Instructions for
Esophageal Surgery Patients

We hope this guide answers some of the questions that you and your family might have about your esophagus surgery. If you have any other questions or concerns, be sure to ask your doctor or nurse.

NOTE: If your doctor’s instructions differ in any way from those listed in this guide, always follow your doctor’s instructions.

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Thoracic Surgery Services
Thoracic Surgery Service
(314) 362-7260
toll-free long distance:
(888) 287-8741

See the back cover of this booklet for other important telephone numbers

Lung Center
at the Center for Advanced Medicine
8th Floor, Suite B
(314) 454-8917

If you start at BJH-South Campus, take the indoor link to the Center for Advanced Medicine elevators.

If you start from home, park at the North Garage and cross the skywalk over Euclid Avenue to the Center for Advanced Medicine elevators.

Take the Center for Advanced Medicine elevators to the eighth floor.
MEDICATION ALERT!!

If you are taking any medicines that thin your blood, they may need to be stopped before surgery. Please discuss your medication list with your surgeon and/or Nurse Practitioner for your individual pre-surgery instructions.

Most blood thinners need to be stopped for at least one week prior to surgery.

Please alert us if you are taking any of the following medicines:

<table>
<thead>
<tr>
<th>Abciximab</th>
<th>Coumadin</th>
<th>Ibuprofen</th>
<th>Plavix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggrastat</td>
<td>Dipyridamole</td>
<td>Integrislin</td>
<td>ReoPro</td>
</tr>
<tr>
<td>Aggrenox</td>
<td>Ecotrin</td>
<td>Lovenox</td>
<td>Ticlid</td>
</tr>
<tr>
<td>Asaphen</td>
<td>Empirin</td>
<td>Motrin</td>
<td>Ticlopidine</td>
</tr>
<tr>
<td>Aspirin</td>
<td>Eptifibatide</td>
<td>Naproxen</td>
<td>Tirofiban</td>
</tr>
<tr>
<td>Celebrex</td>
<td>Halfprin</td>
<td>Persantine</td>
<td>Vitamin E</td>
</tr>
<tr>
<td>Clopidogrel</td>
<td>Heparin</td>
<td>Pepto-Bismol</td>
<td>Warfarin</td>
</tr>
</tbody>
</table>

If you are not sure if your medicine is on this list, please ask us to check.

Thank you.
The **ESOPHAGUS** is a 10-inch long tube of muscles. When you swallow, food passes into the esophagus and the muscles contract to push food down into the stomach. The esophagus starts at the back of the throat. The top 2 inches of the esophagus are in the neck. The next 7 inches are in the chest behind the breastbone. Then the esophagus passes through the diaphragm and joins the stomach. The diaphragm is a large, flat muscle that separates the contents of the chest from those of the abdomen.

The **STOMACH** is about 10 inches long and 5 inches wide at the widest part. The stomach makes acid juices that digest food. The digestive juices are helpful in the stomach, but may cause problems if the acid juices get into the esophagus.

**Incisions you might have:**

- **Thoracotomy**
- **Midline**
USING THE INCENTIVE SPIROMETER

Your doctor wants you to use an incentive spirometer to help you breathe deeply after surgery. Using it will help prevent pneumonia.

This device helps you track how deeply you breathe.

Here’s how you use it:

1. Breathe out (exhale) normally. Then place your lips tightly around the mouthpiece.
2. Breathe in (inhale) slowly to raise the piston in the chamber. See the picture below. When you have taken a full breath, remove the mouthpiece.
3. Breathe out normally. Let the piston return to the bottom of the chamber.
4. Rest. Repeat these steps ten times. Try to do this every hour that you are awake after your surgery.

Taking deep breaths and coughing also helps prevent pneumonia after your surgery.

1. To help you cough, take a slow, deep breath. Breathe in through your nose. Concentrate on feeling your chest expand fully.
2. Breathe out through your mouth. Concentrate on feeling your chest sink down and in.
3. Take another breath this same way.
4. Now, take a third breath. This time, hold your breath for a moment.
5. Cough forcefully. As you cough, concentrate on forcing all the air out of your chest.
6. Do this exercise two more times.

Pre-Admission Testing: Date: ____________  Time:_________

- Blood and urine tests.
- Chest x-ray and ECG (electrocardiogram)
- Visits with an anesthesia staff member
- Completion of paperwork
- Please bring your insurance card, list of medicines, including doses and how often you take them, and your “Advance Directive”, which is your Health Care Treatment Directive, Durable Power of Attorney for Health Care or Living Will
  - If you do not have an “Advance Directive”, please let us know so we can help.

Things to Do Before Surgery:

Depending on what is best, you may come into the hospital the day before surgery or on the day of surgery. Whether you are in the hospital or at home, your plan of care will not change.

C - Call us for any questions you have about your operation. Our phone numbers are listed on the back cover of this booklet.

H - Hot shower or bath the night before and the morning of surgery The Center for Pre-Operative Assessment and Planning may give you a small bottle of “Scrub Care” anti-bacterial soap. Otherwise, use any brand of anti-bacterial soap, such as Dial for your showers or baths. Make sure that you wash your chest and back well.

E - Eating is out!
No eating or drinking after midnight - 12:00 a.m.
Check with your doctor if you need to take pills before surgery.

S - Sleep
Rest and relax the night before surgery. Ask for a sleeping pill if needed.

T - Timely
Please arrive on time on the day of surgery. Family members should plan to arrive two hours before the planned time of the surgery.
GOING TO SURGERY

Things to Do:

Bring with you:

☐ Bring someone with you to the hospital.
☐ Bring comfortable shoes with non-slip soles to walk in after surgery.

Please do not bring any valuables to the hospital.

If you are already in the hospital, you will be awakened early and taken to the Cardiothoracic Holding Area.

If you are coming into the hospital the day of surgery:

☐ You will need to check in at the Surgical Registration and Waiting Area.

The waiting area is conveniently located on the main level of the Barnes-Jewish Hospital South Campus.

☐ Either park with the valet or park in the South Campus subsurface garage across the street.

☐ If you park with the valet, take the escalator up to the main floor lobby, the entrance to the Surgical Registration and Waiting Area is located by turning right and walking down the hallway. The entrance is immediately on the left.

☐ If you park in the underground garage, you will take the walkway across to the main floor lobby of Barnes-Jewish Hospital South Campus.

☐ There are signs in the main lobby directing you to the Surgical Registration and Waiting Area. If you are facing the large water fountain, turn right and walk straight down the hallway, past the escalators and the mirrored wall. You will see the entrance to the Surgical Registration and Waiting Area on your left.

☐ Check in at the main desk.

☐ The telephone number to the waiting area is (314) 362-1164 should you get lost, or your family needs to reach you.

☐ There is an Information Desk in the main lobby to help with these directions. Please feel free to ask for help.
GOING TO SURGERY

Once in the Holding Area:

- Go to the bathroom before you receive your medicine.
- You will be given a hospital gown to wear to the operating room.
- Remove all of the following:
  - dentures
  - jewelry
  - hairpins
  - makeup
  - glasses
  - hair pieces
  - nail polish
  - contact lenses
  - all underwear
  - artificial body parts
- Give all your **belongings to your family** for safe keeping while you are in surgery and in the 56-ICU or 7100 Progressive Care Unit [ 71 PCU ]. It is best to ask your family member to take your belongings to the trunk of your car. There are lockers in the Surgical Registration and Waiting Area to hold your items while you are in surgery. The hospital takes responsibility only for valuables checked into the Security Office safe.

What the Patient Can Expect

- The hair on your chest and back will be clipped in the operating room before surgery.
- You will receive medicine that will make you feel relaxed and sleepy.
- You may wear oxygen if needed.
- The operating room is chilly. Ask for a blanket if you need one.
- We will place a mark on your body on the side of the surgery. We will ask you to confirm which side will be operated upon.
IN THE OPERATING ROOM, 
ICU AND RECOVERY ROOM

What the Patient Can Expect

In the Pre-Operative Holding Area, the anesthesia doctor will put an intravenous (I.V.) line in your arm and give you medicine to help make you feel relaxed and sleepy. You may also have an epidural tube placed in your back for receiving your pain medicine.

After you are asleep:

- You will have special IV’s put in your neck and wrist. They will remain in place for several days after surgery.
- The anesthesia doctor will put a breathing tube in your mouth. This will help your lungs breathe during and after surgery.
- You will have a tube in your bladder to drain the urine. This tube will remain in place for several days after the surgery.

After the surgery:

- You will be in the 56-ICU or in the recovery room after surgery. The nurse will check your blood pressure, heart rate and breathing every 15 minutes for the first few hours.
- You may have chest tubes to drain air and fluid from your chest.
- You might wake up with a breathing tube in your mouth. The breathing tube will be attached to a machine that helps you breathe. This machine is called a ventilator.
- Do not try to talk while the tube is in your mouth.
- The breathing tube will be suctioned when needed. This will make you cough. Try to relax and take slow deep breaths.
- The breathing tube will be taken out when you are awake and able to breathe on your own.

You will be moved to the 7100 Progressive Care Unit (71 PCU) when the doctor says you are ready.
IN THE OPERATING ROOM,
ICU AND RECOVERY ROOM

What the Family Can Expect

☐ Take all of the belongings for safe keeping while your loved one is in surgery and the in the 56-ICU or 7100 Progressive Care Unit (71 PCU). There is not a secure storage space for the belongings in the ICU or the PCU. Ask if you need help to take the belongings to the trunk of your car.

☐ Please wait in the Surgical Registration and Waiting Area while your loved one is in the operating room and the recovery room.

☐ The doctor will let you know how long to expect the surgery to take.

☐ Expect to be updated during surgery and recovery.
  • When transferred from the holding area to the operating room.
  • About every 2 hours during the operation.
  • When your family member is moved to the recovery room.
  • The update may be as a telephone call to Surgical Registration and Waiting Area, or the operating room coordinator may visit the waiting area.

☐ Please leave a message when you leave the waiting area for lunch or a break.

☐ A doctor will talk to you after the surgery.

☐ You will be able to visit the patient in the 56-ICU, the 7100 Progressive Care Unit (71 PCU) or 7100 Thoracic Surgery Floor. Check in at the nurses’ station to see if your loved one is ready for visitors.

☐ Please let us know if you have special needs or have not received information. Concierge Services (314-362-5196) can help you with special rates at area hotels.

☐ The chaplains and social workers are available to care for you and your family as needed throughout your hospital stay. If you need help coping with feelings, or if you have spiritual or financial concerns, please let us know.
IN56-ICUANDTHEPROGRESSIVECAREUNIT(71PCU)

What the Patient Can Expect

- You will be **sleepy** for several hours after arriving in the ICU or PCU.
- You will have a **regular hospital bed** with many pieces of equipment around you. This equipment helps the nurse monitor your progress.
- The **nursing staff will call** for your family when you are ready for visitors.

Observation:

- Nurses and patient care technicians will care for you.
- We will teach you how to use the call light to contact your nurse.
- We will check your blood pressure, heart rate, breathing and temperature.
- We will watch your ECG (heart rhythm).
- You will wear **oxygen** and a finger cover that helps to check your oxygen level.

Pain:

You will have **some pain**. Please ask your nurse for pain medicine if needed. Let the doctor or nurse know if the pain medicine does not help. The pain medicine may need to be changed to make you more comfortable.

- **PCA** - patient controlled pain medicine
- **Epidural** - a tube placed in your back for giving pain medicine
- **Shots** - intravenous or intramuscular pain medicine

Food and Water:

- You will have **nothing to eat or drink** after surgery. You will start with liquids when your doctor says you are ready.
- You will have an **intravenous (I.V.)** in your arm. You may also have an I.V. in your neck. You may also have a special I.V. (arterial line) in your wrist.

Tubes:

- You will have a **nasogastric tube (NG tube)** to drain your stomach.
- You will have a **feeding tube** in your bowel and may have other drain tubes.
- You will have **chest tubes** that drain air and fluid from your chest.
  - The chest tubes will be taken out when the doctor says you are ready.
- You will have a tube in your bladder to drain urine.

Exercise:

- You will **cough, deep breathe** and use the breathing machine every hour.
- **Turning** from side to side in the bed will help clear your lungs.
- We will help you get up in the **chair** and **walk** soon after surgery.
- We will teach you some exercises for your **shoulders**.
- We will move you to the **7100 Thoracic floor** when the doctor says you are ready.
IN 56ICU AND THE PROGRESSIVE CARE UNIT (71 PCU)

What the Family Can Expect

- Please wait in the 5th Floor Southwest Tower or the 7th Floor Queeny Tower Waiting Area after your loved one is out of surgery. The nursing staff will call when your loved one is in the ICU or the PCU and ready for visitors.
- You will see your loved one in the 56ICU or the 71PCU. The patient will look pale and tired or sleepy. This is normal and will get better over time.
- Limit visitors to two at a time. This is to allow the patient time to rest. Please remember that rest is very important for both the patient and the family. Be sure to get enough rest yourself, and be sure to eat.
- You will be able to talk to the patient and hold his/her hand.
- Please schedule your visits with the 56ICU or the 71PCU nurse. This allows time for your loved one to rest and receive the needed nursing care.
- We will teach you how to use the call light to contact the nurse.
- Your loved one will be cared for by nurses and patient care technicians.
- Before leaving, please give a telephone number to the 56ICU or 71PCU nurse where you can be reached. Ask about the password policy in 71PCU. Only one or two people are given the password to ensure patient privacy.
- You will see your loved one be assisted to:
  - Cough, deep breathe, and use the breathing machine every hour.
  - Get up in the chair and walk according to the exercise plan.
  - Do exercises for the shoulders to avoid stiffness.
- Please ask any questions that you might have of the nurse or doctor.
- We will move the patient to the 7100 Thoracic Floor when the doctor thinks he or she is ready.

Visiting hours for 71PCU and 7100 are 11:00 a.m. to 9:00 p.m.

No overnight visitors for 71PCU or 7100
All visiting hours are modified to meet the needs of each patient.
You may be asked to step out during doctor rounds, during procedures, or when the nurse needs to focus on patient care.
We ask that only two people visit at a time.
Do NOT bring food or drinks into the patient’s room.
Children under 12 years of age must remain in the waiting room with a responsible adult.

Visiting hours for 56ICU are open 24 hours.
The same other visiting rules above apply in 56ICU.
ON THE 7100 THORACIC FLOOR

What the Patient Can Expect

☐ You will have a regular hospital bed with less equipment than you had in the ICU or the PCU. You may have a roommate.

Observation:

☐ Nurses and patient care technicians will care for you.
☐ We will teach you how to use the call light to contact your nurse.
☐ We will check your blood pressure, heart rate, breathing, temperature and weight regularly.

Pain:

☐ You will have some pain. Please ask your nurse for pain medicine if needed.
   Let the doctor or nurse know if the pain medicine does not help you.
   Your medicines may need to be changed to make you more comfortable.

Food and Water:

☐ You will have nothing to eat or drink.
☐ You will have a swallowing test about 5 days after surgery.
   • If the doctor says you are ready, the nasogastric tube [NG tube] will be removed and you can have sips of water.
   • The dietitian will teach you about the “Full Liquid Diet.”
☐ The type of surgery you have will require a feeding tube. Because you are unable to eat or drink by mouth for some time, the doctor will order liquid feedings to be given by the nurse into the feeding tube.
   • You will be taught about the tube feedings because they are needed at home.
   • It is best to eat or drink only while sitting up in a chair. You should stay upright for at least one hour before reclining. This is an excellent time to take a walk.

Exercise:

☐ As part of your recovery, we want you to do as much as you can for yourself. This includes feeding yourself, doing all or part of your bath, and walking.
☐ Walk at least 3 or 4 times a day. You should try to walk farther each time.
☐ Practice the shoulder exercises several times each day. These exercises will avoid stiffness and keep your arms and shoulders flexible.
☐ Please ask for help with all of these exercises. These activities help to prevent complications such as pneumonia, blood clots, stiff joints and other problems.

It is normal:

☐ You may not have much of an appetite.
☐ You may become constipated. Please do not wait to tell the nurse if this is a problem.
ON THE 7100 THORACIC FLOOR

What the Family Can Expect

☐ Your loved one will be in a regular hospital room. There may be a roommate. Please respect the privacy of the roommate.

☐ The patient will be looking more like himself/herself, but will tire easily.

☐ Your loved one will spend more time up in the chair and will walk several times a day.

☐ Nurses and patient care technicians will provide care.

☐ Please ask any questions that you might have of the doctors and nurses.

☐ You will be taught about going home. Any home services your loved one may need will be arranged before going home.

DIET AND NUTRITION

☐ Good nutrition is important for proper healing after your surgery.

☐ If you are able to eat after esophageal surgery, your doctor will order a “Full Liquid Diet” (see page 17).

☐ Because you are unable to get enough calories and other nutrients by eating, your doctor will order liquid feedings into your feeding tube. This tube was placed in your small bowel during your surgery.

☐ You will use the feeding tube for supplemental nutrition for a short time after surgery, and maybe up to 2 or 3 months.
  • A registered dietitian will give you a plan for tube feeding that will meet your needs.
  • The dietitian will teach you how to give your own tube feedings before you go home.
  • A night-time feeding schedule will be set up so that you can be more flexible during the day.
  • In addition to your tube-feeding plan, you may be able to eat 4-6 small meals a day.

☐ You will go home on a “Full Liquid Diet” (see page 17).
  • The dietitian will teach you about this diet before you go home.
  • The tube feedings and the restrictions of the “Full Liquid Diet” are temporary.
  • Your doctor will decide when you are able to eat a normal diet again.
GOING HOME

What You Can Expect

☐ Plan to stay with a family member or friend, or to have someone stay with you for several weeks after you go home. You should not plan to go home alone.

☐ If needed, Home Health Care will be arranged for you before you leave the hospital.

☐ Bring comfortable clothes and shoes to wear home.

☐ Please read the section on pages 20 and 21:

“If You Have Problems at Home”

Activities:

☐ You need a balance of rest and exercise for recovery. Plan to rest between activities and take short naps when needed. Do not stay in bed. Get dressed every day.

☐ Gradually progress your activity as you get stronger.

☐ Walking is a very good exercise. Walk at your own pace. Stop and rest when you get tired. Try to walk outside daily if the weather is mild.

☐ Posture: Please sit and stand up straight. Do not let yourself bend toward your incision. This makes you stiff and uncomfortable.

☐ Continue doing your shoulder exercises as taught by the physical therapist.

☐ Lifting: Do not lift anything heavier than a gallon of milk until your doctor says you can.

☐ Stairs: Unless your doctor tells you differently, you can climb stairs. Take your time. Stop and rest if you tire. Use the handrail, but do not pull yourself up with your arms. Use your legs.

☐ Driving: No driving while you are taking prescription pain medicines. No driving until your doctor says you may drive. You may ride as a passenger at any time, but get out and walk around about every 2 hours. Always be sure to wear your seat belt.

☐ Sexual Relations: You can resume sexual relations when you feel comfortable. For many people this is about 2 to 4 weeks after discharge from the hospital.

☐ Return to Work: You may return to work when your doctor says you can.
GOING HOME

What You Can Expect

Medicines

☐ **Pain Medicine:**
  - You may still have some pain after you go home.
  - Pain medicine will be ordered and discussed with you before you go home.
  - If the medicine the doctor gives you does not help the pain, **call your doctor**.

☐ **Other medicines** will be explained to you before you go home.

Care of the Incisions

☐ **Stitches or Staples**
  - Your surgeon will remove your stitches or skin staples 7 to 10 days after your operation, or at your return appointment.
  - Your surgeon may put small strips of tape over the incision after removing the stitches or staples. Wash over the tapes with soap and water.
  - Remove the strips of tape after 7 days if they have not fallen off.

☐ **Dermabond**
  - This sterile, liquid skin adhesive film holds wound edges together.
  - The film usually stays on your skin for 5 to 10 days.
  - The Dermabond film falls off naturally as your incision heals.

☐ **Examine your incision and chest tube sites:**
  - Examine your incision and chest tube sites before you go home and at least once a day.
  - If you see drainage, redness, separation of the wound edges, or more swelling, **call your doctor**.

☐ **Bathing**
  - Gently **wash your incisions** with mild soap and warm water **every day**.
    ☑ Please report any redness, rashes or odors to your doctor right away.
  - You may start **showering** two days after you go home.
  - If you still have surgical tapes, wash over them with soap and warm water.
  - Avoid very hot water on the incision.
  - Do not soak in a bath until your incisions are healed.
  - Do not put lotion, ointments or creams on your scar.
  - Do not use powder for at least one month.
GOING HOME

It Is Perfectly Normal:

☐ You may not have much of an appetite. It may take several weeks for your appetite to return. You may need small, frequent meals instead of larger ones.

☐ You may have difficulty sleeping at night. If this becomes a problem, tell your doctor. Try to go to bed at your regular time.

☐ You may have some pain.
  • Take the pain medicine as ordered.
  • If the pain medicine is not helpful, call your doctor if this problem continues.

☐ You may feel discomfort.
  • Many patients feel stiffness in the chest in the morning.
  • This may be helped by a long warm shower or by using a heating pad with a towel placed between you and the pad.
  • The puffiness under your arm, above your incision, will improve over 3 to 6 weeks.
  • Women may feel breast pain during healing.
    ■ Keep the breasts well supported to avoid pulling on your chest.
    ■ A bra larger in the chest measurement (not in the cup size) may help.
    ■ If your bra rubs your incision, place a small clean pad over the scar.

☐ You may have problems with constipation.
  • It is important for you to move your bowels before you leave the hospital.
  • If you have not moved your bowels or if your bowels don’t move well after you go home, you may take Senokot-S twice a day or MiraLax if needed.
  • Call your doctor if your constipation continues.

☐ You may have mood swings and feel depressed.
  • You may have good days and bad days.
  • Do not become discouraged.
  • Call your doctor if this problem continues.
Your surgeon recommends a full liquid diet after your esophagus surgery. This diet eases the movement of food through the areas that are swollen temporarily. Eat small, frequent meals six or more times each day.

### Foods Allowed vs. Foods to Avoid

<table>
<thead>
<tr>
<th>Category</th>
<th>Foods Allowed</th>
<th>Foods to Avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Milk</strong></td>
<td>Milk, eggnog, milkshake, yogurt without seeds or fruit</td>
<td>All others</td>
</tr>
<tr>
<td><strong>Breads and Cereal</strong></td>
<td>Cream of rice, cream of wheat, grits</td>
<td>All others</td>
</tr>
<tr>
<td><strong>Fruits</strong></td>
<td>All fruit juices (without pulp)</td>
<td>All others</td>
</tr>
<tr>
<td><strong>Vegetables</strong></td>
<td>All vegetables juices</td>
<td>All others</td>
</tr>
<tr>
<td><strong>Meats</strong></td>
<td>None</td>
<td>All meats</td>
</tr>
<tr>
<td><strong>Soups</strong></td>
<td>Broth, strained or blended cream soups</td>
<td>All others</td>
</tr>
<tr>
<td><strong>Fats</strong></td>
<td>Margarine, butter, cream, nondairy creamer</td>
<td>All others</td>
</tr>
<tr>
<td><strong>Desserts</strong></td>
<td>Ice cream, sherbet, gelatin, custard, pudding, fruit ice, popsicle</td>
<td>All others</td>
</tr>
<tr>
<td><strong>Sugar and Sweets</strong></td>
<td>Sugar, syrup, honey, hard candy</td>
<td>All others</td>
</tr>
<tr>
<td><strong>Beverages</strong></td>
<td>All beverages: coffee, tea</td>
<td>No restrictions</td>
</tr>
<tr>
<td><strong>Nutritional supplements</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Miscellaneous</strong></td>
<td>Salt, herbs, mild spices</td>
<td>All others</td>
</tr>
</tbody>
</table>

### Sample menu:

#### Breakfast
- Apple juice
- Cream of wheat
- Milk
- Custard
- Coffee or tea

#### Lunch
- Strained cream of chicken soup
- Grape juice
- Gelatin
- Milk
- Coffee or tea

#### Dinner
- Strained cream of potato soup
- Apple juice
- Ice cream
- Milk
- Coffee or tea

#### Morning snack
- Milkshake

#### Afternoon snack
- Vanilla pudding
- Cranberry juice

#### Evening snack
- Nutritional supplement
SHOULDER EXERCISES

Your doctor wants you to do a simple exercise to prevent stiffness in your shoulder.

Here’s how you do it:

1. Stand facing the wall.
2. Keeping your elbow straight, “walk” your fingers up the wall as high as you can.
3. Repeat this 10 times. Try each time to “walk” your fingers a little higher.

4. Turn your body slightly. Repeat the “wall walk” 10 times.
5. Turn your body again so that you are at a right angle to the wall.
6. Repeat the “wall walk” 10 more times.
7. Repeat these exercise steps with the other arm.
8. Do this exercise for 10 minutes, two or three times each day.

Illustration from Ciullo, J.V. Shoulder Injuries in Sport: Evaluation, Treatment and Rehabilitation, W.B. Saunders Co, 1996
**IF YOU HAVE PROBLEMS AT HOME**

Questions You May Have at Home

Call the Outpatient Nurse Practitioner.
The toll free number is: **1-888-287-8741**

<table>
<thead>
<tr>
<th>Call with questions about:</th>
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<tbody>
<tr>
<td>■ Post operative recovery</td>
</tr>
<tr>
<td>■ Discharge instructions</td>
</tr>
<tr>
<td>■ Management of symptoms</td>
</tr>
<tr>
<td>■ Draining or reddened wounds</td>
</tr>
<tr>
<td>■ Incision care</td>
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<tr>
<td>■ Questions related to surgery</td>
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<tr>
<td>■ Home Health Care</td>
</tr>
<tr>
<td>■ Directions for helpful community services or agencies</td>
</tr>
</tbody>
</table>

What your doctor or nurse might ask if you call:

<table>
<thead>
<tr>
<th>What was your surgery?</th>
</tr>
</thead>
<tbody>
<tr>
<td>How long have you had these symptoms?</td>
</tr>
<tr>
<td>What medicines are you currently taking?</td>
</tr>
<tr>
<td>What was the date of your discharge from the hospital?</td>
</tr>
<tr>
<td>Regarding incision drainage: color of drainage, does it have an odor, how long has it been draining, is the drainage getting better or worse?</td>
</tr>
</tbody>
</table>

All of the staff at Barnes-Jewish Hospital wishes you a speedy recovery.
Please call if you have questions or need help.
Our important phone numbers are on the back cover of this booklet.
# IF YOU HAVE PROBLEMS AT HOME

## NEEDS IMMEDIATE ATTENTION
**CALL 911**

or

**GO TO YOUR LOCAL EMERGENCY ROOM**

- Chest Pain
- Heart rate faster than 150 beats/minute with shortness of breath or new irregular heart rate
- Shortness of breath NOT relieved by rest
- Coughing up bright red blood
- Sudden numbness or weakness in arms or legs
- Sudden, severe headache
- Fainting spells
- Severe abdominal pain
- Bright red blood in stool

## URGENT PROBLEMS
**CALL YOUR DOCTOR**

- Elevated temperature more than 100° F or 38° C or chills.
- Wounds are reddened, warm to touch, swollen or draining
- Worsening ankle swelling, leg pain or calf pain that becomes worse when pointing toe up to head.
- Worsening shortness of breath
- Sharp pain when taking a deep breath
- If you have:
  - Skin rash
  - Pain control problems
  - New onset of nausea, vomiting or diarrhea
  - Urinary tract infection

If any of the above symptoms occur and you are unable to reach your doctor, call Barnes-Jewish Hospital immediately.

**(314) 362-4054**

Ask the secretary to page the Thoracic Surgery Fellow on call.
IMPORTANT ESOPHAGEAL SURGERY
PHONE NUMBERS

Long Distance (toll free): .......................... 1-888-287-8741
Local Number: ....................................... (314) 362-7260

Doctors:
  Daniel Kreisel, MD. ............................... (314) 362-6021
  Bryan Meyers, MD ................................. (314) 362-8598
  G. Alexander Patterson, MD ................. (314) 362-6025
  Varun Puri, MD ................................. (314) 362-4191
  Benajmin Kozower, MD ....................... (314) 362-8089

Outpatient Nurse Practitioners:
  Andrea Naes, RN, FNP-C ....................... (314) 362-3706
  Nicole Lee, RN, ANP ......................... (314) 747-4580
  Laura Thomas, RN AGPCNP-BC ............. (314) 362-5692

Inpatient Nurse Practitioners:
  Jennifer Burns, APRN-BC .................. (314) 362-4158
  Terri Frazier, APRN-BC ................... (314) 362-4158

Nurse Manager: Erin Goodson, RN .......... (314) 362-1948
Dietitian: Hillary Orneto .................... (314) 362-3833
Nurse Educator: Heather Wagner, RN, FNP-BC. (314) 362-9430
7100 Progressive Care Unit (71 PCU) .... (314) 362-3852
7100 Thoracic Floor ............................. (314) 362-4054

7th Floor Waiting Area Phones:
  7th Floor Waiting Area: .................... (314) 747-8869

This booklet prepared especially for our esophageal surgery patients and their families.
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