



Surgery date: \_\_\_\_\_

Expected discharge date: \_\_\_\_\_

## Open Esophagectomy Pathway

These are goals for your recovery. **Your recovery may not follow this pathway exactly.** Your care team will help you know what to expect.

Follow the instructions from your care team and in *About Your Esophagectomy Surgery*. A member of your care team will give you a copy. You can also find it at [www.mskcc.org/pe/esophagectomy](http://www.mskcc.org/pe/esophagectomy).

### Getting Ready for Your Surgery

#### What to do

- Plan your care after surgery.
  - Identify your caregiver.
  - Plan your ride home after surgery. Make sure they can pick you up by 11 am on your discharge date.
- Get your body ready for surgery.
  - Follow your healthcare provider's instructions for taking medications.
  - Exercise (such as walking) for 30 minutes daily.
  - Brush your teeth after you eat.
  - Practice using your incentive spirometer.
  - Stop smoking before surgery. For help quitting, call 212-610-0507 to make an appointment with the Tobacco Treatment Program.
  - Do not drink alcohol for 7 days before your surgery.
- Set up a MyMSK account, if you have not already. Visit [www.mskcc.org/pe/enroll\\_mymsk](http://www.mskcc.org/pe/enroll_mymsk) for instructions.

- Fill out a Health Care Proxy form, if you have not already. You can ask your care team for a copy or find it at [www.health.ny.gov/publications/1430.pdf](http://www.health.ny.gov/publications/1430.pdf)

#### What to buy

- 4% chlorhexidine gluconate (CHG) solution antiseptic skin cleanser, such as Hibiclens®.
- A wedge pillow.
- Clear liquids.

#### Presurgical Testing (PST) appointment

- Bring a list of all the prescription and over-the-counter medications you take.
- Bring important medical notes or results from tests done outside of MSK, if your MSK care team doesn't already have them.
- Bring a copy of your Health Care Proxy form, if you filled one out.
- Your care team may order other tests or appointments.

## 3 Days Before Your Surgery

### What to do

- Males ages 50 or older may need to take doxazosin (Cardura®) for 3 days before surgery. Follow your healthcare provider's instructions.
- Ask your care team for a referral to the MSK esophageal support group or the Patient and Caregiver Peer Support Program to talk to someone who has been through a treatment like yours.

## 1 Day Before Your Surgery

### What to do

- Follow your care team's instructions for taking your medications.
- Shower before you go to bed.
  - Wash your hair, face, and genital area as usual.
  - Wash from your neck to your feet with 4% CHG solution. Avoid your head and genital area.
  - Dry yourself with a clean towel. Don't use lotion, cream, deodorant, makeup, powder, perfume, or cologne afterward.

### What to eat and drink

- **Follow a clear liquid diet.** See page 16 of *About Your Esophagectomy Surgery* for more information.
  - Do not eat any solid foods.
  - Try to drink at least 1 (8-ounce) cup of clear liquid every hour you're awake.
  - Drink different types of clear liquids. Do not just drink water, coffee, and tea.

## The Day of Your Surgery (Before Surgery)

### What to eat and drink

- **Do not eat anything.**
- If your care team gave you a CF(Preop)<sup>®</sup> drink, finish it 2 hours before your scheduled arrival time. **Do not drink anything else, including water.**
- If your care team did **not** give you a CF(Preop) drink, you can drink a total of 12 ounces of water between midnight and 2 hours before your scheduled arrival time. **Do not drink anything else.**
- **Do not drink anything starting 2 hours before your scheduled arrival time.** This includes water and CF(Preop).

### What to do

- Take only the medications your healthcare provider told you to take. Take them with a small sip of water.
- Shower. Follow the same steps as last night.
- Brush your teeth.

### Things to remember

- If you use contact lenses, wear glasses instead.
- Take off metal objects and jewelry, including piercings.
- Leave valuable items at home.
- Bring your Health Care Proxy form and other advance directives, if you've filled them out.

## The Day of Your Surgery (After Surgery)

### Drains, tubes, and medical devices you'll have

- A urinary (Foley) catheter.
- An epidural catheter.
- An intravenous (IV) line.
- A nasogastric (NG) tube.
- A jejunostomy tube (feeding tube).
- A chest tube.
- Compression boots on your legs.

### Medications you'll take

- Pain medication, if you need it.
- Nausea medication, if you need it.
- Blood thinner injection (shot).

### What you'll eat and drink

- You will not be able to eat or drink for a few days after your surgery. You will get nutrition through your feeding tube.

### What to do

- Use your incentive spirometer 10 times every hour you're awake.
- Do coughing and deep breathing exercises.
- Keep the head of your bed raised.

## 1 Day After Your Surgery

### Tests and procedures you'll have

- Your Foley catheter may be removed.
- You will get fluids in your IV line.
- You will have a chest X-ray.
- You will have blood tests.

### Medications you'll take

- Some of your usual medications. Your care team will give you more information.
- Epidural pain medication.
- Blood thinner injection.
- Doxazosin in your feeding tube, if you need it.

### What to do

- Use your incentive spirometer 10 times every hour you're awake.
- Do coughing and deep breathing exercises.
- Move to your chair with help.
- Walk 7 laps around the nursing unit.
- Learn about caring for your incisions and feeding tube.
- Brush your teeth and use a mouth rinse 3 or more times today.
- Keep the head of your bed raised.

## 2 Days After Your Surgery

### Medications you'll take

- Some of your usual medications. Your care team will give you more information.
- Epidural pain medication.
- Blood thinner injection.
- Doxazosin in your feeding tube, if you need it.

### What to do

- Meet with an inpatient clinical dietitian-nutritionist and case manager.
- Learn about caring for your incisions and feeding tube.

### What to do (continued)

- Brush your teeth and use a mouth rinse 3 or more times today.
- Sit in your chair for 2 hours or more.
- Walk 10 laps around the nursing unit.
- Use your incentive spirometer 10 times each hour you're awake.
- Do coughing and deep breathing exercises.
- Keep the head of your bed raised.

## 3 Days After Your Surgery

### Tests and procedures you'll have

- Your chest tubes may be removed.
- Your NG tube may be removed.
- Your epidural catheter may be removed.

### Medications you'll take

- Some of your usual medications. Your care team will give you more information.
- Pain medication, if you need it.
- Blood thinner injection.
- Doxazosin in your feeding tube, if you need it.

### What to do

- Learn about caring for your incisions.
- Start practicing caring for your feeding tube.
- Brush your teeth and use a mouth rinse 3 or more times today.
- Sit in your chair for 3 or more hours.
- Walk 14 laps (1 mile) around the nursing unit.
- Use your incentive spirometer 10 times each hour you're awake.
- Do coughing and deep breathing exercises.
- Keep the head of your bed raised.

## 4 Days After Your Surgery

### Medications you'll take

- Some of your usual medications. Your care team will give you more information.
- Pain medication, if you need it.
- Doxazosin in your feeding tube, if you need it.
- Blood thinner injection.

### What to do

- Practice caring for your incisions and feeding tube.
- Brush your teeth and use a mouth rinse 3 or more times today.

### What to do (continued)

- Sit in your chair for 4 or more hours.
- Walk 14 laps (1 mile) around the nursing unit.
- Use your incentive spirometer 10 times each hour you're awake.
- Do coughing and deep breathing exercises.
- Keep the head of your bed raised.

## 5 Days After Your Surgery

### Tests and procedures you'll have

- Chest x-ray.
- Blood tests.

### Medications you'll take

- Some of your usual medications. Your care team will give you more information.
- Epidural pain medication.
- Doxazosin in your feeding tube, if you need it.
- Blood thinner injection.

### What you'll eat and drink

- You will keep getting nutrition through your feeding tube.
- You can try drinking small amounts of liquids when your care team says it's OK.

### What to do

- Make sure you have a ride home after discharge.
- Learn about caring for your incisions.
- Keep practicing caring for your feeding tube.
- Brush your teeth and use a mouth rinse 3 or more times today.
- Sit in your chair for 6 or more hours.
- Walk 14 laps (1 mile) around the nursing unit.
- Use your incentive spirometer 10 times each hour you're awake.
- Do coughing and deep breathing exercises.
- Keep the head of your bed raised.

## 6 Days After Your Surgery (Expected Day of Discharge)

### What to expect

- Your nurse will give you discharge instructions and review your medications.
- If a nurse will be visiting you at home, your case manager will give you information about the nursing agency.
- Your IV line will be removed before you leave the hospital.
- You will go home with your feeding tube.

### Medications you'll take

- Some of your usual medications. Your care team will give you more information.
- Pain medication, if you need it.
- Doxazosin in your feeding tube, if you need it.
- Your doctor will give you prescriptions for oral pain medication and stool softeners.
- A member of your healthcare will talk with you about the medications you will take at home.
- Blood thinner injection.

### What you'll eat and drink

- You will keep getting nutrition through your feeding tube.
- You can try drinking small amounts of liquids when your care team says it's OK.

### What to do

- Learn about caring for your incisions.
- Keep practicing caring for your feeding tube.
- Brush your teeth and use a mouth rinse 3 or more times a day.
- Sit in your chair for 6 or more hours.
- Walk 14 laps (1 mile) around the nursing unit.
- Use your incentive spirometer 10 times each hour you're awake.
- Do coughing and deep breathing exercises.
- Talk to your case manager to check that your home tube feeding supplies have been delivered.
- If a nurse will be visiting you at home, talk to your case manager to get information about the nursing agency.

### Leaving the hospital

- Plan to leave the hospital by 11 a.m.
- If your ride is not ready when you're discharged, you may move to the discharge lounge while you wait. Ask your nurse for more information.

## At Home

Remember to follow your care team's instructions and the instructions in *About Your Esophagectomy Surgery* while you're recovering from your surgery.

### Taking your medications

- Take your medication as directed and as needed.
- Don't drive or drink alcohol while you're taking prescription pain medication.

### Eating and drinking

- You will go home with a feeding tube.
- An outpatient clinical dietitian will call you to give you instructions for slowly getting less nutrition from your feeding tube and more nutrition from your diet.
- Read the resource *Diet and Nutrition During Treatment for Esophageal Cancer* ([www.mskcc.org/pe/diet\\_esophageal\\_cancer](http://www.mskcc.org/pe/diet_esophageal_cancer)) for more information.
- Your feeding tube will be removed during your first appointment after surgery, if you're getting enough nutrition from your diet.

### What to do

- **You will need to raise the head of your bed for the rest of your life.**
- Walk more than you did yesterday.
- Don't drive until your care team says it's OK.
- Don't lift more than 10 pounds (4.5 kilograms) for 8 weeks.
- Fill out your Recovery Tracker on MyMSK every day for the first 10 days after you leave the hospital.

### When to call your care team

Call your care team if you have:

- A fever of 101 °F (38.3 °C) or higher.
- New or worsening chills or sweating.
- New or worsening redness or swelling around your incision.
- New drainage from your incision or drainage that smells bad or is thick or yellow.
- Pain that doesn't get better with medication.
- A new or worsening cough.

If you have any questions, contact your care team Monday to Friday from 9 a.m. to 5 p.m. After 5 p.m., on weekends, and on holidays, call 212-639-2000. Ask to speak to the person on call for your healthcare provider.



# Activity and Recovery Log

Use this log to track your recovery after surgery.

	1 Day After Surgery	2 Days After Surgery	3 Days After Surgery
<b>Walking</b> Check 1 box for each lap you walk around the unit.	Goal: Walk 7 laps. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: Walk 10 laps. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: Walk 14 laps (1 mile). <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Sitting</b> Check 1 box for each hour you sit in your chair.	Goal: Move to your chair with help. <input type="checkbox"/>	Goal: Sit in your chair for 2 hours or more. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: Sit in your chair for 3 hours or more. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Incentive Spirometer</b> Check 1 box each hour you use your incentive spirometer 10 times.	Goal: 10 times each hour you're awake. <input type="checkbox"/> 6 a.m. <input type="checkbox"/> 12 p.m. <input type="checkbox"/> 6 p.m. <input type="checkbox"/> 7 a.m. <input type="checkbox"/> 1 p.m. <input type="checkbox"/> 7 p.m. <input type="checkbox"/> 8 a.m. <input type="checkbox"/> 2 p.m. <input type="checkbox"/> 8 p.m. <input type="checkbox"/> 9 a.m. <input type="checkbox"/> 3 p.m. <input type="checkbox"/> 9 p.m. <input type="checkbox"/> 10 a.m. <input type="checkbox"/> 4 p.m. <input type="checkbox"/> 10 p.m. <input type="checkbox"/> 11 a.m. <input type="checkbox"/> 5 p.m. <input type="checkbox"/> 11 p.m.	Goal: 10 times each hour you're awake. <input type="checkbox"/> 6 a.m. <input type="checkbox"/> 12 p.m. <input type="checkbox"/> 6 p.m. <input type="checkbox"/> 7 a.m. <input type="checkbox"/> 1 p.m. <input type="checkbox"/> 7 p.m. <input type="checkbox"/> 8 a.m. <input type="checkbox"/> 2 p.m. <input type="checkbox"/> 8 p.m. <input type="checkbox"/> 9 a.m. <input type="checkbox"/> 3 p.m. <input type="checkbox"/> 9 p.m. <input type="checkbox"/> 10 a.m. <input type="checkbox"/> 4 p.m. <input type="checkbox"/> 10 p.m. <input type="checkbox"/> 11 a.m. <input type="checkbox"/> 5 p.m. <input type="checkbox"/> 11 p.m.	Goal: 10 times each hour you're awake. <input type="checkbox"/> 6 a.m. <input type="checkbox"/> 12 p.m. <input type="checkbox"/> 6 p.m. <input type="checkbox"/> 7 a.m. <input type="checkbox"/> 1 p.m. <input type="checkbox"/> 7 p.m. <input type="checkbox"/> 8 a.m. <input type="checkbox"/> 2 p.m. <input type="checkbox"/> 8 p.m. <input type="checkbox"/> 9 a.m. <input type="checkbox"/> 3 p.m. <input type="checkbox"/> 9 p.m. <input type="checkbox"/> 10 a.m. <input type="checkbox"/> 4 p.m. <input type="checkbox"/> 10 p.m. <input type="checkbox"/> 11 a.m. <input type="checkbox"/> 5 p.m. <input type="checkbox"/> 11 p.m.
<b>Lung Exercises</b> Check 1 box each time you do your coughing and deep breathing exercises.	No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Mouth Care</b> Check 1 box each time you clean your mouth.	Goal: Brush your teeth and use a mouth rinse 3 or more times. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: Brush your teeth and use a mouth rinse 3 or more times. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: Brush your teeth and use a mouth rinse 3 or more times. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Bowel Movements</b> Check 1 box each time you poop.	No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	4 Days After Surgery	5 Days After Surgery	6 Days After Surgery
<b>Walking</b> Check 1 box for each lap you walk around the unit.	Goal: 14 laps (1 mile) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: 14 laps (1 mile) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: 14 laps (1 mile) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Sitting</b> Check 1 box for each hour you sit in your chair.	Goal: Sit in your chair for 4 hours or more. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: Sit in your chair for 6 hours or more. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: Sit in your chair for 6 hours or more. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Incentive Spirometer</b> Check 1 box each hour you use your incentive spirometer 10 times.	Goal: 10 times each hour you're awake <input type="checkbox"/> 6 a.m. <input type="checkbox"/> 12 p.m. <input type="checkbox"/> 6 p.m. <input type="checkbox"/> 7 a.m. <input type="checkbox"/> 1 p.m. <input type="checkbox"/> 7 p.m. <input type="checkbox"/> 8 a.m. <input type="checkbox"/> 2 p.m. <input type="checkbox"/> 8 p.m. <input type="checkbox"/> 9 a.m. <input type="checkbox"/> 3 p.m. <input type="checkbox"/> 9 p.m. <input type="checkbox"/> 10 a.m. <input type="checkbox"/> 4 p.m. <input type="checkbox"/> 10 p.m. <input type="checkbox"/> 11 a.m. <input type="checkbox"/> 5 p.m. <input type="checkbox"/> 11 p.m.	Goal: 10 times each hour you're awake <input type="checkbox"/> 6 a.m. <input type="checkbox"/> 12 p.m. <input type="checkbox"/> 6 p.m. <input type="checkbox"/> 7 a.m. <input type="checkbox"/> 1 p.m. <input type="checkbox"/> 7 p.m. <input type="checkbox"/> 8 a.m. <input type="checkbox"/> 2 p.m. <input type="checkbox"/> 8 p.m. <input type="checkbox"/> 9 a.m. <input type="checkbox"/> 3 p.m. <input type="checkbox"/> 9 p.m. <input type="checkbox"/> 10 a.m. <input type="checkbox"/> 4 p.m. <input type="checkbox"/> 10 p.m. <input type="checkbox"/> 11 a.m. <input type="checkbox"/> 5 p.m. <input type="checkbox"/> 11 p.m.	Goal: 10 times each hour you're awake <input type="checkbox"/> 6 a.m. <input type="checkbox"/> 12 p.m. <input type="checkbox"/> 6 p.m. <input type="checkbox"/> 7 a.m. <input type="checkbox"/> 1 p.m. <input type="checkbox"/> 7 p.m. <input type="checkbox"/> 8 a.m. <input type="checkbox"/> 2 p.m. <input type="checkbox"/> 8 p.m. <input type="checkbox"/> 9 a.m. <input type="checkbox"/> 3 p.m. <input type="checkbox"/> 9 p.m. <input type="checkbox"/> 10 a.m. <input type="checkbox"/> 4 p.m. <input type="checkbox"/> 10 p.m. <input type="checkbox"/> 11 a.m. <input type="checkbox"/> 5 p.m. <input type="checkbox"/> 11 p.m.
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<b>Mouth Care</b> Check 1 box each time you clean your mouth.	Goal: Brush your teeth and use a mouth rinse 3 or more times. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: Brush your teeth and use a mouth rinse 3 or more times. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: Brush your teeth and use a mouth rinse 3 or more times. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Bowel Movements</b> Check 1 box each time you poop.	No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No goal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>