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www.slnh.org



PREPARING FOR ESOPHAGEAL SURGERY



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REFERENCE GUIDE
FOR PATIENTS & FAMILIES

*W*elcome to St. Luke's Hospital and Health Network. You are scheduled for an esophageal operation for _____ . The "Care Map" has been developed for you and your family. The "Care Map" is a guide of what to expect before, during and after surgery. It identifies people you will meet, tests, treatments, medications, diet, activity and teaching. Changes may be made to the plan based on your personal health.

*W*e hope to make your stay at St. Luke's Hospital and Health Network a positive experience. We encourage you to ask your doctor, nurse or other team members any questions about your care, procedure or hospital stay. Please use the space on the next page to list questions you may have.

Your Questions

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Before Surgery

Before surgery you will meet the Physician Team, which includes the Thoracic Surgeon, Nurse Practitioner, Physician Assistant and Office Coordinators. They will guide you through your hospitalization. Prior to your procedure you will need several tests which may include: blood tests, chest X-ray, EKG, urine sample or EGD/EUS. Treatments include: vital signs (blood pressure, heart rate, temperature, breathing and oxygen saturation), height and weight, and shower with antibacterial soap. You may take your prescribed medications unless informed not to. You may eat a regular diet for dinner but have nothing to eat or drink after midnight (NPO) except for current am medications. You may continue your daily activity as tolerated. Teaching will include: What to expect from esophageal surgery, preoperative preparation, postoperative care, pain control, breathing, arm and leg exercises and visiting guidelines.

3

Day of Surgery

The day of surgery you will meet the Physician Team, Nurses, and Respiratory Therapists. They will guide you through your surgery. Before, during and after your surgery, you will require blood tests, chest X-ray, heart monitoring, and pulse oximetry. Treatments include: vital signs, continuous cardiac monitoring, intravenous (IV), bladder tube (Foley Catheter), stomach tube (nasogastric tube), chest tubes, breathing tube, measurement of fluid output and intake, and breathing exercises. You will be given medication for pain control, stomach acid inhibitors, antibiotics, oxygen needs and your prescribed medications. Your diet initially will be nothing to eat or drink. Activity will be the head of bed up to 45 degrees at all times, bed rest for 6 hours after surgery and then you will be able to move out of bed to a chair as tolerated. Teaching will include: plan of care, pain control, breathing, arm and leg exercises, activity progression and discharge planning.

4

Day 1 to Day 4 after Surgery

The first day after surgery you will meet the Physician Team, Nurses, Respiratory Therapists, Dietitian, and Case Management for discharge planning needs. You will require blood tests, chest X-ray and pulse oximetry. Treatments will include: vital signs, intravenous (IV), bandage changes (48 hours after surgery, then every day as needed), discontinuation of bladder tube on day 3, chest tubes, removal of breathing tube on day of surgery or day 1, breathing exercises, measurement of intake and output. Medications include: oxygen, antibiotics, pain medication, stomach acid inhibitor, prescribed medications and Tylenol if needed. Diet will still include nothing to eat or drink. Activity will still be the head of bed up to 45 degrees at all times, out of bed to a chair 3 times a day, and walking with help 3 times a day, assist with morning bath. Teaching will include: reviewing your present condition, plan of care, pain control/comfort measures, breathing, arm and leg exercises, activity progression and discharge planning.

5

Day 5 to Day 9 after Surgery

Daily you will meet the Physician Team, Nursing, Respiratory Therapists, Dietitians, and Case Management for discharge planning needs. You will require blood tests, a swallow study around day 5, chest X-ray after chest tube removal, continuous cardiac monitoring. Treatments include: vital signs, Intravenous (IV), stomach tube, removal of chest tube after negative gastrografin swallow study, bandage change if needed, removal of staples on day 7 and steri-strips to be applied, and breathing exercises, measurement of intake and output. Medications include: oxygen, pain medication, stomach acid inhibitor, laxative or enema if needed, and Tylenol if needed. Diet will be advanced to an esophageal soft diet as tolerated when swallow study is negative. If unable to swallow, your feeding tube may be used. Activity will still be the head of bed up to 45 degrees at all times, out of bed to chair 3 times daily, walking with help 3 times daily and able to bathe on own. Teaching will include: plan of care, discharge teaching and planning, prescriptions, discharge confirmation and time, and return appointments.

6

Discharge Recovery Phase

Once discharged from the hospital, you will make an appointment to return in 2 weeks for routine surgical follow-up. This will include a chest X-ray. If needed, you will have an appointment with hematology/oncology in one month after surgery and with a dietitian. You may require blood tests one month after discharge.

Treatments include: removal of steri-strips 7 days after application and cleaning incisions daily with mild soap and water. Medications include: pain medications as prescribed, stomach acid inhibitor, and laxative/enema if needed. Diet will include: an esophageal soft diet or six small meals per day or tube feedings if needed. Activity will include: maintaining an upright position for 1 hour before and after all meals, walking 3 times daily after meals, and shower daily. Teaching will include: plan of care, activity, diet, reasons to call your doctor, pain control/comfort measures and return appointments.

7

Patient's Care Map Explanation

People you will meet: Physician Team includes: Thoracic Surgeon, Nurse Practitioner, and Physician Assistants. Nurses will explain the procedure and treatment plans. Respiratory Therapist will assist with oxygen therapy. Case Management will assist with discharge planning and home needs.

Tests: Blood tests, chest X-ray and EKGs will be checked regularly. A finger clip (called a pulse oximetry) will be used to check oxygen levels. Your heart rhythm will also be monitored throughout your hospital stay. An X-ray called a gastrografin swallow study will be done to monitor healing of the internal surgical incision connecting the remaining esophagus and digestive tract.

Treatments: Vital signs are checked routinely. Medications and fluids will be given through IVs. The breathing tube is in place during surgery and will be removed when you are awake enough to cough and breathe deeply. You will be assisted with coughing and deep breathing exercises to prevent pneumonia. A stomach tube will keep your stomach empty. A bladder tube will drain your urine. Chest tubes will drain fluid from around your lungs and help expand your lungs. As your incision heals, the bandages will no longer be needed. Your incisions will have skin staples or internal sutures so the incisions will need to be kept dry for 48 hours.

8

Medications: You will be given oxygen during surgery and a few days after to help with your breathing. Antibiotics will be given to help prevent infection. Taking pain medications will enable you to move without discomfort and breathe deeply and effectively. Medications will be given through your IV to decrease acids normally secreted into your digestive tract. These medicines will be given by mouth when you are able to swallow foods.

Diet: Your stomach should be empty during the operation and approximately 5-7 days after surgery (until your gastrografin swallow study shows proper healing on the internal incisions). You will be given sips of liquids and will progress to regular food as tolerated. You will be instructed about diet and scheduled meals. Maintaining an upright position and walking after meals promotes passage of food through the upper digestive tract.

Activity: You will be instructed about activity progression and assisted as needed. You will be out of bed to the chair 3 times daily. You will be assisted with walking 3 times daily and you may want to plan your walks after meals. The head of the bed should be elevated in a semi-upright position unless you are told otherwise by your doctor.

Teaching: Nurses will teach you and your family about expectations for your hospital and home recovery. Written prescriptions and instructions will be provided. The surgeon will contact your home doctor regarding your condition and follow-up care. Discharge teaching will include activity progression, diet, incisional care, medications, pain control and follow-up medical care.