

The ROYAL MARSDEN

NHS Foundation Trust

Recovering after oesophageal surgery – enhanced recovery programme

GI Unit

Patient Information



NHS

Introduction

You are taking part in the enhanced recovery programme which aims to optimise your recovery. By optimising your recovery, we plan to get you home as soon as possible, which could be as early as ten days after surgery. At first, on return to the ward, patients often say they feel ‘washed out’ and lack energy. During your time on the ward, the aim is to build on your strength and mobility and to help you return to a more normal diet. Full recovery takes time and will start on day one after the surgery. Rehabilitation will continue once you are home.

What will happen while I am in hospital?

You will spend around three days in the Critical Care Unit (CCU) after surgery, before returning to the ward. If you have had an epidural, this will be removed on day three. You may have a PCA (patient-controlled analgesia) pump if you are still experiencing discomfort. The anaesthetist and members of the pain control team will continue to visit you regularly when you are back on the ward. They will discuss with you the type of pain relief you need and check daily to make sure you are comfortable enough to rest and sleep, and to allow you to move around more freely, to breathe more deeply and to cough up any secretions (phlegm) from your lungs. It is very important that your pain is well controlled, so please tell the staff if you continue to have any discomfort or pain.

You will have a catheter to help you pass urine that will be removed as soon as you are stable and able to walk to the toilet unaided after your operation.

When will I be able to eat and drink?

Although you will slowly start to drink fluids and then eat a light diet, you may need to be fed through a jejunostomy (feeding tube). The dietitian will advise on what type of feed you need and will discuss with you how and when it is given.

Possible problems with eating and drinking

Sickness and bloating – when you start eating and drinking again, you may feel sick or experience bloating. There may be some swelling inside at the site of the join which can make it difficult for food to pass through. Sometimes medicines are used to help this problem. The doctors and the dietitian will advise you. You will have a tube in your nose after the surgery to help relieve these symptoms and we will remove it when you are tolerating liquids by mouth. It can also be helpful to eat slowly and have smaller amounts of food. Do not overfill your stomach and sit upright when you are eating.

Unable to take enough food by mouth – you may not be able to take enough food by mouth so we may need to use the feeding tube to top up what you need. You may even continue to use the feeding tube at home. If you need to do this, the ward nurses will show you how to look after the tube and equipment. We will give you plenty of time to get used to this procedure. A district nurse can provide you with support at home.

Will I have physiotherapy?

The physiotherapist will give you have a strict exercise regime. This will include walking and using a pedal machine. Your exercise will begin the first day after surgery and increase up to four walks a day before you go home. We will also teach you breathing exercises. You will have two chest drains which will be removed on days two and five after your operation and this will be followed by an x-ray.

The physiotherapist will see you before you go home from the ward to:

- discuss any possible problems with moving around at home
- practise going up and down stairs, if necessary
- teach you exercises for shoulder movement and abdominal strength
- give you advice about your posture and discuss increasing your activity.

What will happen when I go home?

Although you are well enough to go home, it will be a few months before you recover fully. You will be given contact names and phone numbers of your specialist nurse, dietitian and doctors so you can continue to receive information and support. **Please call them if you have any problems once you are at home.** The ward nurses will arrange district nurses and any other support you need, before you go home.

You may still need to take some pain relief tablets when you go home if you still have discomfort or pain at the site of your operation. We will give you a supply of these before you leave the hospital. Your ward nurse will explain what all your tablets are and when to take them before you leave. Please ask questions if you do not understand anything. If you need another prescription, you should contact your family doctor (GP).

Clip removal (if this has not already been done in hospital)

- Your nurse will arrange for your clips to be removed ten days after surgery by your district nurse. Alternatively, you can go to your practice nurse.
- Your nurse will give you a clip remover and some spare dressings.
- You may have a shower but we recommend that any soap is rinsed thoroughly from your body as it may irritate your wounds.
- You should gently pat your wound dry with a separate clean towel to minimise infection.

Eating and drinking at home

Any operation on the digestive system can have an effect on appetite, the ability to eat and your bowel habits. Some effects may last only weeks or months, but others may be permanent. Your hospital dietitian will advise you about diet and regaining weight.

Increasing your appetite – you may lose your appetite after surgery and not feel as hungry as you did before. At first, food may not have much taste or may taste different. Most people need to be tempted during the early stages of recovery so keep to food that you enjoy. You may find there are some foods that do not like or that are difficult to digest in the early days, but after a while you find you like them again.

Increasing your food intake – it is better if you eat smaller meals, more frequently – ‘little and often’. If you eat too much in one sitting, you may feel discomfort and nausea.

Avoiding indigestion and reflux – sit upright when you eat and do not lie down soon after a meal. At night, some people find that using an extra pillow or raising the head of the bed by four to six inches can be helpful. You may find it more comfortable to lie on one side than the other. There are also medicines that can help reduce the symptoms of reflux and the unpleasant taste that goes with it. Please inform your specialist nurse or GP if these symptoms are troublesome. You may be given some medication to help with these symptoms.

Swallowing difficulties – the act of swallowing should not have changed but sometimes it can feel different shortly after your operation. You should not need to eat liquid or soft diets and, in fact, eating more solid food actually helps to exercise the anastomosis (join) and keep the area open.

Occasionally, you may have difficulty swallowing. This can occur three to four months after your surgery and is caused by tightening of the scar tissue at the site of the join. Please let your doctor or specialist nurse know if this happens. The tight area can be improved by stretching it during an endoscopy procedure. The procedure may need to be repeated on several occasions before the tightening is relieved.

Losing weight – it is quite common to continue losing a little weight after leaving hospital and your dietitian will provide you with advice and help if this happens. If you are not able to take in enough food, you can get supplementary food drinks from

your GP or the hospital. **If you are worried about your weight, contact your dietitian or specialist nurse.**

You may not be able to return to the weight you were before your illness but you should be able to gain weight, and set a new target weight for the future. This may take some time to achieve – six months or a year – but eating little and often will help you to reach your target.

Diarrhoea – in the first few months after your operation you may suffer from diarrhoea. This problem often eases in time but you may need to take medication. Diarrhoea may have other causes, such as infection, so it is important that you contact your doctor or specialist nurse if you suffer from it.

Drinking alcohol

There should be no reason why you should not have a drink. You may find it affects you a bit more or earlier than previously, so do drink sensibly. Remember that certain medicines can react with alcohol – always read the label. If in doubt, check with your doctor.

Looking after your jejunostomy

You should have been given some teaching about your jejunostomy tube by the dietitians and nurses before you go home. You will need to keep your jejunostomy tube in place until you are seen at the first outpatient appointment. We need to be sure that you are eating well and gaining weight before it is removed.

Your district nurse will also be sent information about your jejunostomy tube.

Important things to remember about your jejunostomy:

- The tube is kept in place with stitches; please check daily that they are in place to prevent displacement of the tube. Contact your district nurse if the stitches are lost or loose.
- If possible, avoid covering the site with a dressing. Observe the site daily for bleeding, redness or discharge and report to the district nurses if you notice that this is happening.

- By the time you go home you can shower, bathe or wash daily using soapy. Ensure the clamp is closed when washing and dry gently.
- The jejunostomy tube should be flushed with 50mls of cool boiled or sterile water before and after feeding or twice each week if not being used (you should have been taught this before you go home or the district nurses will show you).
- If giving medication through the tube, this should be in liquid form and the tube should then be flushed with 50ml of sterile or cool boiled water before and after use to prevent blockage.

Possible complications:

Displaced tube – if the tube falls out you must treat this as an emergency. Cover the site with a dressing. Immediately contact **The Royal Marsden Macmillan Hotline on 020 8915 6899** and speak to our senior staff nurses who will advise you on what to do or will put you through to the doctors.

Blocked tube – this can be caused by inadequate flushing or crushed medication, so make sure you flush your tube as above. To unblock the tube, first ensure it is not clamped or kinked. Using a 50ml syringe and a push-pull action, try to unblock it using warm or fizzy water. If you are unable to unblock it, please contact your district nurse. If they are unable to do it, contact the dietitians at The Royal Marsden.

Infection at the site – if you notice any discharge, pain, redness or experience a fever or abdominal pain contact your district nurse or The Royal Marsden – the exit site will need to be swabbed and you may need antibiotics. There is a risk that the infection may become more serious, such as peritonitis, so it is important that you speak to someone as soon as possible.

Damaged connector – if the connector splits or is damaged it will need replacing. Contact your dietitian (community or hospital) or district nurse for review and advice.

When will I be able to start doing normal daily activities?

Recovering your strength and increasing your level of activity – for the first few days at home, you should rest much the same as you did in hospital. Try to alternate periods of gentle activity, such as walking around, climbing stairs or walking outside, with resting on a chair or in bed. Do not be surprised if you continue to feel tired. Your body needs time to recover. Gradually increase your activity every couple of days. Continue to take your pain relief, as prescribed, so that you are able to move around easily, breathe deeply and cough.

Try to maintain good posture when sitting, standing and walking. Avoid long periods of stooping or sitting slumped in a chair as this may cause back pain later on.

Lifting, housework and gardening – go gently for the first six weeks after your operation while your wound and muscles have time to heal. Do not do anything that includes pushing, pulling, stretching or twisting activities. You should not attempt to lift anything too heavy.

From six to 12 weeks you may gradually increase your activity. Always be careful with your posture when you bend to lift anything – bend your knees, keep your back straight and hold the object close to you. Always stop lifting if you notice any pain.

The following are examples of activities to avoid for the first six weeks:

- carrying heavy shopping
- lifting children
- lifting wet washing
- ironing clothes
- vacuuming
- moving furniture.

After this time, introduce these activities gradually and slowly build up the amount you do.

Returning to work or study – when you return to work or study, will depend on your job and how quickly you recover from your operation. Your doctor or specialist nurse will be able to advise you.

Leisure and sport – again, discuss this with your doctor, specialist nurse or physiotherapist who will be able to advise you. When you resume these activities, start slowly and build up exercise gradually. If you have difficulties, stop. If you need further advice, contact the physiotherapy department (see page 10).

Driving – you may start driving after about six weeks, once you are able to move freely and quickly, turn and move adequately in the car, concentrate sufficiently and tolerate the pressure of the seat belt over your wound. You should be able to do an emergency stop without discomfort. Start by going somewhere quiet and take someone with you in case you become tired.

Check that your insurance is valid after major surgery before you resume driving.

Sexual relationships – this is a very personal and individual issue. You may start, or resume, sexual activities as soon as you feel ready. You may feel very tired and rather sore for the first few weeks. After your operation, you may need to try different positions until you find one that is comfortable for you and your partner. If you are tired, you may want to set aside time for sex after a period of rest. Do talk to your partner about how you are feeling.

If you have any concerns, you may find it helpful to talk to your doctor or specialist nurse.

Are there any complications that may occur when I'm at home?

Complications do not usually occur. However, if you have any of the following symptoms, report them immediately so that they can be treated quickly:

- **Possible infection:** a fever of 38°C or flu-like shivers
- **Possible blood clot:** pain, tenderness, swelling, redness, heat in the lower legs or calves, severe chest pain or difficulty in breathing
- **Signs of bleeding:** black bowel motions (stools)
- **If you feel generally unwell,** call your specialist nurse for advice.

You should always ask for medical advice but if any of these symptoms are severe, call an ambulance for immediate help.

When will I return to the hospital for a check up?

We will give you an outpatient appointment for about three weeks after you have gone home. There we will ask you how you are feeling and how you think your recovery is progressing. You will have some tests and we will explain the results to you. We may also give you follow up appointments with your medical oncologist. Your consultant surgeon will discuss this with you.

It may be useful to write down any questions you want to ask at this appointment. You are welcome to bring someone with you.

Contact details

Your Consultant

Name

Tel

Registrar

Tel 020 7352 8171 Ext 1783

Senior House Officer (SHO)

Tel 020 7352 8171 Ext 1505

Your Clinical Nurse Specialist (Key Worker)

Name

Tel

Physiotherapist

Name

Tel 020 7808 2821

Dietitian

Name

Tel 020 7352 8171 Ext 1653

Alternatively, please contact:

The Royal Marsden Macmillan Hotline: 020 8915 6899

You can ring the hotline 24 hours a day, 7 days a week.

Call us straight away if you are feeling unwell or are worried about the side effects of cancer treatments.

This service provides specialist advice and support to all Royal Marsden patients, as well as to their carers, and both hospital and community-based doctors and nurses caring for Royal Marsden patients.

For further information and support on living with cancer, please talk to your specialist nurse or contact The Royal Marsden Help Centre on 0800 783 717.

References

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:

The Royal Marsden Help Centre

Freephone: 0800 783 7176

Email: patientcentre@rmh.nhs.uk

No conflicts of interest were declared in the production of this booklet.

Should you require information in an alternative format, please contact The Royal Marsden Help Centre.



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