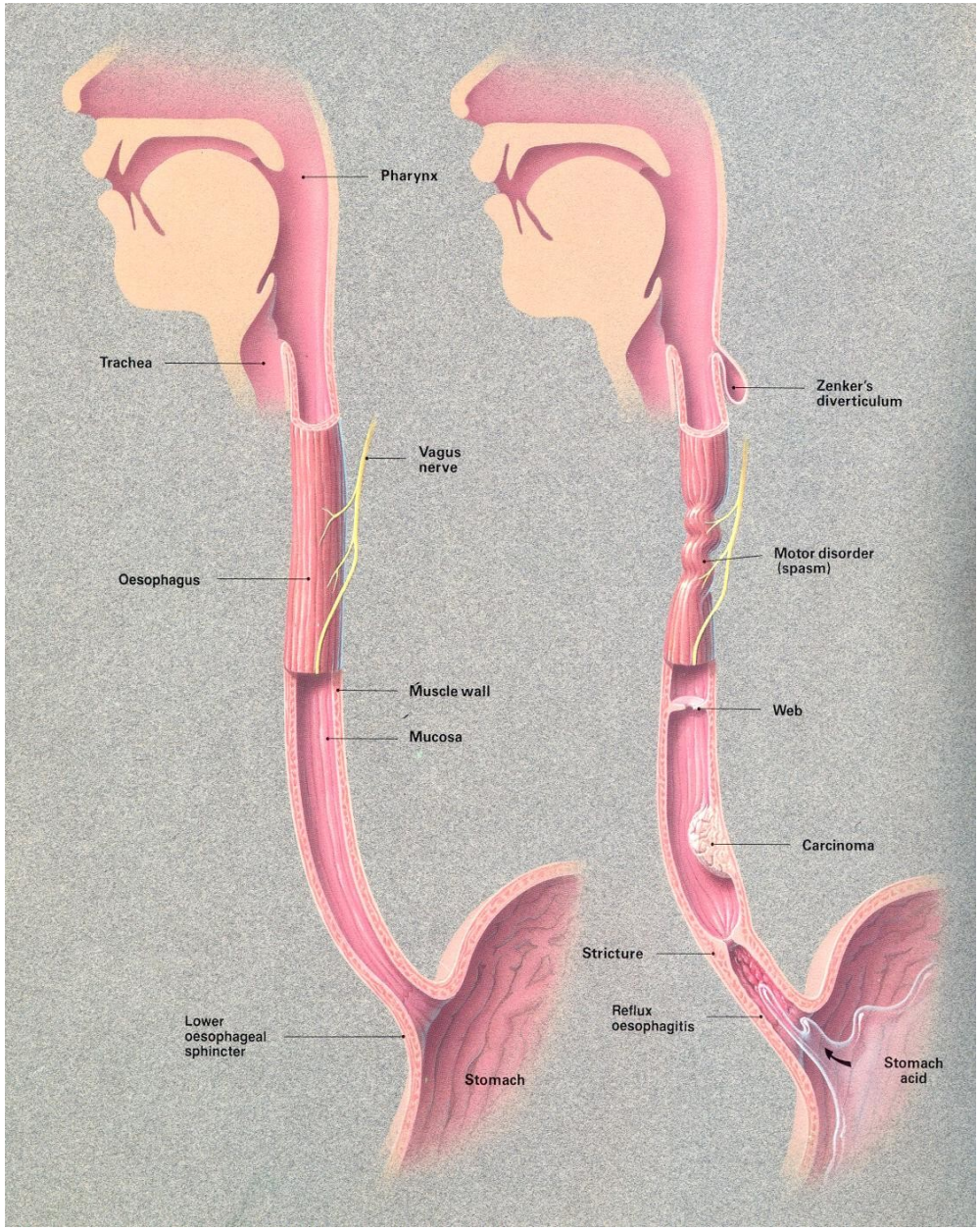

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OESOPHAGO GASTRECTOMY

What is an Oesophago-gastrectomy?

The oesophagus is a tube about 10 inches (25 cm) long which runs from the back of your throat in the neck to your stomach just below your left ribs. It runs in the line of your breast bone, but about 6 inches (15 cm) behind it. It carries food and drink into your stomach. Sometimes a narrowing, growth or other problem may occur at the junction between the oesophagus and stomach so that the lower part of the oesophagus and part or all of the stomach needs to be removed.

What does the operation consist of?

The main part of the operation is done through a cut in the upper abdomen but occasionally the chest needs to be opened as well. The exact plans for your incisions will be explained to you. The diseased part of the oesophagus and stomach is taken out, and the remaining ends are joined up, usually by bringing the stomach into the chest. The wound is then closed up.

WHAT HAPPENS BEFORE THE OPERATION?

Reception

When registering at reception your medical aid details will be required. If you are not a member of a medical aid you will be required to pay a deposit or to sign an indemnity form. As far as possible we will try to advise you about hospital costs before your admission.

Welcome to the ward

You will be welcomed to the ward by the nurses or the receptionist and will have your details checked. Some basic tests will be done, such as pulse, temperature, blood pressure and urine examination. You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings. The surgeon will have explained the operation and you will be asked to sign your consent for the operation. If you are not clear about any part of the operation read this again and then ask for more details from the surgeon or from the nurses.

Visit by the anaesthetist.

The anaesthetist who will be giving your anaesthetic will interview and examine you. He will be especially interested in chest troubles, dental treatment and any previous anaesthetics you have had. He may put up a drip to give you fluid directly into your vein before the operation. He may be planning to use an epidural drip for pain control and will discuss this with you.

Diet.

You will have your usual diet until the evening before the operation after which you will be asked to take only fluids. You will be given a laxative to drink to help to empty your bowel before the operation. From 6 hours before the operation you will not be allowed anything by mouth. This will let your stomach empty to prevent vomiting during your operation.

Shaving.

You will be shaved from chest to thighs to prevent hairs affecting the wound. You will be washed with an antiseptic solution to kill the skin germs in the vicinity of the cut.

Timing of the operation.

The timing of your operation is pre-arranged so that the nurses will tell you when to expect to go to the operating theatre. Do not be surprised, however, if there are changes to the exact timing.

Complications

Complications can occur because of the size of the operation. They are quickly
recognised and dealt with by the doctors and nursing staff. Bruising and swelling may be troublesome. The swelling may take 4 to 6 weeks to settle down. Infection is sometimes a problem and will be treated appropriately by the surgeon. A leak from the join can be a serious complication and is carefully watched for. There is usually some discharge from the drain by the wound. This stops given time. Aches and twinges may be felt in the wound for up to 6 months. Occasionally there are numb patches in the skin around the wound which get better after 2 to 3 months.

Chest infections may arise, particularly in smokers. Co-operation with the physiotherapists to clear the air passages is important in preventing the condition. Do not smoke.

Occasionally there are lung problems which usually are treated with physiotherapy and antibiotics. Rarely the ventilator is needed for more than a week and in this case a ventilation tube may need to be put into the windpipe via the front of the neck.

Occasionally the recovery period is longer than mentioned above, but all the measures taken mean that we can support you as long as necessary.

General advice.

The operation should not be underestimated, but practically all patients are back at their normal activities within a two months.

If you have any problems or queries, please ask the nurses or doctors.

E-mail surgeons@surgcare.co.za
Web page http//www.surgcare.co.za

How long in hospital?

Usually you will feel fit enough to leave hospital after 10 to 14 days.
You will be given an appointment for a check up about a 1 to 2 weeks after your operation.

Sick notes

Please ask your surgeon for any sick notes or certificates that you may require.

After you leave hospital

You are likely to feel a bit tired and need rests 2 or 3 times a day for two to three weeks or more. Most patients will be back to normal activity after 6 weeks.

Lifting

At first discomfort in the wound will prevent you from harming yourself by too heavy lifting. After two months you can lift whatever you like. There is no value in attempting to speed the recovery of the wound by special exercises before the month is out.

Driving
You can drive as soon as you can make an emergency stop without discomfort in the wound, i.e. after about 3 to 4 weeks.

What about sex?

You can restart sexual activities within 3 to 4 weeks, when the wound is comfortable enough.

Work

You should be able to return to light work within 6 weeks and a heavy job within 8 - 12 weeks.

Bladder catheters.

Patients usually have a fine rubber tube passed into the bladder through the front passage during the anaesthetic. This lets the bladder stay empty and small during the operation and helps us control your body fluids afterwards.

Premedication.

You may be given a sedative injection or tablets about 1 hour before the operation.

Transfer to theatre.

You will be taken on a trolley to the operating suite by the ward staff. You will be wearing a cotton gown, wedding rings will be fastened with tape and removable dentures will be left on the ward. There will be several checks on your details on the way to the operating room where your anaesthetic will begin.

Coming round after the anaesthetic.

You are unlikely to remember anything for several hours after the operation. You will be taken to the Intensive Care Unit on a trolley and will wake up in a bed there. It is possible that you may be connected to an anaesthetic ventilator for a day or two to help your recovery particularly if you have chest problems. This means that there will be a tube passing into your windpipe, and the machine will be pumping oxygen in and out for you. You will not be able to speak because of the tube, but you will be able to hear and see and communicate with the nurses by means of movement. You will have sedatives to help you relax if you need them. There will be lots of other tubes and wires connecting part of you to various gadgets. For instance, there will be a tube down the back of your nose to keep your stomach empty. There will be a tube in your bladder to collect urine. This may make you feel that you want to pass urine all the time, but the feeling will pass off. You will have one or more

plastic tubes in the veins of your arms and on the side of your neck to give you necessary liquids. There will be several wires attached to your chest to check your heart action. You will have a cuff on one arm, which squeezes automatically every few minutes to measure your blood pressure. The ventilator is rather noisy, making a pumping noise. There will be several nurses working around you. They will talk to you and tell you what is happening and how you are doing, what day it is, what time it is, and what they are going to do next and ask you if there is anything you want in the way of pain relief, positioning, relatives, etc. You will be able to have visitors during this time.

You will have x-rays, physiotherapy and attention to your tubing and wires. As you improve the various tubes are removed so that after a day or two you will be able to go back to your original surgical ward without any tubing. By this time you should be starting to drink liquids. You should be on a soft diet within a week and onto a normal diet in two weeks.

Will it hurt?

The wound is painful and this may be controlled by an injection in your back called an epidural, which the anaesthetist will usually insert during or just before the anaesthetic. Ask him about this. You will also be given injections and later tablets to control this. Ask for more if the pain is still unpleasant. You will be expected to get out of bed after 2 days. You will not do the wound any harm and the exercise is very helpful for you. By the fourth day after operation you should be able to spend an hour or two out of bed. By the end of a week you should have little pain.

Drinking and eating

It takes 5 or 6 days before it is safe for you to drink, because the join in your oesophagus needs to heal up. After about 5 days an xray is taken while you swallow some barium to check on the join and to make sure that all is well before you start drinking. You will get more to drink once it is clear that the liquid is passing into your stomach and beyond. Then the tube in your nose, and your arm vein tubing are taken out. After a week you should manage sloppy food, and solid food soon after. Later you should be able to eat solids with ease, though some people find they feel full quickly and need to take smaller meals more often than before the operation.

Opening bowels

It is quite normal for the bowels not to open for a day or so after operation. Sometimes the motion is runny at first. This nearly always clears up. Ask the doctor if it is troublesome.

Passing urine

As there is a drainage tube (catheter) in the bladder, passing urine is not a problem. Sometimes there is a feeling that there is a leakage all the time, but this is just an irritation by the tubing and it passes off. Once you can walk about in reasonable comfort, the catheter is taken out. You must pass urine after the catheter is taken out. If you can't, ask the nurses for advice.

Sleeping

You will be offered painkillers rather than sleeping pills to help you to sleep. If you cannot sleep despite the painkillers please let the nurses know.

Physiotherapy

The physiotherapist will check that you are clearing your lungs of phlegm by coughing and that you are helping your circulation by movement of your arms and legs. Coughing, although uncomfortable, will not harm your wound.

The wound

The wound has a dressing which may show some staining with blood in the first 24 hours. The wound is held together by stitches which are removed after 8-10 days. The dressing is usually removed after 1-3 days and replaced. This dressing is usually waterproof allowing you to shower. A plastic tube drain is used to drain excessive secretions from the chest cavity.
It may be slightly uncomfortable but is removed after a few days. There may be some purple bruising around the wound which spreads downward by gravity and fades to a yellow colour after 2 to 3 days.
It is not important. There may be some swelling of the surrounding skin which also improves in 2 to 3 days. After 7 to 10 days, slight crusts on the wound will fall off. Occasionally minor matchhead sized blebs form on the wound line, but these settle down after discharging a blob of yellow fluid for a day or so.

Washing

You can wash the wound area as soon as the dressing has been removed or earlier with a waterproof dressing. Soap and tap water are entirely adequate. Salted water is not necessary.