INFORMATION FOR OESOPHAGO-GASTRECTOMY (IVOR LEWIS PROCEDURE)

You will have an operation to remove almost 2/3 of your gullet and part of the stomach along with the related lymph nodes. The operation is performed in 2 stages:
Stage 1: Incision and operation through the middle of the abdomen. This stage may be performed laparoscopically.
Stage 2: Incision and completion of the operation through the right side of chest
Following the above mentioned, the remaining part of the stomach will be anastomosed to the remaining part of the gullet, high in the chest. The operation usually takes about 6 to 8 hours. After the operation you will be nursed initially in the Intensive Care Unit for a few days.

You will find some (tubes) drains coming out and may also have a fine bore feeding tube. Through this feeding tube you will be provided nutrition in the early post-operative stage. There will be a tube through the nose, which shall remain in place for a few days.

You will be completely fasting for 3 to 5 days. About 3 days after surgery an X-Ray (Gastrograffin Swallow) will be performed whereby we will test that there is no leakage at the anastomosis. Following this X-Ray being satisfactory, you will be commenced on sips of water and gradually progress to normal diet. All being well, you will be able to get home in around 2 weeks after surgery.

This is a complex major procedure and there is a risk of 5 to 10% death rate (mortality) from the operation. The common early complication are pain, bleeding, infection (deep and skin), sepsis, respiratory complications (25 to 50% cases have been reported to have significant complication and you will be advised active, regular physiotherapy after the operation), cardiac complications

(angina, infarction, irregular heart beat etc.), deep vein thrombosis and pulmonary embolism (clot in the lungs), sepsis from venous cannulae, anastomotic leakage (5%), chylothorax i.e. leakage of milky fluid from the chest (2-3%) and weak voice (recurrent laryngeal nerve injury). Other complications include bowel and other visceral injury, falling out or blockage of feeding tube, small bowel obstruction and delayed wound healing. Some of these complications are potentially serious and may need another procedure.

Sometimes, the spleen also needs to be removed which can reduce your immunity towards infection. You will then be provided with appropriate immunisations afterward and also need to stay on penicillin for at least 5 years.

Some late effects of the operation include early fullness (you will learn to eat small frequent meals and will be seen by a dietician during your stay in the hospital), diarrhoea, dumping (sense of light-headedness, blackout, pain – less with low carbohydrate, high protein diet), bile reflux, vitamin and iron deficiency and winging of scapula (shoulder blade) and incisional hernia. Most patients continue to lose weight initially and it may be a few months before the weight starts stabilising. Patients also suffer from a loss of energy levels in general and this may take a few months to recover. Sometimes there is a narrowing at the site of the anastomosis and this may need stretched with the help of endoscopy. Unfortunately, any cancer can recur and requires active follow-up.

Also, in spite of all staging investigations, it may be found during the cancer operation that further extensive procedure may not be feasible. In this rare scenario, further oncological treatment options will be discussed with you on recovery.