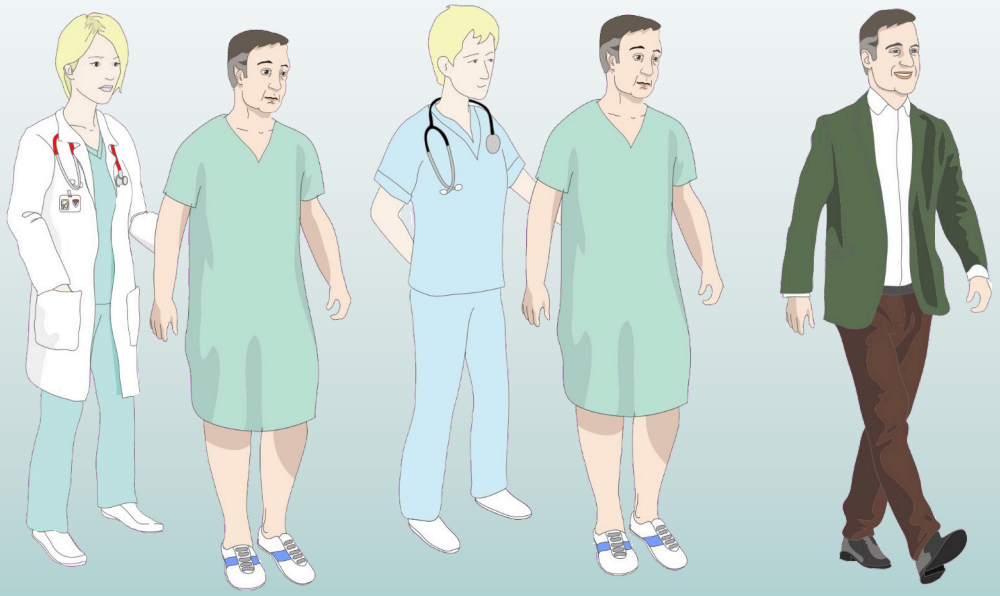
# Your Esophagectomy:

# A Guide to Surgery of the Esophagus

This booklet will help you understand and prepare for your surgery.

Bring this booklet with you on the day of your surgery.



PRET/SURE

Parcours de rétablissement chirurgical du CUSM
MUHC Surgery Recovery Program

Centre universitaire de santé McGill
McGill University Health Centre

This booklet was developed by the Montreal General Hospital Surgical Recovery (SURE) Working Group and the McGill University Health Centre (MUHC) Thoracic and Upper Gastrointestinal surgery team.

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**IMPORTANT**

The information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional health care practitioner, or to substitute medical care. Contact a qualified health care practitioner if you have any questions concerning your care.

CODE LIFE.CA THE MONTREAL GENERAL HOSPITAL FOUNDATION

Pfizer Hospital Hôpitaux

Abbott

Fondation du Centre universitaire de santé McGill

McGill University Health Centre Foundation

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# What is a Care Pathway?

When you have your surgery, you will be part of a Care Pathway program.

The Care Pathway program helps you get better quickly and safely. Your health care team worked together to create this pathway.

This booklet will:

- Help you understand and prepare for your surgery
- Explain what you can do to get better, faster
- Give you information for when you return home

Research shows that you will recover faster if you do the things explained in this booklet. There are instructions about eating and drinking, physical activity, and controlling your pain. These will help you feel better faster.

**Bring this booklet with you on the day of your surgery. Use it as a guide.**

Your health care team will review it with you before you go home.

Having surgery can be stressful for you and your family. The good news is that you are not alone. We will support you each step of the way. Please ask us if you have questions about your care.

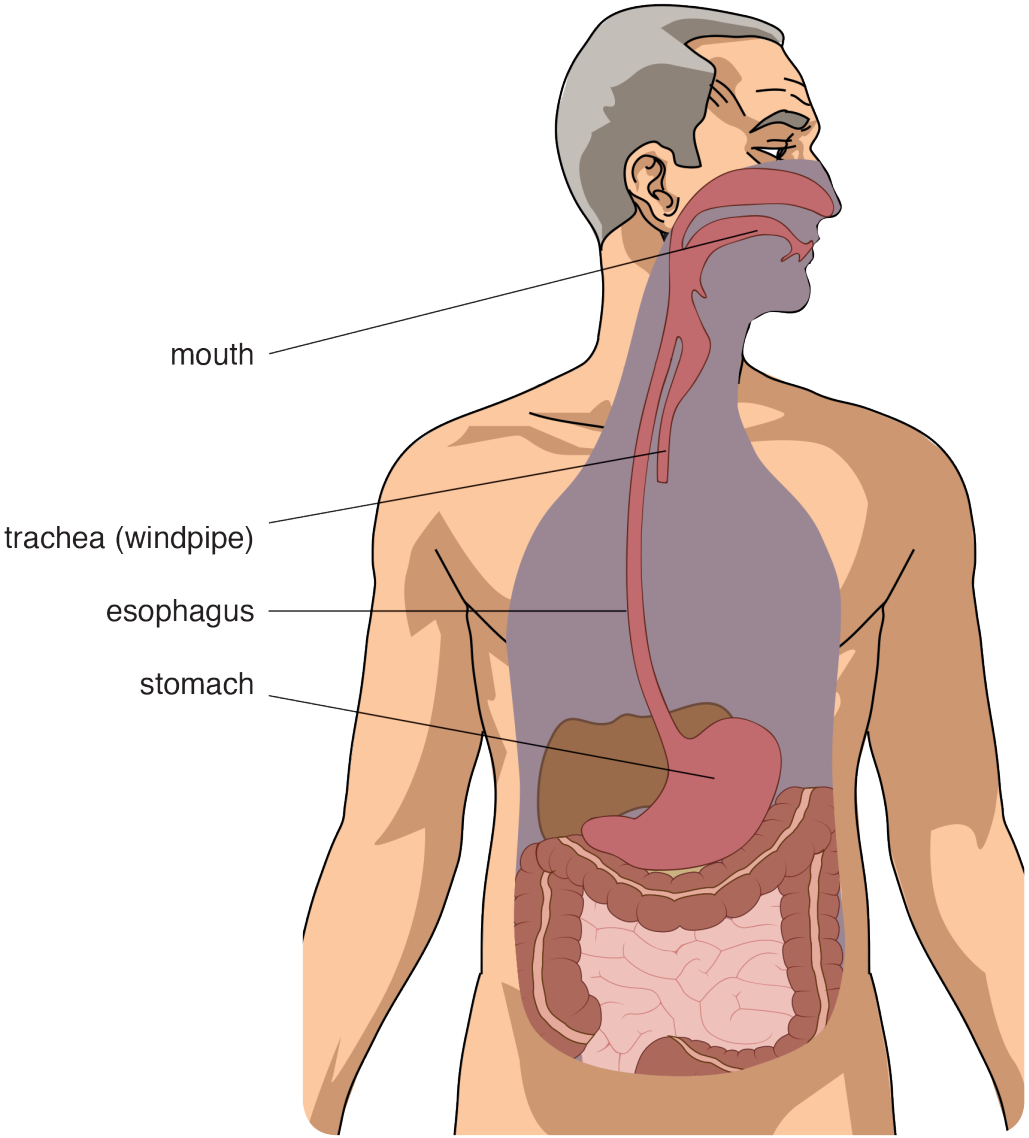
## Your MUHC surgery team

**If you do not speak French or English:**

Bring someone with you during your visits and hospital stay who can help you understand.

# What is the esophagus?

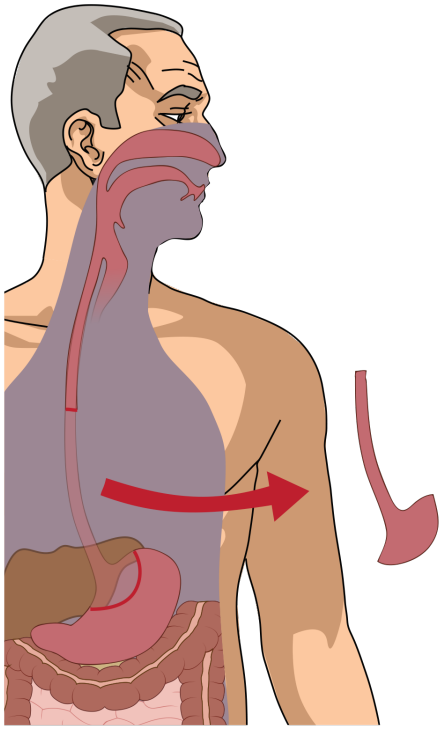
The esophagus is a long tube that allows the food that you eat to travel down from your mouth to your stomach.



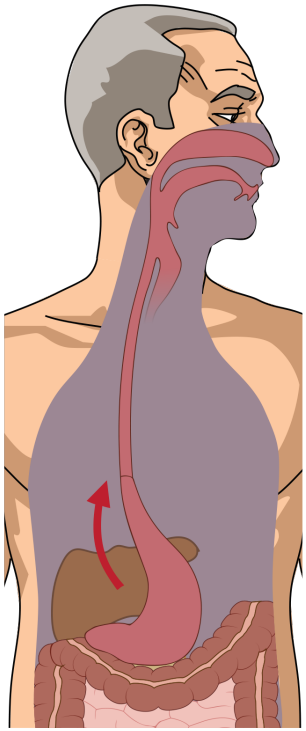
# What is an esophagectomy?

An esophagectomy is a surgery to remove part or all of your esophagus.

**There are usually 2 parts to this surgery:**



1. Part or most of the esophagus is removed.



2. A new esophagus is made: Part of the stomach or bowel is brought up into the chest and attached to the remaining esophagus.

Depending on the way your surgeon does your surgery, you will have 1 to 3 incisions (cuts):

- 1 cut under your left or right arm
- 1 cut from your lower chest area to your belly button
- 1 cut on the side of your neck

# Preparing for your surgery

## Be Active

Try to exercise every day. Exercise will help your body to be as healthy as possible. You will be better prepared for surgery.

If you are already exercising, keep up the good work. If you are not, start adding exercise into your day.



Exercise does not need to be intense to make a difference. A 15-minute walk is better than no exercise at all.

## Stop smoking and vaping

**Stop smoking and vaping at least 4 weeks before your surgery.**



- Quitting before surgery can help you recover faster and prevent complications, such as pneumonia (lung infection), blood clots and infections.
- Quitting is possible even if you are a heavy smoker and have tried many times in the past.
- Your health care team can prescribe medication like patches, lozenges, or gum to help you stop smoking.
- It is never too late to stop!

See page 43 to learn more.

## Stop drinking alcohol




Do not drink alcohol for 4 weeks before your surgery. Alcohol can affect how well you recover.

- Alcohol can change the way some medications work.
- Tell us if you need help to stop drinking alcohol.

# Preparing for your surgery

## Cannabis use



Let your healthcare team know if you use cannabis (marijuana). Cannabis use before surgery can increase complications like those of smoking.

- If you use cannabis for enjoyment or leisure reasons: stop using cannabis 4 weeks before the surgery.
- If you use cannabis, authorized by a doctor for medical reasons: speak with your healthcare team.

## Plan ahead



You may need some help at home after your surgery.

Make plans with your family and friends so you will have help if you need it.

## Arrange transportation



You may be able to go home from the hospital as early as 6 days after your surgery.

Your surgeon will let you know when you should be able to go home.

Tell your nurse if you are worried about going home.

See information on parking rates at muhc.ca/patient-and-visitor-parking.

## Insurance forms

If you have insurance forms to be filled out, bring them to your surgeon's office. Some forms you will need to send to the Registrar Office L6.120 and some your surgeon will complete.

Your surgeon's office will let you know. These can only be filled out after your surgery. You might have to pay fees to have these forms filled out.

# Pre-Op Clinic visit

The reason for this visit is to check your health, plan your care and make sure you are ready for surgery.

**When you visit the Pre-Op Clinic, you will meet with:**

- A nurse, who will explain how to get ready for surgery and what to expect while you are in the hospital.
- A doctor, who will go over the medications you take and ask you questions about your health. If you have other health problems, we may refer you to another doctor (a specialist) before surgery.

**You may also:**

- Have blood tests
- Have an ECG (electrocardiogram) to check your heart
- Meet an anesthesiologist (the doctor who puts patients to sleep for surgery)

You may need to stop taking some medications and herbal products before surgery.

The Pre-Op Clinic doctor will explain which medicines you should stop and which ones you should keep taking.

**If you have any questions, contact the Montreal General Hospital Pre-Op Clinic nurses:**

514 934-1934, ext. 43778
Monday to Friday
1 to 3 p.m.
L10.509 (L wing, 10th floor, room 509)



# Phone call from Admitting

We will ask you to come to the hospital 2 to 3 hours before your planned surgery time. The only exception is if your surgery is planned for 7:30 a.m. – in this case, we will ask you to come at 6 a.m.

The time of surgery is not exact. It can happen earlier or later than planned.

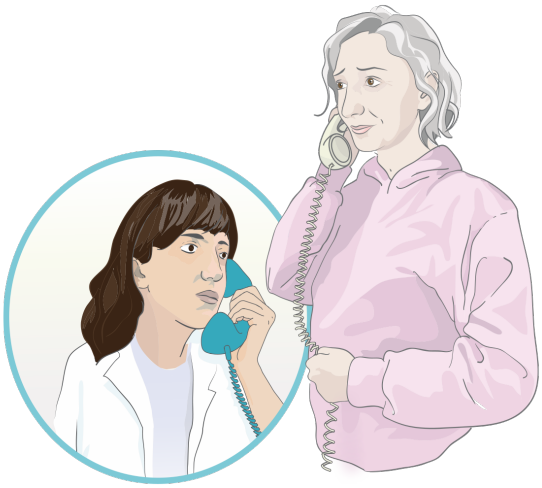
The day before your surgery, the Admitting Department will call to tell you when to come to the hospital. If your surgery is scheduled on a Monday, the hospital staff will call you the Friday before.

If you do not receive a call by 2 p.m., call 514 934-1934, ext. 42190.

**Date of surgery:** _____

**Time of arrival at the hospital:** _____

**Where to go:** Montreal General Hospital Surgical Admission Services
D10.124 (D wing, 10th floor, room 124)



# Cancelling your surgery

If you get sick, pregnant, or for any reason are not able to come to the hospital for your surgery, call Central Operating Room Booking at 514 934-4460.

If you call outside of opening hours, please leave a message.

When you call or leave a message, give these details:

- Your full name
- The date of your surgery
- Your phone number
- Your hospital card number
- Your surgeon's name
- The reason for cancelling or postponing your surgery
- How long you are not available to have the surgery

**Exception: If you need to cancel your surgery <u>the day before after 3 p.m.</u>:**

Call the Admitting Department of the Montreal General Hospital at 514 934-1934, ext. 42190.

Your surgery might be delayed or cancelled because of an emergency.

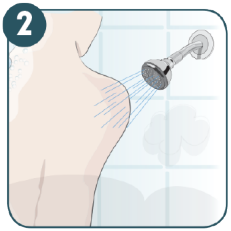
If this happens, your surgeon will reschedule your surgery as soon as possible.

# Washing

## The night before your surgery



Take a shower or bath.



Wash your body from the neck down, including your belly button and your genital area.




Wash your face and hair with regular soap and shampoo.



Do not shave the area where the surgery will be done.



Wear clean clothes (pyjamas) to bed.

## The morning of your surgery



Take a shower or bath.



Do not put on lotion, perfume, makeup, or nail polish.



Do not wear jewelry or piercings.



Do not shave the area where the surgery will be done.



If you wear contact lenses, wear your glasses instead.



Put on clean and comfortable clothes.

If you have your period, use a pad. Do not use a tampon or menstrual cup.

# Preparing Your Bowel

You will need to clean your bowels (so there is no poo left) the day before your surgery. Your surgeon will prescribe a laxative.

A laxative is a drink you take the day before surgery that will clean out your bowel. You will go to the bathroom (poo) often after you take the laxative.

The Pre-Op Clinic nurse will give you the prescription and explain how to take it.

You will need to get the laxative at the pharmacy.




# What to eat and drink

The Pre-Op Clinic nurse will explain what you should eat and drink before your surgery.

**Instructions:**

- **The day before surgery**

  The day before your surgery, drink only clear liquids (fluids). (See list below).

- **The morning of your surgery**

  Do not eat any food.

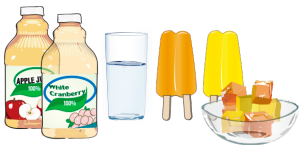
  Drink only clear liquids (see list below). Stop drinking any liquids 2 hours before your surgery.

**Exception:** If you are asked to come to the hospital at 6 a.m., stop drinking fluids at 5:30 a.m.

**Examples of clear liquids (fluids)**

- Water
- Clear juice with no pulp (juice that you can see through)
- Jello or a popsicle
- Clear broth

Do not have any food, dairy products, or juice with pulp.



# What to eat and drink

## Special Instructions for Some Patients

Your Pre-Op clinic nurse will let you know if this section applies to you and where to get the PREcovery beverage.

**The morning of your surgery:**

Drink 1 PREcovery beverage. This drink has special sugars and salts in it that will give you energy to prepare for your surgery. It is a clear liquid.

**When:** Drink it 2 to 3 hours before surgery.
This is usually the same time that you are asked to arrive at the hospital.

Exception: If you are asked to come at 6 a.m., drink it between 5 and 5:30 a.m.

**How:**

1. Measure 400mL (1 and 3⁄4cups) of cold water.
2. Add all the powder in the pouch to the water and stir until fully dissolved.
3. Drink all of it right away after mixing, in 5minutes. Do not sip it.



# What to bring to the hospital







- This booklet
- Medicare card
- List of medications that you take at home (your pharmacist can give you one)
- Non-slip slippers or shoes, loose comfortable clothing (for when you go home)
- toothbrush, toothpaste, hairbrush, deodorant, mouthwash, soap, tissues, shaving equipment if needed, and earplugs (to help you sleep)
- Glasses, contact lenses, hearing aids, and/or dentures with their storage cases, labelled with your name
- Cane, crutches, or walker, labelled with your name
- Any insurance forms that need to be filled out
- CPAP machine if you have sleep apnea

Bring these items in a small bag with your name on it. There is very little storage space.

Do not bring anything of value, including credit cards and jewelry. The hospital is not responsible for lost or stolen items.



To rent a TV in your room you will need to pay with a credit card or cash. Ask someone to take the credit card home after paying or have them make the payment for you.

# At the hospital

## Admitting area

Go to Surgical Admission Services D10.124 (D wing, 10th floor, room 124) at the time given. The admitting clerk will ask you to sign a form.

At Surgical Admission Services, your nurse will:

- Ask you to change into a hospital gown
- Fill out a pre-operative checklist with you
- Make sure your personal items are in a safe place



## Operating Room

A patient attendant (orderly) will take you to the Operating Room.

In the Operating Room, you will meet your surgical team and the anesthesiologist.

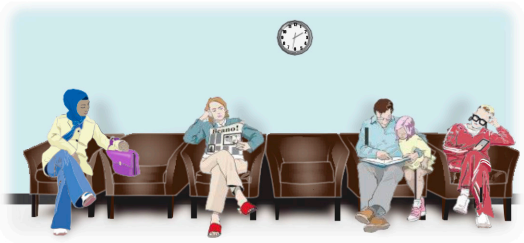
The anesthesiologist is the doctor who will give you medication (general anesthesia) so you will be asleep and pain-free during your surgery.

# At the hospital

## Waiting room

Family or friends can wait in D10.117 (D wing, 10th floor, room 117). The space is small. Limit the number of people who come with you.

There is a phone available in the waiting room to call the Post-Anesthesia Care Unit (PACU or Recovery Room) for updates.



| | |
|---|---|
| **Free hospital Wi-Fi** | Connect to:<br>Network: CUSM-MUHC-PUBLIC<br>Username: public<br>Password: wifi |
| **Coffee shops** | 6th floor, near the main entrance on Cedar Ave<br>(D6.125 – D wing, 6th floor, room 125) |
| **Meditation and prayer room** | D6.165 - D wing, 6th floor, room 165 |
| **Cafeteria** | D4 – 4th floor, D wing |
| **The Hospitality Corner (small restaurant)** | D6.125 – D wing, 6th floor, room 125 |
| **Bank machines (ATMs)** | 6th floor, near the main entrance on Cedar Ave |
| **Gift shop** | 6th floor, near the main entrance on Cedar Ave<br>(D6.145 – D wing, 6th floor, room 145) |
| **Parking** | Rates: muhc.ca/patient-and-visitor-parking |

# The PACU (Recovery Room)

After your surgery, you will wake up in the PACU, which stands for Post-Anesthesia Care Unit (PACU). It is also called the Recovery Room. You will stay here for about 6 to 8 hours before transferring to your room.

## You will have:

- A mask, giving you oxygen.
- A tiny tube in a vein in your arm called an intravenous or IV, giving you fluids and medication.
- Compression boots for your legs. These boots apply pressure to your legs to help blood move around and prevent blood from forming clots.
- A chest tube or a Jackson Pratt drain (also called JP drain) on the side of your chest, close to your underarms. These drain liquid and remove air caused by the surgery.
- A urinary catheter (a small tube) draining urine out of your bladder.
- A small tube in your back (an epidural or a peripheral nerve block) giving you pain medication.

## You may have:

- A tube placed in your belly to feed you after your surgery.
- A nasogastric tube (also called NG tube) inserted in through your nose to drain contents out of your stomach (not done often).

## A nurse will:

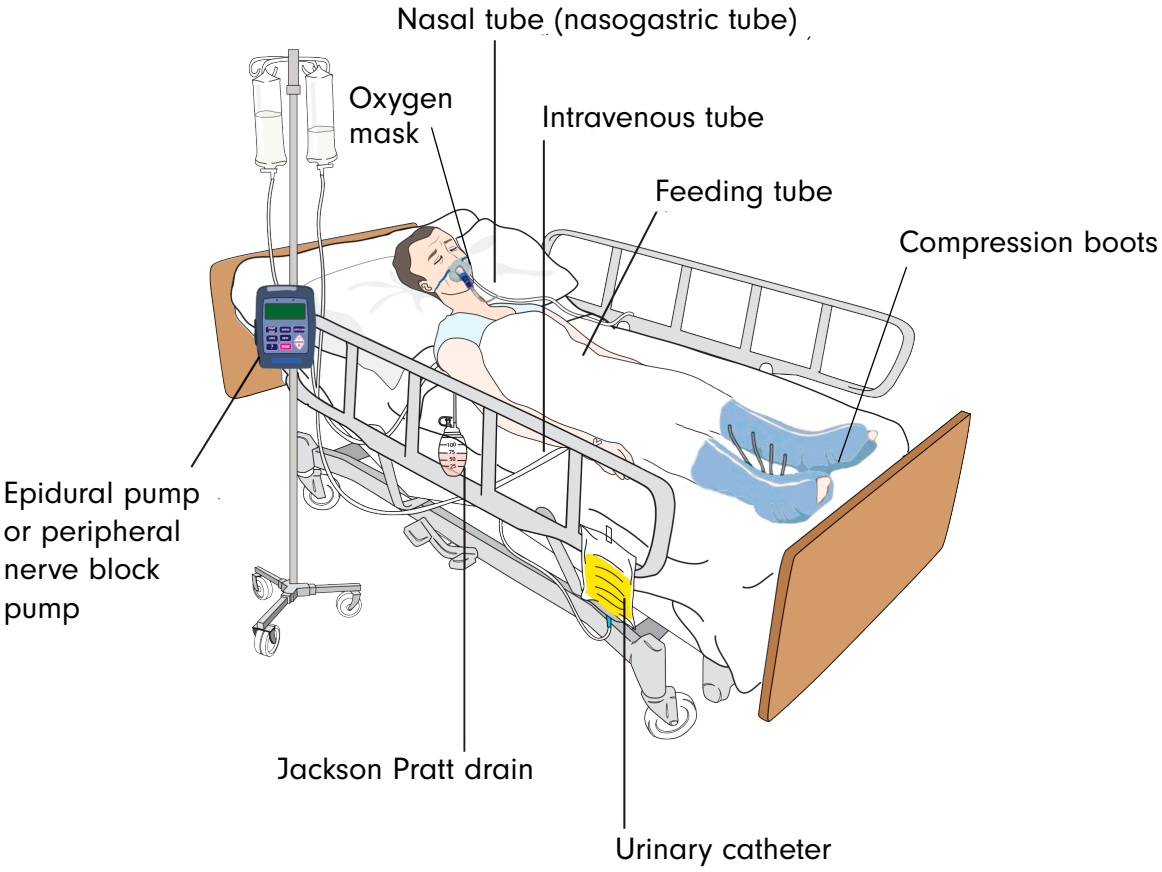
- Check your pulse (heartbeat) and blood pressure often.
- Check your bandage(s).
- Make sure that your pain is tolerable and that you are comfortable.

# The PACU (Recovery Room)

There are no visitors allowed in the Recovery Room.

After your surgery, a Recovery Room nurse will call the family member or friend you have chosen to tell them how you are doing.

Your family and friends can visit you once you are moved to your own room on the surgical unit.



# Pain control

It is normal to have some pain after surgery. You might not be completely pain-free, but you should be able to do your breathing exercises, get out of bed, sit in your chair, or walk in the hallway.

You will have pain in the first few days after surgery. Your nurses and doctors will help you to manage the pain.

Our goal is to control your pain so that you can:

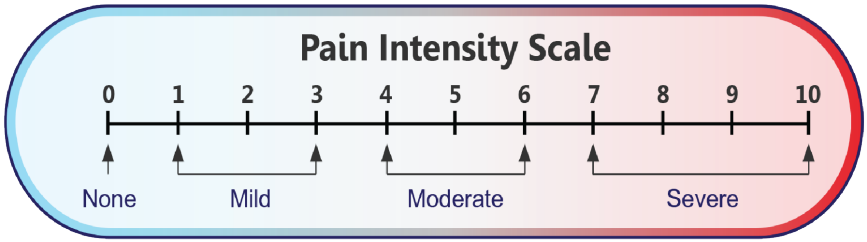
- Breathe deeply and cough well
- Move about and get out of bed
- Eat
- Sleep well
- Recover properly

## Pain intensity scale

Your nurse will ask you to rate your pain on a scale from 0 to 10.

0 means no pain and 10 is the worst pain you can imagine.

This number will help your nurse know how to best manage your pain.




If you are in a lot of pain, tell us right away. When you have pain, you may not want to move around. This can slow down your recovery.

## Ways to control your pain

### Epidural or peripheral nerve block

A small tube (catheter) will be placed in your back (spine). This will numb part of the pain you may feel along your chest and abdomen. Your skin may also feel numb. This is normal.

Your anesthesiologist will talk to you about the best ways to control your pain.



# Exercises

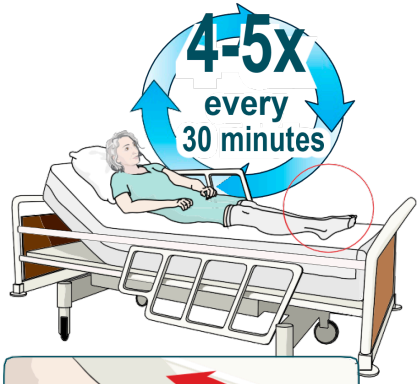
You must move around after your surgery. This will help prevent lung problems like pneumonia (lung infection), blood clots and your muscles getting weak.

Start doing these exercises after you wake up from surgery. Keep doing them while you are in the hospital.

## Leg exercises

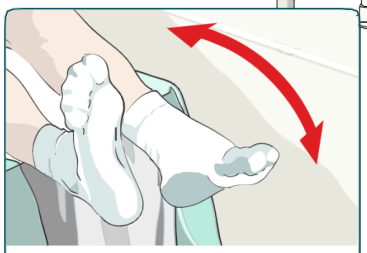
These will help blood flow in your legs. Do each exercise 4 to 5 times every 30 minutes while you are awake.

- Stretch your legs out straight.
- Wiggle your toes and bend your feet up and down.
- Rotate your feet to the right and left.






Rotate your feet to the right and left.



Wiggle your toes and bend your feet up and down.



Stretch your legs out straight.

# Exercises

## Clapping

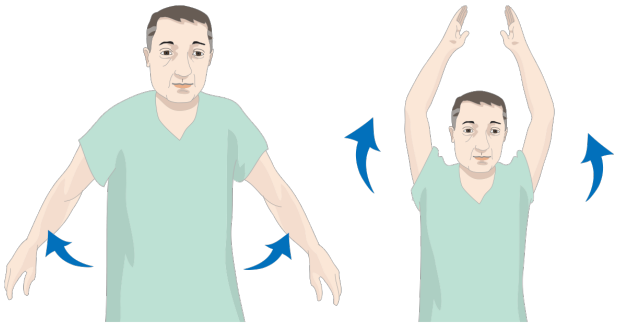
This is another way to help loosen the secretions (mucus) in your lungs. Your nurse or physiotherapist will clap on your back with their hands while you take deep breaths.



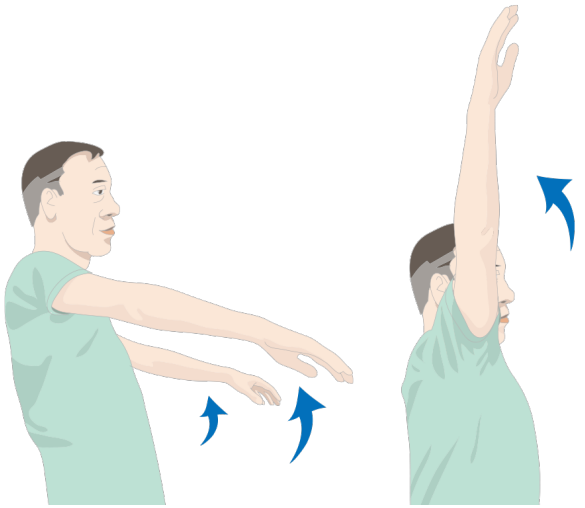
# Exercises

## Arm exercises

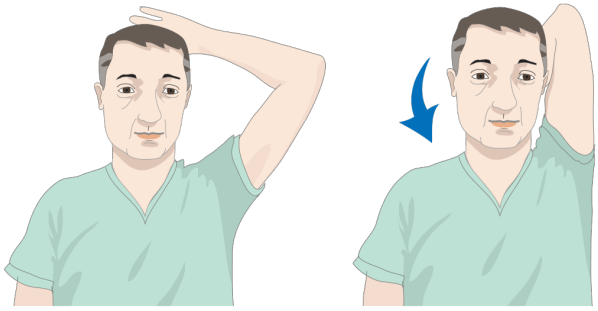
With your elbows straight, lift your arms out to the side until your hands touch above your head.



With your elbows straight, lift your arms in front of you and try to reach above your head.



Place your hand behind your head and slowly slide your hand downwards as far as you can.

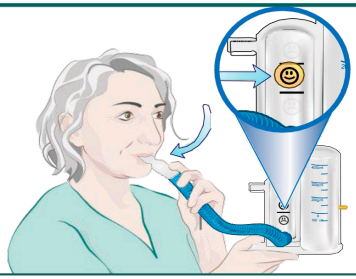


# Exercises

## Deep breathing and coughing exercises

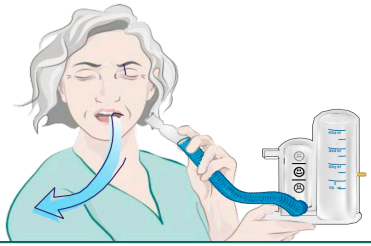
An inspirometer is a machine that helps you breathe deeply. It helps you cough out secretions (mucus) to prevent lung problems like pneumonia. Being able to cough is important. If you are in too much pain to cough, ask us to adjust your pain medications.

To use your inspirometer:



Put your lips around the mouthpiece.

Breathe in deeply. Try to hold the yellow ball where you see the happy face (☺).



Remove the mouthpiece and breathe out.

Rest for a few seconds.




Repeat this exercise 10 times every hour while you are awake.



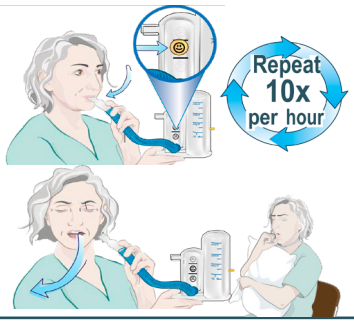
Take a deep breath and cough. If you have some secretions, cough them up.

It is very important to breathe deeply and cough strongly after esophagectomy to prevent pneumonia.

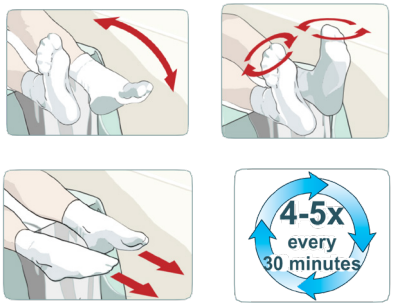
# Goals for the day of surgery

**In your room**

## Activities




Do your breathing exercises (see page 25).

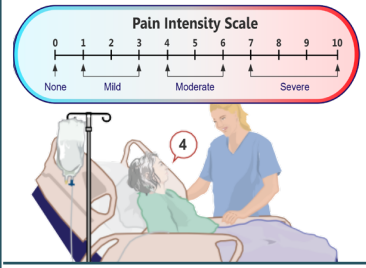



Do your leg exercises (see page 22).



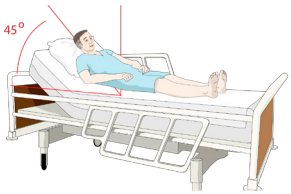
Get out of bed with help. Sit in a chair or go for a walk with your nurse's help (in the evening).

## Pain control




Tell your nurse if your pain is a 4 or more out of 10 on the pain scale. Your pain medication will be adjusted to keep you comfortable but not too drowsy.

## Diet




No eating or drinking.

Always keep the head of your bed elevated (up) at about a 45° angle when drinking.

## Tubes and drains

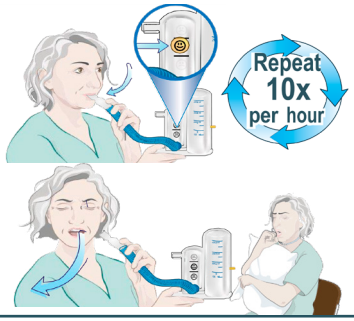


Your nurse will empty and measure the liquid in your urine bag, your NG (nasogastric) tube (if you have one) and your chest tube or JP (Jackson Pratt) drain.

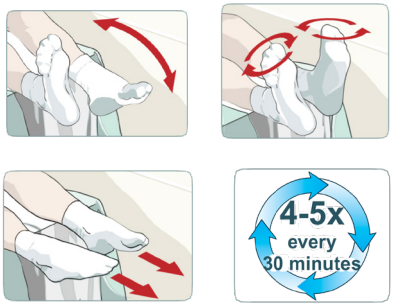
**Always have your call bell at your side when in bed or sitting in a chair.**

# Goals for 1 day after your surgery

## Activities

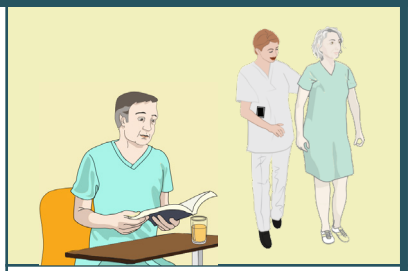



Do your breathing exercises (see page 25).




Do your leg exercises (see page 22).

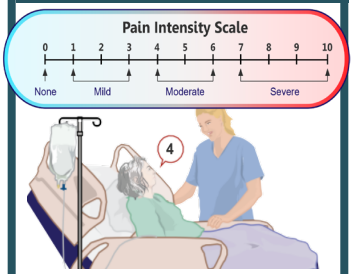
Every day you should do more on your own.
For example, try to wash yourself and brush your teeth.
The more you move the better you might feel in general.



With help:
Sit in the chair 2 times during the day for at least 30 minutes each time.

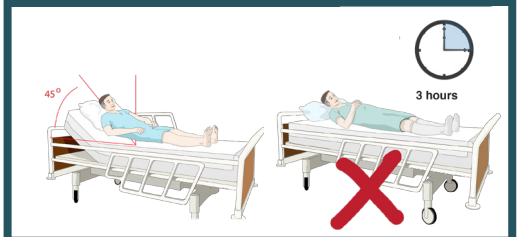
Walk in the hallway:
Once in the morning
Once in the afternoon

## Pain control




Tell your nurse if your pain is a 4 or more out of 10 on the pain scale. Your pain medication will be adjusted to keep you comfortable but not too drowsy.

## Diet




Avoid drinking if you are feeling sleepy.

Always keep the head of your bed up at about a 45° angle when drinking. If you can, always sit up in a chair when drinking.

For at least 3 hours after drinking, do not lie down flat.

## Tubes and drains



Your nurse will empty and measure the liquid in your chest tube or JP drain and your NG tube. Your urinary catheter will be removed. Walk to the bathroom and avoid using the urinal or the bedpan.

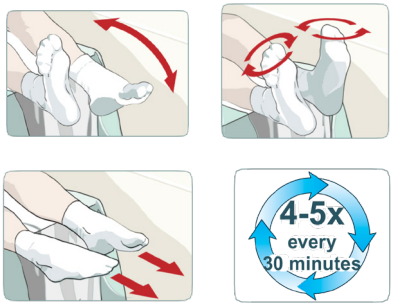
**Always have your call bell at your side when in bed or sitting in a chair.**

# Goals for 2 days after surgery

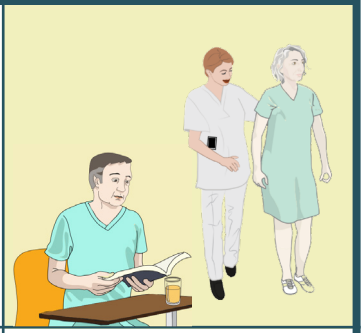
## Activities




Do your breathing exercises (see page 25).

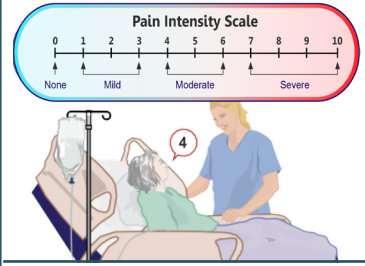



Do your leg exercises (see page 22).



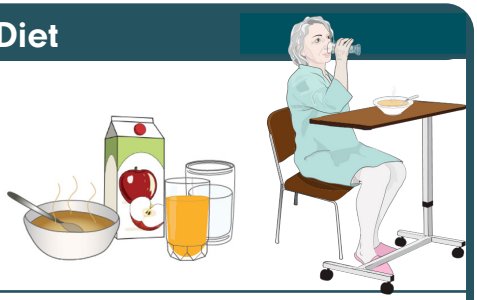
Sit in the chair 3 times for at least 30-60 minutes each time. Walk the length of the hallway 3 times.

## Pain control




Tell your nurse if your pain is a 4 or more out of 10 on the pain scale. Your pain medication will be adjusted to keep you comfortable but not too drowsy.

## Diet



Continue taking sips of water if you have no NG tube. Avoid drinking if you are feeling sleepy.

Always keep the head of your bed up at about a 45° angle when drinking. If you can, always sit up in a chair when drinking.

For at least 3 hours after drinking, do not lie down flat.

## Tubes and drains

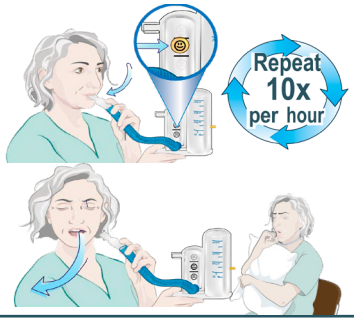


Your nurse will empty and measure the liquid in your chest tube or JP drain. Your NG tube may be removed today. Continue walking to the bathroom and avoid using the urinal or the bedpan.

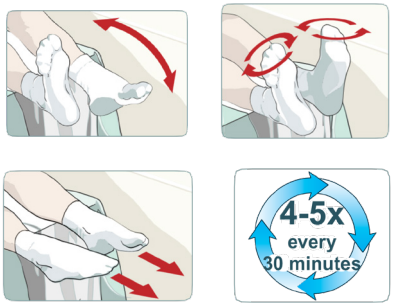
**Always have your call bell at your side when in bed or sitting in a chair.**

# Goals for 3 days after surgery

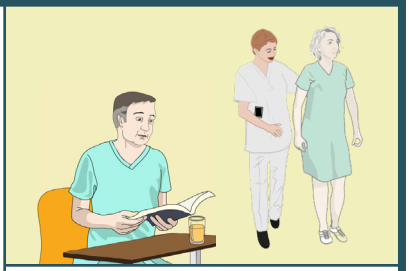
## Activities




Do your breathing exercises (see page 25).

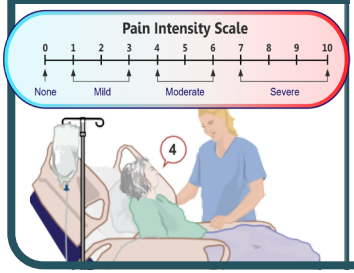



Do your leg exercises (see page 22).



Sit in the chair 3 times for at least 30-60 minutes each time.
Walk the length of the hallway 3 times.

## Pain control




Tell your nurse if your pain is a 4 or more out of 10 on the pain scale. Your pain medication will be adjusted to keep you comfortable but not too drowsy.

If you had a peripheral nerve block or an epidural catheter to help with pain, it may be removed today.

Before removal, you will have a "stop test" to see if your pain can be controlled with pills.

**This is how a "stop test" is done:**

- You will take some pills for pain.
- The peripheral nerve block will be stopped, but the tube will be left in place.
- If the pills control your pain, your peripheral nerve block tube will be removed.
- If the pills do not control your pain well, the peripheral nerve block will be started again.

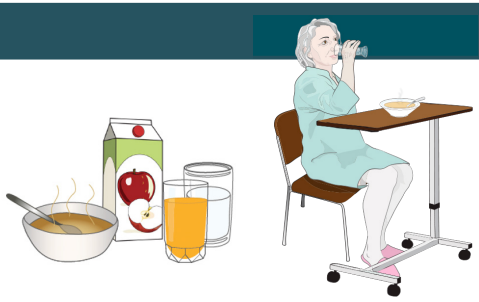
You may start to feel more pain once the medication from the peripheral nerve block wears off. Tell your nurse if you feel you are in too much pain.

# Goals for 3 days after surgery

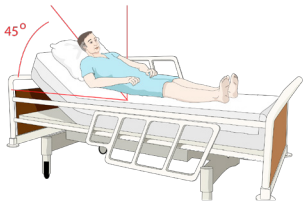
## Diet

Start having clear liquids. This is also called a clear fluid diet.

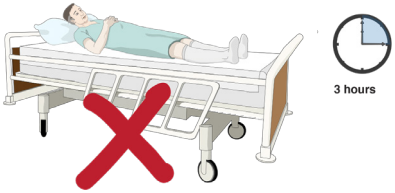
Avoid drinking if you are drowsy.



Always keep the head of your bed up at about a 45° angle when drinking. If you can, always sit up in a chair when drinking.




For at least 3 hours after drinking, do not lie down flat.




## Tubes and drains



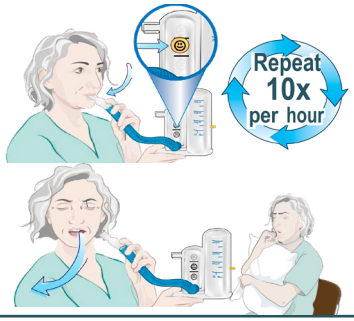
Your nurse will empty and measure the liquid in your chest tube or JP drain.

Walk to the bathroom and avoid using the urinal or the bedpan.

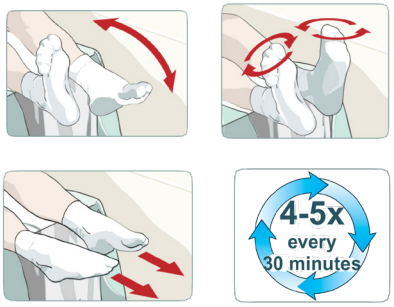
**Always have your call bell at your side when in bed or sitting in a chair.**

# Goals for 4 days after surgery

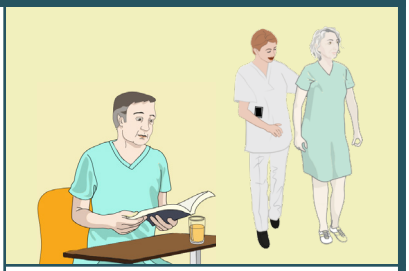
## Activities




Do your breathing exercises (see page 25).

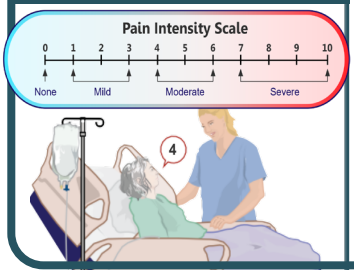



Do your leg exercises (see page 22).



Sit in the chair 3 times for at least 30-60 minutes each time.
Walk the length of the hallway 4 times.

## Pain control




Tell your nurse if your pain is a 4 or more out of 10 on the pain scale. Your pain medication will be adjusted to keep you comfortable but not too drowsy.

If you had a peripheral nerve block or an epidural catheter to help with pain, it may be removed today.

Before removal, you will have a "stop test" to see if your pain can be controlled with pills.

**This is how a "stop test" is done:**

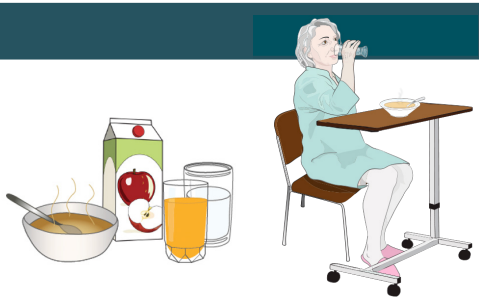
- You will take some pills for pain.
- The epidural pump will be turned off, but the tube will be left in place.
- If the pills control your pain, your epidural tube will be removed.
- If the pills do not control your pain well, the epidural pump will be started again.

You may start to feel more once the medication from the epidural wears off. Tell your nurse if you feel you are in too much pain.

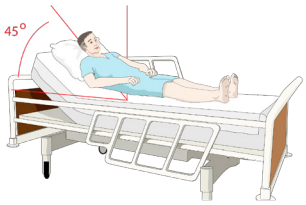
# Goals for 4 days after surgery

## Diet

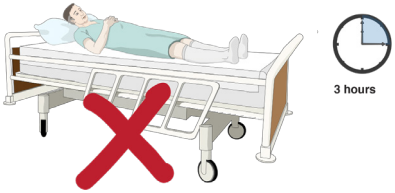
Continue a clear liquid diet.



Avoid drinking if you are drowsy. Always keep the head of your bed up at about a 45° angle when drinking. If you can, always sit up in a chair when drinking.




For at least 3 hours after drinking, do not lie down flat.




## Tubes and drains



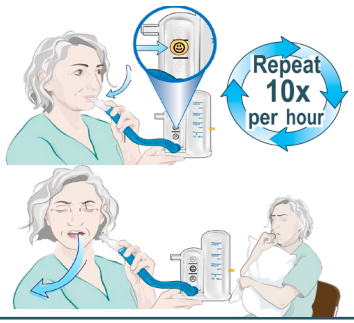
Your nurse will empty and measure the liquid in your chest tube or JP drain.

Walk to the bathroom and avoid using the urinal or the bedpan.

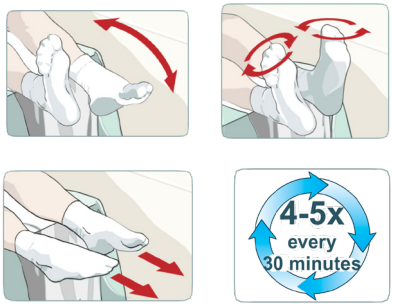
**Always have your call bell at your side when in bed or sitting in a chair.**

# Goals for 5 days after surgery

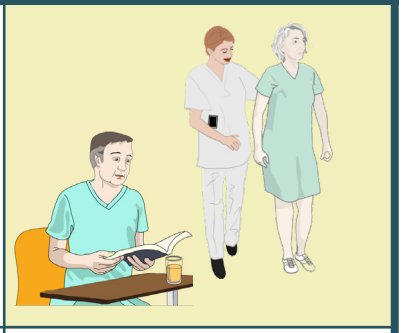
## Activities




Do your breathing exercises (see page 25).

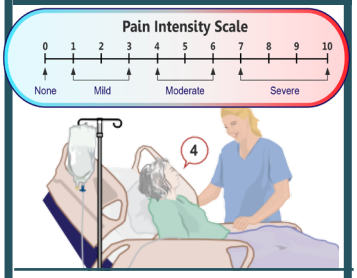



Do your leg exercises (see page 22).



Walk in the hallway and try to stay out of bed as much as possible.

## Pain control




Tell your nurse if your pain is a 4 or more out of 10 on the pain scale.

Your pain medication will be adjusted to keep you comfortable but not too drowsy.

## Diet



Start a full fluid diet. A full fluid diet is adding thicker liquid foods such as cream of wheat, oatmeal, apple sauce and cream soups.

Your nutritionist will explain the diet and food that you may eat.

Avoid eating or drinking if you are drowsy. Always keep the head of your bed up at about a 45° angle when eating or drinking.

Always sit up in a chair to eat or drink.

For at least 3 hours after drinking, do not lie down flat.

## Tubes and drains



The chest tube or JP drain might be removed today.

Walk to the bathroom and avoid using the urinal or the bedpan.

**Always have your call bell at your side when in bed or sitting in a chair.**

# Goals for 6 days after surgery: Going home

Plan to go home today. Arrange for someone to pick you up by 11 a.m.

You will be going home today if:

- Your pain is well-controlled with the pills
- You can walk and eat
- You are going to the bathroom without any problems
- Your cuts are healing well
- Your vital signs are stable (your blood pressure, pulse (heartbeat) and temperature are all normal)

## Before leaving the hospital

- You will have a chest X-ray and blood test.
- We will remove the chest tubes if these were not removed yet.
- Continue to sit in the chair and walk in the hallway.
- Use the inspirometer to do your deep breathing exercises.
- Make sure you:
  - Have the information for the follow-up appointment with your surgeon
  - Have a prescription for your medication
  - Read the next section of the booklet called "At home" (pages 35-41) and ask any questions

**Tell your nurse if you have any concerns about going home.**



If you have any questions, contact:

**Thoracic and Upper GI Surgery Clinic at the Montreal General Hospital:**
514 934-1934, ext. 43050

**Thoracic Nurse** 514 934-1934, ext. 44339 (7:30 a.m. – 4 p.m.)
**Thoracic ward** 514 934-1934, ext. 46100

# Managing pain

It is normal to have some pain during the first weeks or even months after surgery. You might not be completely pain-free.

Take the acetaminophen, also called Tylenol, and the anti-inflammatory medication, also called Naproxen, if prescribed, to control your pain. The anti-inflammatory medication reduces inflammation that may cause pain.

Only add the opioid, also called a narcotic, if your pain is not well controlled by the other pain medication.

If you take the opioid do not stop taking the acetaminophen and the anti-inflammatory medication.

If you have severe pain that is not relieved with the pain medication or have a fever and feel generally unwell, you should contact your surgeon, or the thoracic nurse. Go to page 34 for contact information.

**Pain medication and constipation**

Pain medication (opioids) can make you constipated (having trouble to poo).

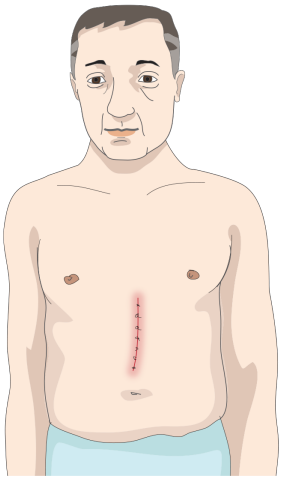
If you get constipated:

- Take the stool softeners you were prescribed.
- Add fiber, such as fruits and vegetables, and whole grains, to your diet. This depends on your diet restrictions.
- Get regular exercise. A 15 min. walk is a good start.



# Caring for your incisions (cuts)

Your cut(s) may be slightly red and uncomfortable during the first weeks after surgery.



It is normal to have numbness around your cuts. It usually takes 6 to 9 months for normal feeling to return.

Expect a phone call from your CLSC nurse. The hospital nurse will notify them after your surgery.

The CLSC nurse will see you 1 or 2 weeks after your surgery to remove the clips from your incisions and to change any bandages you have.

## When you no longer have a bandage




**Do:**

- Shower with the clips
- Use unscented soap
- Gently pat the cuts dry with a clean towel

**Do not:**

- Scrub or rub the cuts
- Apply creams, lotion or alcohol to the cuts

# Diet

Follow the information provided by the nutritionist.

**Remember:** You should have 6-8 small meals a day instead of 3 big ones.



Always sit in the chair to eat.

# Exercise and activity

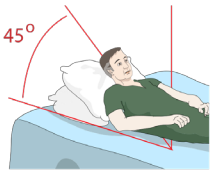
Continue to do more and more activity each day.

Family and friends can usually help with:

- Transportation
- Meal preparation
- Grocery shopping
- Cleaning your home
- Laundry



- Weigh yourself 2 times a week. Tell your surgeon if you gain or lose a lot of weight in a short amount of time. For example, if you lose more than 10 pounds or 4.5 kg in 2 weeks.
- Always sleep with your head lifted at a 45° angle. Put 2 or 3 pillows under your head to lift it up.




- Walk every day; it is good exercise. Shopping malls are good places to walk in the winter and summer.
- Do not drive (you can be a passenger) until you have the follow-up appointment with your surgeon.
- Avoid intense physical activity for 12 weeks. Follow your surgeon's advice.
- Generally, once you are pain free you can go back to most other activities, including sex.
- Your surgeon will decide when you are able to go back to work, depending on your recovery and your type of work.

It is normal to feel tired and weak after your surgery. Remember to take time to rest between activities.

It usually takes 3 to 6 months to get your strength back completely.

# Medication to Prevent Blood Clots

Some patients need to get an injection of Fragmin every day for 28 days after surgery. This injection means that you will have a tiny needle in the fat of your belly. Fragmin is a medication that prevents blood clots.

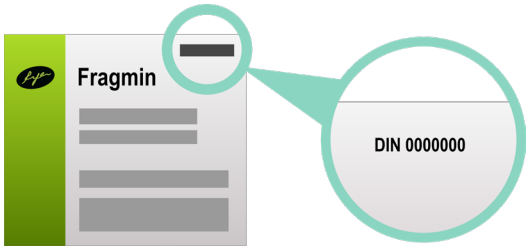
If you must get Fragmin after your surgery, we will:

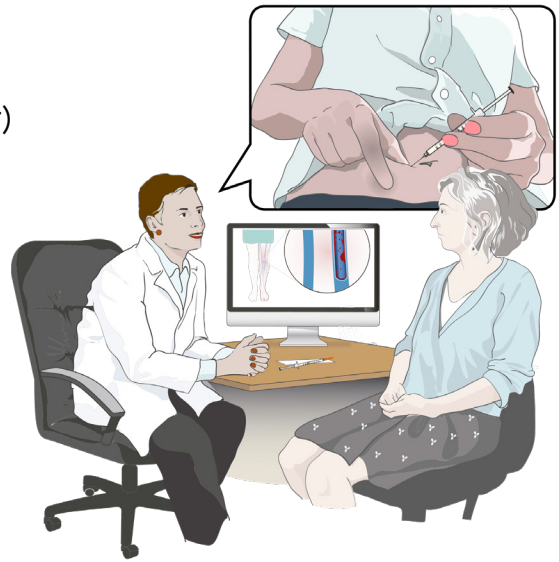
- Show you or a family member how to give the injection
- Give you a step-by-step sheet that explains how to give the injection

If you or your family member is not able to give the injection, your nurse will arrange for the CLSC to help you with the injections.

If you get a prescription for Fragmin, pick up the medication from your pharmacy. You will also be able to watch a short video that explains how to use Fragmin:

- Go to fragmin.ca
- Use the DIN (drug identification number) on your Fragmin medication box to log in to watch the video.



# Follow-up appointments

Your follow-up appointment is usually 3 to 6 weeks after you leave the hospital. Write down any questions you might have in advance to prepare for your follow-up.

The thoracic nurse coordinator will call you 1 to 3 days after you are back home from the hospital.

The nurse will be calling to see how you are doing and if you have any concerns.



# When to go to the Emergency Room

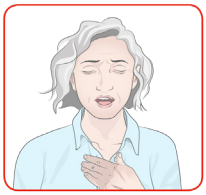
If you have any of the symptoms below, contact your surgeon or the nurse.

**If you cannot reach them, go to the emergency room (ER):**

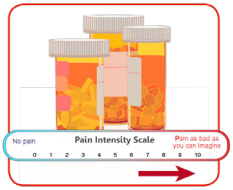
- You cannot drink or keep liquids down



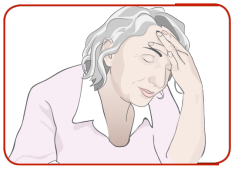
- You have trouble breathing



- Your pain is getting worse and the pain medicine does not help



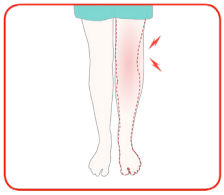

- You feel very weak



- You have a fever (temperature of 38.5 °C or 101 °F or more)



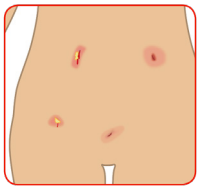
- You have pain or swelling in one of your legs



- You have black stool (poo)
- You have diarrhea



- Your cut is warm, red and hard
- You see pus or liquid coming from your cut



# Important contacts and locations

**Montreal General Hospital 1650 Cedar Ave., Montréal, QC H3G 1A4**

| | |
|---|---|
| **MGH Thoracic and Upper GI Surgery** | L8.505 (L wing, 8th floor, room 505) |
| **Pre-Op Clinic** | L10-509 (L wing, 10th floor, room 509) |
| **Surgical Admission Services** | D10-124 (D wing, 10th floor, room 124) |
| **Waiting room** | D10-117 (D wing, 10th floor, room 117) |
| **Parking** | Accessible from Cedar Ave or Côte-des-Neiges Road (see map on page 44)<br>Rates: muhc.ca/patient-and-visitor-parking |

# Resources to help you stop smoking

- **I QUIT NOW phone line:** 1-866-527-7383 (free) or iquitnow.qc.ca
- **Quit smoking centres:** ask your CLSC for information
- **The Quebec Lung Association:** 1-888-768-6669 (free) or poumonquebec.ca/en
- **Smoking cessation clinic at the MUHC:** You will need a referral from your doctor. Ask your doctor to send the referral by fax to 514-934-8488.

# Library: McConnell Resource Centre

For more information about esophagectomy, anesthesia, or quitting smoking, visit the McConnell Patient Resource Centre's online resource pages:

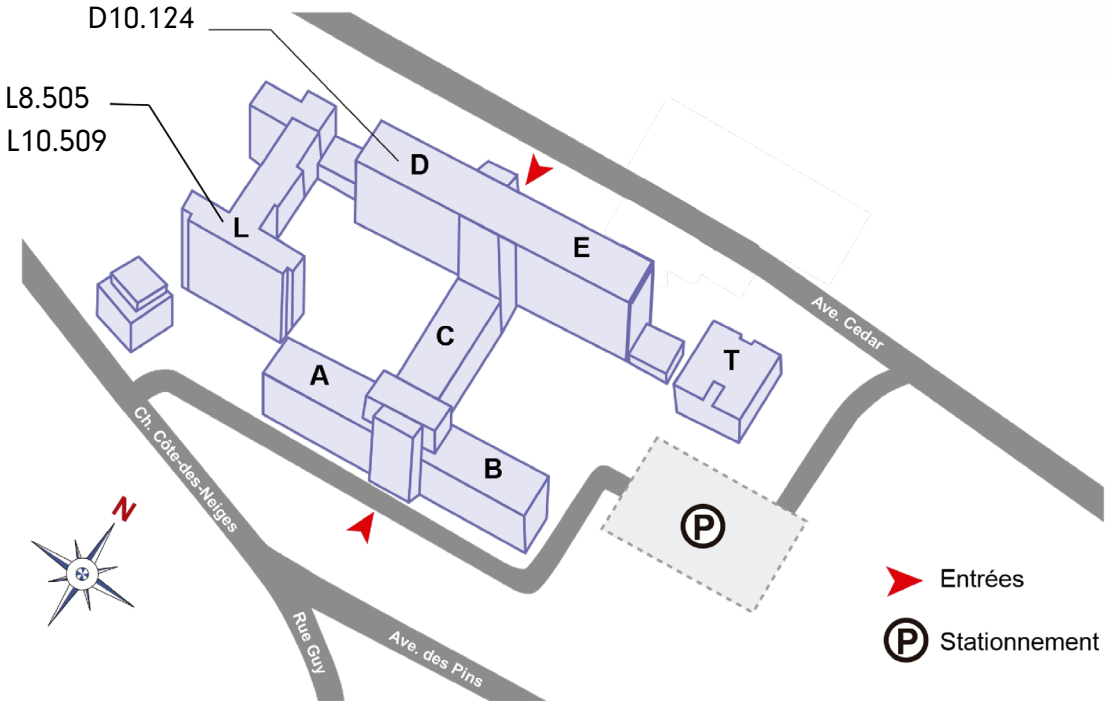
- **Esophagectomy:** muhclibraries.ca/esophagectomy
- **Pain:** muhclibraries.ca/pain
- **Anesthesia:** muhclibraries.ca/anesthesia
- **Quitting smoking:** muhclibraries.ca/smoking-cessation

For help finding reliable health and wellness information, contact the library at crp-prc@muhc.mcgill.ca.

You may also visit their website for more information and resources: muhclibraries.ca/patients.

# Map of Montreal General Hospital

Centre universitaire de santé McGill
McGill University Health Centre




**Montreal General Hospital**
1650 Cedar Ave, Montréal, QC, H3G 1A4

**Thoracic and Upper Gastrointestinal Surgery:** L8.505 (L wing, 8th floor, room 505)
**Pre-Op Clinic:** L10.509
**Surgical Admission Services:** D10.124