Possible Risks of Surgery

- Pneumonia
- Anastomotic leak
- Bleeding
- Chylothorax (lymph leak)
- Reoperation due to complications
- Infections
- Heart attack
- Stroke
- Hoarseness of voice
- Death (around 5%)

After Surgery

Oesophageal surgery is a major surgery. Patients will be sent to the Intensive Care Unit (ICU) or High Dependency (HD) unit for monitoring immediately after the operation. A feeding tube, chest tubes and abdominal tubes will be inserted during the surgery to facilitate post-operative care.

Lifestyle Modifications

Diet

After the operation, patients will need to fast temporarily. Food intake will gradually increase over several days while the patient is being monitored closely for complications.

Eating normally is possible after oesophageal surgery. However, patients might still experience difficulty in swallowing, pain when swallowing or reflux symptoms. Consuming smaller food portions every 2 to 3 hours may help. These symptoms usually improve over time.

Post-operative care will also involve a dietitian who will assist in meal planning as well as advise on supplements needed in the post-surgical recovery phase and for the future.

Exercise

Exercise is good for the patient before and after surgery. Physiotherapists will assist patients with an exercise programme tailored to their personal needs to help them feel better both physically and emotionally.

Surgical Specialists Centre

NUH Medical Centre Level 15
Email: surgical_specialists_centre@nuhs.edu.sg

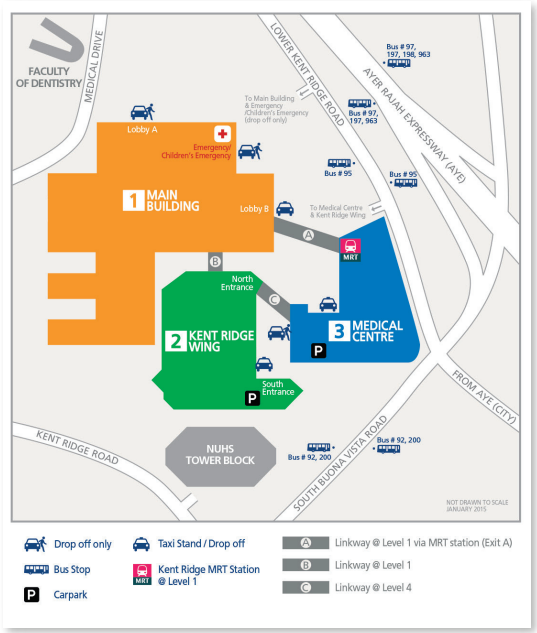
University Surgical Centre

Kent Ridge Wing Level 5
Email: usc@nuhs.edu.sg

Appointment Line: (65) 6772 2002

Opening Hours:
Monday to Friday: 8:30am - 5:30pm
Closed on Sat, Sun & Public Holidays

Nearest MRT Station: Kent Ridge (Circle Line)



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National University Cancer Institute Singapore

Oesophageal Cancer

What is an Oesophagus?

The oesophagus is a hollow, muscular tube that runs from the mouth to the stomach and lies between the trachea (windpipe) and the spine. Food swallowed from the mouth travels through the oesophagus in order to reach the stomach and the rest of the digestive system.

Oesophageal Cancer

Oesophageal cancer is an uncommon but aggressive tumour that can occur in any part of the oesophagus. A vast majority of oesophageal cancers are either squamous cell carcinoma (SCC) or adenocarcinoma.

The use of tobacco and alcohol are strong risk factors for oesophageal cancer and are associated with 2 to 10 times increase in risk. A longstanding history of gastro-oesophageal reflux disease (GERD) is also associated with an increased risk of oesophageal cancer.

Symptoms

The classic symptoms include:

- Difficulty in swallowing
- Vomiting or regurgitation
- Loss of appetite and weight loss
- Pain or discomfort in the chest

Apart from the above characteristic symptoms, other symptoms may include pain when swallowing, hoarseness of voice, frequent hiccups and repeated episodes of respiratory infection.

Diagnostic Tests

Diagnostic investigations for oesophageal cancer include endoscopy and scans.

Endoscopy involves looking for a growth and measuring the level that it is at, obtaining a specimen for histology and sometimes inserting a feeding tube. **Endoscopic ultrasound (EUS)** and **bronchoscopy** may be required in some cases to further stage the tumour.

Other tests may include :

- **Computed Tomography (CT) scan**
- **Positron Emission Tomography (FDG-PET) scan**
- **Laparoscopy**

Treatment

The choice of treatment will depend on the **stage, type** and **location** of the cancer, as well as the overall **health condition** of the patient.

The treatment of oesophageal cancer usually includes one or more of the following:

- Surgery
- Chemotherapy
- Radiation therapy
- Combined chemotherapy and/or radiation therapy with surgery
- Endoscopic stenting

Surgery

Surgery involves the removal of the affected part of the oesophagus, followed by an artificially created anastomosis (connection) between the stomach and remaining oesophagus. If the stomach cannot be re-connected, this may be substituted by either the small or large intestine.

The procedure can be performed by either laparoscopic (key-hole) surgery, open surgery or robotic surgery. Depending on the location of the tumour, incisions may need to be made in the chest or neck to ensure adequate removal of the tumour and subsequent creation of the anastomosis.