
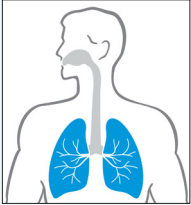









Esophagectomy

In general, this Care Map is what you can expect during your hospital stay of 7 to 10 days. You will be discharged by 11 a.m. Your health care team may suggest changes unique to your recovery.

	Hospital Day 1 (day of surgery) Date: _____	Hospital Days 2 to 4 Date: _____	Hospital Days 5 to 6 Date: _____	Hospital Days 7 to 10 Date: _____
<p>Comfort</p>  <p>Your pain goal:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> You will receive pain medicine by intravenous (IV) line in your hand or arm, or through a feeding tube. <input type="checkbox"/> You will talk with your nurse about your pain and how to manage it. 	<ul style="list-style-type: none"> <input type="checkbox"/> You will receive pain medicine by IV or through a feeding tube. <input type="checkbox"/> Your nurse will ask you about your pain level. <input type="checkbox"/> You may try integrative therapies (such as relaxation and massage). <input type="checkbox"/> Tell your nurse if you are having trouble sleeping. You and your nurse can talk about reducing visitors, changing your daytime routine, or taking medicine to help you sleep. 	<ul style="list-style-type: none"> <input type="checkbox"/> You will receive pain medicine as needed. <input type="checkbox"/> Your doctor will decide if you should take pain medicine by IV, by mouth, or by a feeding tube. <input type="checkbox"/> Have integrative therapies if they are helpful. 	<ul style="list-style-type: none"> <input type="checkbox"/> You will receive pain medicine by mouth or by feeding tube. <input type="checkbox"/> Have integrative therapies if they are helpful.
<p>Breathing</p> 	<ul style="list-style-type: none"> <input type="checkbox"/> Use the incentive spirometer every hour while you are awake and take deep breaths. <input type="checkbox"/> An oxygen machine will check the oxygen level in your blood. <input type="checkbox"/> You may receive oxygen. <input type="checkbox"/> You may have a hoarse or weak voice. 	<ul style="list-style-type: none"> <input type="checkbox"/> If your oxygen levels are OK, your nurse will remove the oxygen from your nose. <input type="checkbox"/> Use the incentive spirometer every hour while awake. <input type="checkbox"/> An oxygen machine will check the oxygen level in your blood. <input type="checkbox"/> You may have a hoarse or weak voice. 	<ul style="list-style-type: none"> <input type="checkbox"/> Use the incentive spirometer every hour while awake. <input type="checkbox"/> If your hoarse or weak voice continues, your doctor may want you to see a special doctor (ear, nose and throat, or ENT) to check your vocal cords. 	<ul style="list-style-type: none"> <input type="checkbox"/> Use the incentive spirometer 5 or 6 times a day. <input type="checkbox"/> Take deep breaths and cough often.

	Hospital Day 1 (day of surgery) Date: _____	Hospital Days 2 to 4 Date: _____	Hospital Days 5 to 6 Date: _____	Hospital Days 7 to 10 Date: _____
Tests, Labs and Procedures 	<ul style="list-style-type: none"> <input type="checkbox"/> You will receive fluids and antibiotics (medicine) through your IV. <input type="checkbox"/> You will have a catheter (thin tube) in your bladder. This will drain your urine. <input type="checkbox"/> You may have blood tests. <input type="checkbox"/> You may have a chest tube to drain fluid, blood and air from your chest. <input type="checkbox"/> You will be weighed. 	<ul style="list-style-type: none"> <input type="checkbox"/> If you have a chest tube, you may need a chest X-ray every day until the chest tube(s) are taken out. <input type="checkbox"/> You may have blood tests to check for certain levels such as hemoglobin and electrolytes. 	<ul style="list-style-type: none"> <input type="checkbox"/> You will have a swallow study. This is a test to make sure there is not a leak where the esophagus and stomach are connected. <input type="checkbox"/> If you have a chest tube, it will be taken out when: <ul style="list-style-type: none"> <input type="checkbox"/> you have little drainage from the chest tube(s) <input type="checkbox"/> there is no air leaking from your lungs <input type="checkbox"/> you can tolerate the chest tube(s) without suction. 	<ul style="list-style-type: none"> <input type="checkbox"/> You may have blood tests to check for certain levels such as hemoglobin and electrolytes.
Food and Drink 	<ul style="list-style-type: none"> <input type="checkbox"/> You will not be able to eat or drink anything. Ask your nurse for help with dry mouth or throat. <input type="checkbox"/> You will have a tube in your nose that is connected to a suction machine. <input type="checkbox"/> You will have an IV (intravenous) line in your arm or hand to give you fluids. <input type="checkbox"/> You will have a feeding tube (J-tube) in your small intestine. 	<ul style="list-style-type: none"> <input type="checkbox"/> You will not be able to eat or drink anything. <input type="checkbox"/> You will have a tube in your nose that is connected to a suction machine. <input type="checkbox"/> Tell your nurse if you have throat pain. <input type="checkbox"/> You will have IV fluids. <input type="checkbox"/> A liquid feeding may be started through the feeding tube on the first or second day. 	<ul style="list-style-type: none"> <input type="checkbox"/> If there is no leak during the swallow study: <ul style="list-style-type: none"> <input type="checkbox"/> the tube in your nose will be removed <input type="checkbox"/> you may be able to have ice chips or clear liquids. <input type="checkbox"/> Your tube feedings may continue but be changed to nighttime feedings. 	<ul style="list-style-type: none"> <input type="checkbox"/> Your surgeon will set your diet. <input type="checkbox"/> Ask your nurse if you are not sure about what you can eat. <input type="checkbox"/> Tell your nurse if your food makes you cough or throw up.

	Hospital Day 1 (day of surgery) Date: _____	Hospital Days 2 to 4 Date: _____	Hospital Days 5 to 6 Date: _____	Hospital Days 7 to 10 Date: _____
Activity 	<input type="checkbox"/> You will sit in a chair and may walk with help from your nurse. <input type="checkbox"/> The head of your bed will be raised. <input type="checkbox"/> You will wear special leg wraps (compression device) while you are in bed to help prevent blood clots.	<input type="checkbox"/> You will walk in the hall at least 2 to 4 times a day with help from your nurse. <input type="checkbox"/> Keep the head of your bed raised. <input type="checkbox"/> Wear the leg wraps while you are in bed. <input type="checkbox"/> You may receive blood-thinner medicine to help prevent blood clots. <input type="checkbox"/> You may take a sponge bath.	<input type="checkbox"/> Keep the head of your bed raised. <input type="checkbox"/> Walk in the hall at least 4 to 6 times a day. Walk 1___ Walk 2___ Walk 3___ Walk 4___ Walk 5___ Walk 6___ <input type="checkbox"/> You may meet with Physical Therapy to help regain your strength. <input type="checkbox"/> You may take a sponge bath.	<input type="checkbox"/> Walk in the hall at least 4 to 6 times a day. Walk 1___ Walk 2___ Walk 3___ Walk 4___ Walk 5___ Walk 6___ <input type="checkbox"/> You may take a shower. Cover your incision and tube feedings sites. Your nurse will help you.
Bladder/ Bowel 	<input type="checkbox"/> There will be a catheter placed in your bladder that will drain your urine. <input type="checkbox"/> Members of the nursing staff will help you to the bathroom or a bedside commode if you need to have a bowel movement.	<input type="checkbox"/> Your nurse will remove the bladder catheter by the second day after surgery. <input type="checkbox"/> Tell your nurse if you have problems going to the bathroom. <input type="checkbox"/> Tell your nurse if you are passing gas. <input type="checkbox"/> You will take a stool softener.	<input type="checkbox"/> Tell your nurse if you are passing gas, are constipated, or have loose stools. <input type="checkbox"/> Take medicine to prevent constipation, if needed.	<input type="checkbox"/> Your doctor may want you to keep taking medicine to prevent constipation or have treatment if you have loose stools.
Education 	<input type="checkbox"/> incentive spirometer <input type="checkbox"/> fall prevention and activity <input type="checkbox"/> pain relief <input type="checkbox"/> nasogastric tube	<input type="checkbox"/> how to prevent blood clots <input type="checkbox"/> incentive spirometer <input type="checkbox"/> fall prevention and activity	<input type="checkbox"/> foods and liquids that are OK to eat and drink <input type="checkbox"/> incentive spirometer <input type="checkbox"/> how to care for and flush your J-tube at home	<input type="checkbox"/> Your nurse coordinator will help with your plans for going home and follow-up visits. <input type="checkbox"/> You and your support person will meet with a dietitian. <input type="checkbox"/> You will learn how to care for your incision(s).

	Hospital Day 1 (day of surgery) Date: _____	Hospital Days 2 to 4 Date: _____	Hospital Days 5 to 6 Date: _____	Hospital Days 7 to 10 Date: _____
<p>Plans for Leaving the Hospital (Discharge)</p> 	<ul style="list-style-type: none"> <input type="checkbox"/> Who will help you at home? <input type="checkbox"/> What are your needs at home? <input type="checkbox"/> Who is taking you home? 	<ul style="list-style-type: none"> <input type="checkbox"/> Talk with your nurse about your plans for leaving the hospital (discharge plan). <input type="checkbox"/> Tell your nurse who your support person will be when you are at home. 	<ul style="list-style-type: none"> <input type="checkbox"/> Talk with your nurse about your plans for leaving the hospital. <input type="checkbox"/> Meet with members of your discharge team to talk about your plans. <input type="checkbox"/> The social worker and home health care nurse will help make plans for your tube feeding at home, if needed. 	<ul style="list-style-type: none"> <input type="checkbox"/> Talk with your nurse if you want your home medicine prescriptions filled at the hospital. <input type="checkbox"/> You are ready to leave the hospital when you: <ul style="list-style-type: none"> <input type="checkbox"/> are able to pass gas and have a bowel movement <input type="checkbox"/> can urinate without problems <input type="checkbox"/> can handle pain with medicines by mouth or through a J-tube <input type="checkbox"/> can tolerate your diet <input type="checkbox"/> your health care team says you are ready to go home.
<p>Education</p> 	<p>Your nurses will explain the following before you leave the hospital:</p> <ul style="list-style-type: none"> <input type="checkbox"/> how to care for your feeding tube <input type="checkbox"/> how to change the dressing <input type="checkbox"/> how to flush the feeding tube <input type="checkbox"/> how to follow your new diet <ul style="list-style-type: none"> <input type="checkbox"/> how to give shots (injections) of blood-thinner, if needed <input type="checkbox"/> when to go to your follow-up appointment with your surgeon <input type="checkbox"/> whom to call with questions. 			