聖保祿醫院
St. Paul's Hospital

Procedure Information Sheet - Oesophagectomy

Introduction

Oesophagus is a tubular structure in the upper gastro-intestinal tract that linkup the hypopharynx in the neck to the stomach in the abdominal cavity. Anatomically, most of the oesophagus is located within the thoracic cavity. Closely related to the oesophagus are many vital structures and these including the followings:

1. Trachea and the bronchi.
2. Pericardium and the heart.
3. Great vessels:
   - Aortic arch.
   - Descending aorta.
   - Major veins like hemizygous/ azygous veins.

Indications

Oesophagectomy (i.e. Resection of the Oesophagus) is mainly performed for malignancy of the Oesophagus which is still a relatively common cancer in our locality. Occasionally, Oesophagectomy is also indicated in benign condition like perforation and non-malignant narrowing (e.g. Corrosive stricture).

Procedure

1. The operation is carried out under general anaesthesia with selective ventilation of the lungs. Epidural anaesthesia or patient-control anaesthesia is frequently applies to reduce post-operative pain in view of thoracotomy wound.
2. Open surgical approach results in incisions over abdomen, chest and perhaps neck as well. Nowadays, laparoscopic and thoracoscopic dissection can be performed as minimal invasive procedures.
3. Conventionally, Oesophagectomy includes three phases:
   - Surgical resection of the Oesophagus.
   - Mobilization of the stomach keeping with it the blood supply.
   - Anastomosis to maintain the continuity.
4. Reconstruction: Following Oesophagectomy, the stomach is the organ of choice to be pull-up to regain the continuity of the gastro-intestinal tract. However, in selected cases, a segment of the large bowel is required to work as the conduit for reconstruction.

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Pre-operative preparation

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. No food or drink is allowed 6 to 8 hours before operation.
3. Optimize pulmonary function.
   - Stop smoking.
   - Treat existing chest infection if any.
   - Vigorous breathing and coughing exercise.

Possible risks and complications

Oesophagectomy is an ultra-major operation. Post-operative intensive care is often indicated. Specific complications related to oesophagectomy include:

- Intra-operative bleeding in view of the extensive field of dissection and the nearby major vessels.
- Anastomotic leakage because of tension to anastomosis and /or impaired blood supply.
- Chylothorax as a result of damage to lymphatic system.
- Chest infection/ pneumonia.
- Majority of the patients are heavy smokers with poor ventilatory function. The thoracotomy wound and single lung ventilation further impair the pulmonary recovery. Indeed, sputum retention and chest complication is still one of the most likely causes of surgical mortality.
- Mortality rate estimated 5%.

Post-operative information

1. After surgery, ICU care for ventilator support and monitoring is the routine practice. Early ambulation is advisable and oral diet is usually resumed on day 7-9 after operation.
2. Nutritional support:
   - Enteral feeding is encouraged if possible.
   - Parental nutrition is seriously considered.

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Remark

The above mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

Reference: http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html

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I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name:

Pt No.: Case No.:

Sex/Age: Unit Bed No:

Case Reg Date & Time:

Attn Dr:

Patient / Relative Signature: _____

Patient / Relative Name: _____

Relationship (if any): _____

Date: _____