

Benign Esophageal Surgery: Commonly Asked Questions

What will my recovery course look like?

It can take six weeks or more for the local swelling and sensation of tightness in your esophagus and diaphragm to resolve. During this time of healing you may experience a feeling of tightness when taking a deep breath or pressure in your esophagus when swallowing. Cold or hot foods/liquids can trigger this feeling that can mimic previous reflux symptoms. It is common to experience “burning” when the esophagus is swollen, especially in the first week of the recovery. Patients often describe this as heartburn. This sensation should resolve without medication, but you may also take Maalox as directed for relief.

Avoiding extreme temperatures can prevent this from occurring. If you have persistent symptoms, particularly chest pain, please call our office for further discussion. If not too problematic, these symptoms can be reviewed at your two week post-surgical visit. Since surgical wounds take an average of six weeks or more to heal, be patient with some of your symptoms.

How do I manage my pain after surgery?

You can expect to have some pain at the repair site; this pain is due to local swelling from the repair procedure itself. You may experience esophageal spasms, or pain with swallowing, due to esophageal swelling. The spasms can be treated with medication and generally disappear over time as the swelling resolves.

You will be discharged home with a liquid narcotic, prescription pain medication and you should consider buying liquid Tylenol, or an equivalent generic (acetaminophen), for added pain control. Tylenol liquid is available without a prescription. You'll obtain optimal pain control if you take Tylenol around the clock in conjunction with your narcotic pain medication.

Can I expect any other post-surgical discomfort?

It is not uncommon for patients to experience bloating after surgery and gas pains. This can be prevented by avoiding carbonated beverages and high fiber foods.

You may consider taking over-the-counter GasX or generic simethicone. Gas and bloating are uncomfortable and can improve with walking.

You might experience a sensation of feeling full faster than usual when you eat; this is also normal and can result in weight loss.

Short-term shoulder pain is not uncommon due to the carbon dioxide used during surgery. The gas used to inflate the abdomen during surgery can travel up to the shoulders but eventually gets re-absorbed.

Some patients experience more persistent back pain or shoulder pain which is usually referred pain from the diaphragm portion of the repair. This typically improves over several weeks.

How do I take my medications after surgery?

You will need to take your medications either in liquid formulation or crushed in applesauce or pudding. If any of your medications are **long-acting** you will need an alternate formulation because it is NOT safe to crush long-acting or extended release medications. Please call our office at 206-215-6800, or that of your primary-care physician before your surgery if you have questions about any of your medications. We can generate a plan and prescriptions for liquid alternatives if needed. **This plan should be in place before your surgery and will make your transition home much easier.**

What will my diet consist of following my surgery?

You will be discharged from the hospital on a **full liquid diet** and will remain on this liquid diet until you are seen by the Nurse Practitioner for your two week follow-up in the Thoracic Surgery Clinic. You may want to prepare for your initial return home after surgery by purchasing some liquid food supplements (See attached list for full liquid diet suggestions). We will discuss advancing your diet from a full liquid diet at your two week follow-up visit.

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What should I not eat?

The valve between your esophagus and stomach has been recreated, allowing only a small passage for food and drink; any food stuffs that are not liquid in consistency have the potential to become stuck and cause pain if eaten within six weeks of surgery. This includes all bread products, bulky meats and large, raw vegetables. Please note that high fiber foods can be gas producing and contribute to bloating. You should avoid eating anything in the first 6 weeks with consistency thicker than a “milkshake” (This is quite important to prevent food from getting stuck. In the event that this occurs, you may need to return to the operating room for removal of the food from your esophagus. Diet instructions will be provided to you by the hospital dietitian before you go home.

What can I do to prepare for my post-surgical period?

1. **Obtain a pill crusher. Large pills will need to be crushed and taken with applesauce or pudding.**
2. **Review your medication list with your primary-care doctor or our office prior to surgery. Long acting pain medications will have to be substituted as they cannot be crushed. Liquid alternatives are preferable to pills in the early post-operative recovery period.**
3. **Buy liquid food items to have at home following hospital discharge.**

Will my bowels work normally after the surgery?

You might experience constipation following surgery when you are on prescription pain medications. You will typically be sent home with at least one agent to prevent constipation. Please take your stool softener while using narcotics to prevent constipation. Other formulations that you could consider purchasing over-the-counter in case of need are: Docusate, Miralax, Senekot or Milk of Magnesia.

It is not uncommon to experience a few loose stools a day following your procedure. If this occurs you should consider eliminating sugar in your diet; foods high in sugar can cause rapid digestion and transit time. Please be reassured that these problems are usually temporary in the first six weeks after surgery. However, if you develop frequent watery stools (greater than 4-6 daily) please notify our office as soon as possible.

How should I protect my surgical repair?

You should avoid heavy lifting (greater than 10 pounds) for six weeks following the surgery. We also want to prevent any retching or vomiting following your procedure. If you develop nausea or vomiting please call us as soon as possible.

Oral secretions can pool in the swollen esophagus after surgery. Some patients reports coughing or spitting up thick frothy secretions, especially at night or in the morning. Mucinex helps thin these oral secretions and can be purchased over the counter. Otherwise, sipping on warm water with lemon can also help. As the swelling resolves, oral secretions will drain normally into the stomach without pooling.

In the long term, the repairs do better if you adopt the changes in eating we have prescribed. Smaller meals, more frequently and minimal fats are best after this surgery. Trying to return to two meals a day will continually stretch the wrap and likely loosen it. Listen to the cues your body gives you about the amount of food you can eat. Do not gulp or eat on the run. Slowly eat your meals so that your stomach has a chance to cue you that you are full.

When can I shower?

After 48 hours. Please do not scrub off the steri-strips over your incisions. These will fall off over time.

What does my follow-up schedule look like?

Following your surgery you will be scheduled by our department for a two week follow-up visit with the nurse practitioner. You will then be scheduled for a six week follow-up visit with your surgeon.

When can I drive again and return to work?

You can drive when you are off prescription pain medication. Return to work and usual activities is an individual decision, but most people are ready to return to work after two weeks of healing.

What long-term follow-up is recommended following my surgery?

We recommend a six-month follow-up visit with your surgeon and repeat esophageal function tests including: endoscopy with wireless pH testing, manometry, and barium swallow testing. We also recommend annual office follow-up thereafter.



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