do this for about 1 week. If you tolerate this well after 1 week, you can start a regular diet. Always make sure that you eat slowly and chew your food well.
- If you have a feeding tube, you can start to wean your tube feeds. To do this, start by weighing yourself on the same scale around the same time every day and record your weight each day. Take 1 can of formula away from your nightly feedings tonight and start increasing your oral intake. Do this for 3-4 days. If you do not lose any weight you can take another can of formula away from your nightly feedings. Again do this for 3 days. As long your weight remains stable or you are gaining weight, continue to wean yourself completely off your tube feeds. Once you have completely stopped using your feeding tube and your weight has been stable for a week. You can get your feeding tube removed.
- Make sure that you have frequent small meals. We usually recommend 6 small meals a day. This is a large adjustment for most people but it's very important to help you take in enough calories.
- Do not lay down for at least one hour after eating.

- Sometimes it helps to drink fluids in-between meals rather than with meals. This will help you from getting full too soon.
- Some foods that might cause digestive problems would include high sugar food and high fat foods. Avoid these if you notice digestive issues after eating.
- Make sure your sleep with your head of the bed elevated to at least 30 degrees. This helps prevent aspiration (contents from your stomach tube going into your lungs) and is really something that needs to be done for the rest of your life. You can either buy a wedge to place under your pillow or place blocks under the head of your bed (most patients prefer the wedge – simply adding an extra pillow or two is less effective as you are more likely to slide off them during the night).
- In the future, if you ever have trouble swallowing or feel like food is getting stuck, call us. Your esophagus may need to be dilated.

Dumping Syndrome

Dumping Syndrome can occur after surgery to your stomach or esophagus. It is caused by large amounts of food passing quickly into the small intestine and results in abdominal pain or cramping, fullness, nausea, diarrhea, weakness and fatigue. Tell your doctor if you are losing weight. (For diet instructions, see page 22.)

Surgical Location



Barnes-Jewish Plaza Tower
Plaza Garage, 1 Barnes-Jewish Hospital Plaza Drive, St. Louis, MO 63110
Main Phone: 314.362.5000 Surgical Waiting Room: 314.362.1164
barnesjewish.org/Patients-Visitors/Locations-Directions/Barnes-Jewish-Plaza-Tower

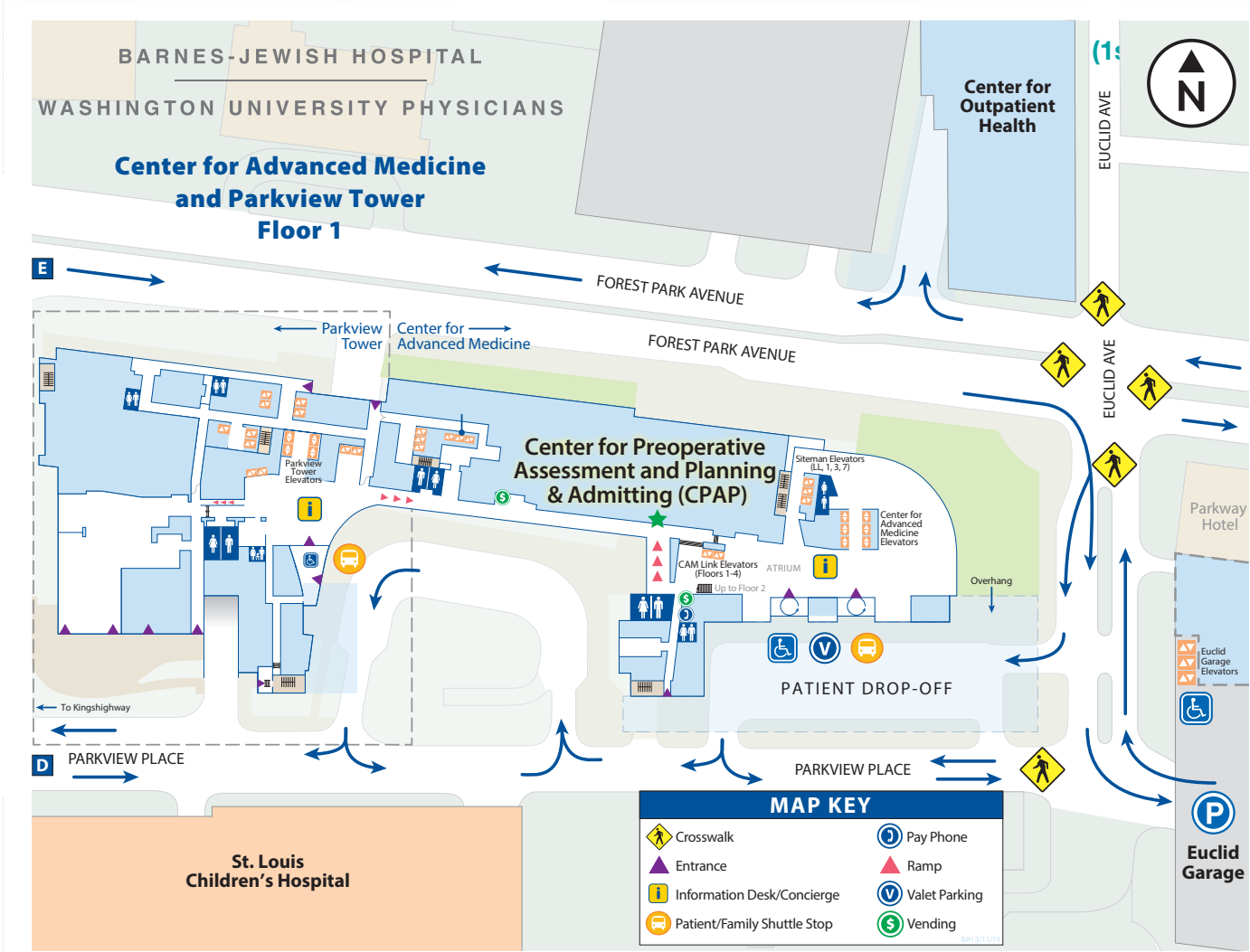


Use your phone's camera to scan the code for the latest information on COVID-19.

How To Scan A QR Code

1. Open the QR Code reader or camera on your phone.
2. Hold your device over the QR Code so that it's clearly visible within your smartphone's screen.
The phone may automatically scan the code.
3. If necessary, press the button. Presto!

Maps



Barnes-Jewish Hospital – Plaza Tower



Full Liquid Diet

Your surgeon recommends a full liquid diet after your esophagus surgery. This diet eases the movement of food through the areas that are swollen temporarily. Eat small, frequent meals six or more times each day.

Groups	Foods Allowed	Foods To Avoid
Milk	Milk, eggnog, milkshake, yogurt without seeds or fruit	All others
Breads and Cereal	Cream of rice, cream of wheat, grits	All others
Fruits	All fruit juices (without pulp)	All others
Vegetables	All vegetables juices	All others
Meats	None	All meats
Soups	Broth, strained or blended cream soups	All others
Fats	Margarine, butter, cream, nondairy creamer	All others
Desserts	Ice cream, sherbet, gelatin, custard, pudding, fruit ice, popsicle	All others
Sugar and Sweets	Sugar, syrup, honey, hard candy	All others
Beverages	All beverages: coffee, tea, nutritional supplements	No restrictions
Miscellaneous	Salt, herbs, mild spices	All others

Sample Meal Plan

Breakfast Apple juice Cream of wheat Milk Custard Coffee or tea	Lunch Strained cream of chicken soup Grape juice Gelatin Milk Coffee or tea	Dinner Strained cream of potato soup Apple juice Ice cream Milk Coffee or tea
Morning Snack Milkshake	Afternoon Snack Vanilla pudding Cranberry juice	Evening Snack Nutritional supplement

Soft Diet

This diet is recommended for those patients who have difficulty swallowing due to narrowing or postoperative swelling in the esophagus. It will help the passage of food and make eating more comfortable and avoid having food stick.

Milk And Milk Products

All milk and milk products are OK, excluding yogurt with fruit.

Meat And Meat Substitutes

Use ground, tender meat only. Puree meat as necessary. Eat casseroles with ground meat, eggs, smooth peanut butter and luncheon meats. Dried beans and peas as tolerated.

Avoid: stringy, dry or fibrous-type meats (e.g. fish, seafood, stew meat, roast beef, chicken and turkey). Meats containing gristle or peppercorn, sausage, bacon or chunky peanut butter.

Breads And Starches

You can have cereals without nuts and dried fruits, noodles, potatoes and pasta.

Breads may cause “sticking” initially and should be avoided until you are comfortable with eating most soft foods.

Avoid: popcorn, rice and all breads with nuts.

Fruit

You may have canned, cooked or frozen fruit without membranes, skin or seeds (e.g. canned peaches, applesauce). You may also have bananas and melons without seeds.

Vegetables

Canned, cooked or frozen vegetables that are soft (e.g. mashed potatoes, squash, carrots, spinach).

Avoid: all raw vegetables, including salads, cooked vegetables that are fibrous, tough, “woody”, or contain seeds (e.g. broccoli, tomato, okra or celery).

Miscellaneous

All beverages, fats and sweets as tolerated. Soups with allowed meats and vegetables as tolerated. Carnation Breakfast Essentials or Ensure may be beneficial if you cannot eat or drink enough at first.

Avoid: nuts, seeds, trail mixes, peppercorn, soups with chunks of meat, particularly if not ground.

Sample Meal Plan

Breakfast ½ cup orange juice 1 egg, scrambled 1 slice toast/margarine ½ cup milk	Afternoon Snack 1 cup yogurt 3 graham crackers ½ banana
Morning Snack 1 oz. soft cheese 6 crackers ½ cup milk	Dinner 2 oz. meatloaf ½ cup mashed potatoes with gravy ½ cup peaches ½ cup milk
Lunch ½ cup macaroni and cheese ½ cup cooked carrots ½ cup fruited gelatin ½ cup milk	Evening Snack ½ egg salad sandwich ½ cup juice

Important Tips

- Chew carefully, eat slowly, take small bites and eat small amounts.
- This diet does not refer to the types of foods (e.g. spicy) but rather to the consistency of the food.
- Stop eating when you are full.
- If you are on a special diet (diabetic, low-salt, etc.) due to a medical condition, please continue it, but change the consistency.
- If you experience increased bloating or intestinal gas, you may want to take an anti-gas medication (e.g. Phazyme, Gas-X, Mylanta II).

Dumping Syndrome Diet

Dumping Syndrome can occur after surgery on your stomach or esophagus. It is caused by large amounts of food passing quickly into the small intestine and results in abdominal pain or cramping, fullness, nausea, diarrhea, weakness and fatigue. Tell your doctor if you are losing weight.

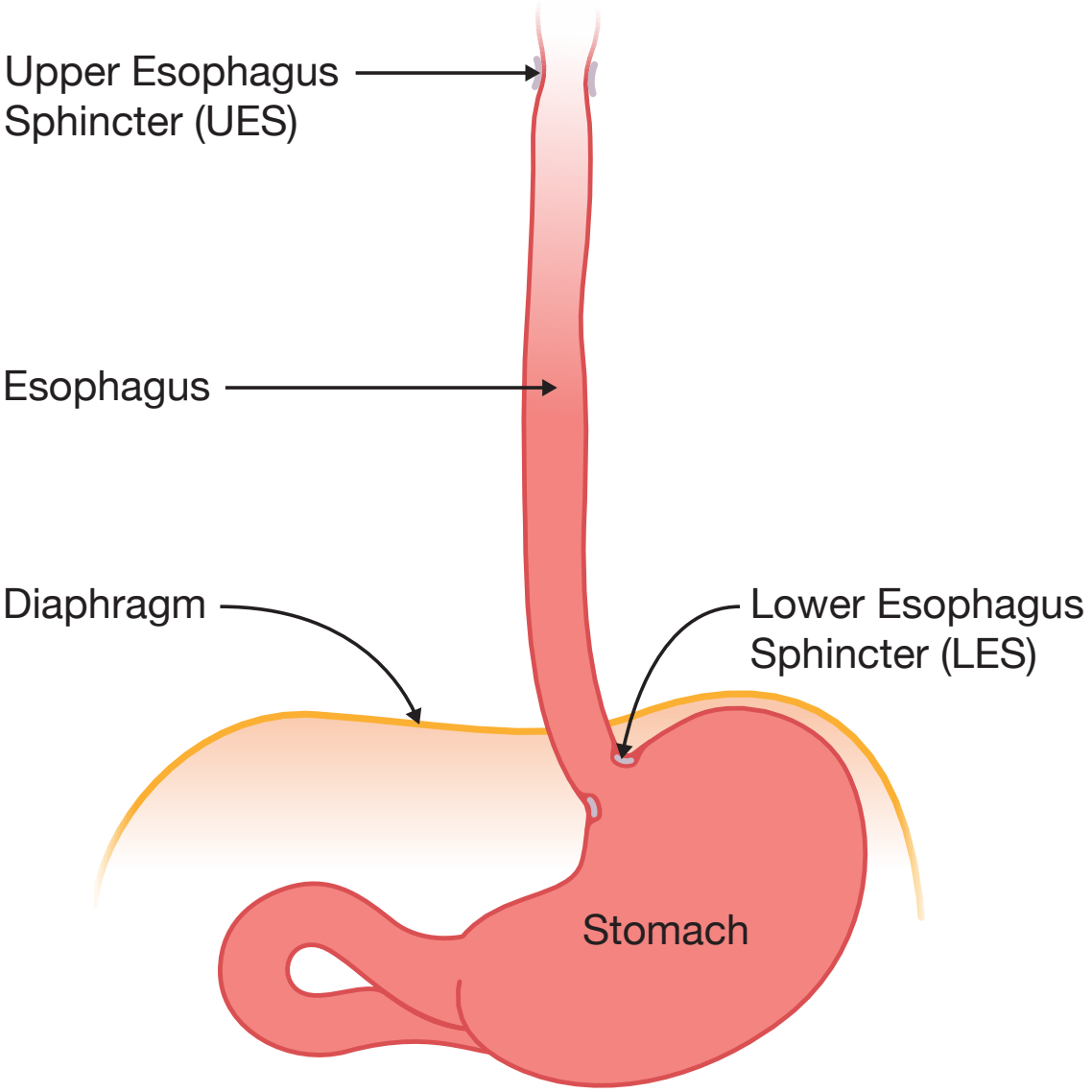
Tips:

- Eat small frequent meals, at least six times daily.
- Do not drink liquids with your meals. Drink liquids at least ½ hour to 1 hour after eating solids.
- If you have low blood sugars (hypoglycemia) avoid sugar and sweets.
- Lie down at a 30 degree angle as soon as you finish eating.
- Avoid foods that are very hot or very cold.
- Avoid foods you know cause you problems.

Please contact your doctor or dietician for personal recommendations.

Groups	Recommended	Avoid
Fruits	2-4 servings daily All fresh fruit Drained unsweetened canned fruit Unsweetened frozen fruit	Canned fruits in syrup, sweetened juices, and frozen fruit
Milk/dairy	2 serving daily yogurt, plain or unsweetened, all cheese, skim, 2% or whole milk (one hour after solid food intake)	Milkshakes, Chocolate milk, Sweetened yogurt
Breads and Cereals	6-11 servings daily All breads, unsweetened cereals, rice, crackers, pasta, potatoes	Sweetened breads, pancakes, waffles, sweetened cereals, donuts
Vegetables	3-5 servings daily All vegetables allowed	Any not tolerated Sweet pickles
Sweets	Sugar Free products	Sugar, candy, chocolate. cakes, cookies, honey, jelly
Meats	2-3 servings daily All meats, fish, poultry, eggs, cheese, peanut butter, dried beans, legumes	Any not tolerated
Fats	All butter, margarine, oil, salad dressing	

Diagram



Notes and Questions

[illegible]

Notes and Questions

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings visible.