

- The chest tube site may drain bloody or straw-colored (yellow) fluid. This is normal. Your clothing can be protected by covering the incision with gauze.
- You will be instructed by a dietitian on how to modify your diet after the surgery. You will also be instructed on how to use the feeding tube.

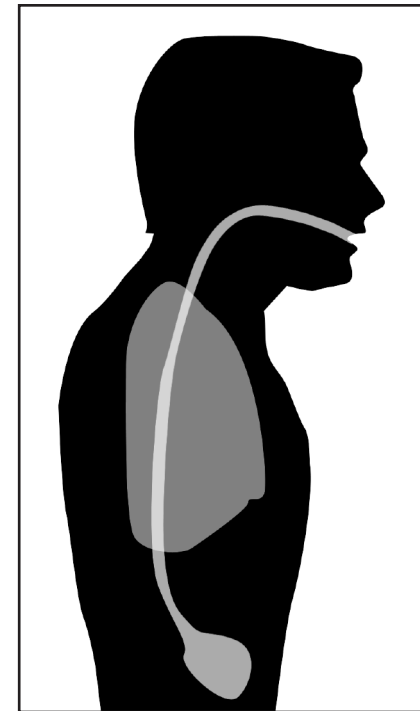
### What to Report to Your Physician:

- Increased shortness of breath
- Chest pain
- Fever 101 degrees or higher
- Severe diarrhea
- Persistent vomiting
- Increased redness or drainage around the incisions or chest tube sites
- Increased swelling around incisions
- Pus-like or foul smelling drainage from incisions
- A bubbling or sucking sound from an incision
- Feeding tube falls out

### Questions or Concerns

If you have any questions about your procedure, please call the Thoracic Center at (716) 845-8809.

## Minimally Invasive Esophagectomy



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## Minimally Invasive Esophagectomy

A minimally invasive esophagectomy is a surgical procedure where part of your esophagus (food pipe) is removed and the portion below, usually the stomach, is pulled up into the chest cavity and reattached to the upper portion of your food pipe. This attachment is called an anastomosis. Four small incisions are made in your chest wall. Approximately five (5) small incisions are made in your upper abdomen. The use of a special scope and instruments allows the surgeon to carefully perform this procedure. Sometimes a larger incision is required in either the chest or abdomen if the surgeon has difficulty through the small incisions. This will require hospitalization for at least seven (7) days to ten (10) days.

The final pathology report will take up to 5-7 working days and will be reviewed with you when you are in the hospital or when you return for a postoperative visit.

### How to Prepare for Your Procedure:

- Nothing to eat or drink after midnight the night before your surgery.
- You will be given prescriptions and instructions for a “bowel prep” which you will start the day before surgery. This will include having only a clear liquid diet the day before the surgery.
- On the day of your surgery, take only the medications approved by your anesthesiologist, with a sip of water. If you are unsure of these medications please contact the Thoracic Clinic for an explanation.
- Many medications, whether over-the-counter or prescription, can cause thinning of the blood. You will be instructed on stopping prescription medications that can cause problems with clotting.

You will need to stop the following over-the-counter medications seven (7) days before the procedure:

- all aspirin or ibuprofen products
- all over-the-counter vitamins and herbal supplements

### What to Expect on the Day of Your Procedure:

- When you arrive the morning of your surgery you will check in at the Patient Access Department (Registration), located on the ground floor in the hospital lobby. You will then be directed to the Ambulatory Surgery Center (ASC).
- An intravenous catheter (IV) will be placed in a vein in your arm so that medications can be given to you for the surgery.
- You will be taken to a “holding area” which is located just outside the operating room. The anesthesiologist will meet you here before

you are taken into the operating room. Your family will not be able to join you here.

### What You Can Expect After Your Procedure:

- You may be in intensive care (ICU) for the first 24-48 hours. You will then be transferred to a general surgical floor.
- This procedure requires general anesthesia and insertion of a chest tube, a nasogastric tube (NG tube), and a feeding tube (jejunostomy). The chest tube reinflates the lung after the procedure is done. The NG tube removes any excess secretions during the first few days after the surgery to allow the anastomosis to heal. The feeding tube will allow you supplemental nutrition while you are healing. You may have a tube in your neck called a Jackson Pratt (or “JP”); this drains fluid from the surgical incision.
- You may have pain from the incisions and tube sites. You will be given pain medication throughout your hospital stay to ensure your comfort. These medications can be given by various routes including intravenously (IV), orally, by feeding tube and by chest tube.
- The chest tube, the neck drain (JP) and the NG tube will be removed depending on how quickly you heal. The feeding tube will stay in until you are eating well, and maintaining your nutrition and weight; this can be a few weeks to a few months.
- You will need to do coughing and deep breathing exercises to prevent you from developing pneumonia after surgery. The nurses and respiratory therapists will show you how to perform these exercises using an “incentive spirometer.” It is VERY important that you cough up secretions and take deep breaths to prevent pneumonia.

### What to Expect When You Are Discharged:

- You will be sent home with pain medications. Pain medication can be constipating and you may need a stool softener while you are on the pain medications. Let your doctor know if this is a problem.
- You may also develop diarrhea after you go home which can be due to your diet and/or tube feedings. Let your doctor know if this is a problem.
- You may have sutures and/or staples, which will be removed when you return for a postoperative visit.
- Keep the incisions clean and dry. You may shower, unless otherwise directed.