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PATIENT RECOVERY GUIDE

Minimally Invasive Esophagectomy

A guide to your surgery, recovery, and what to expect at William Osler Health System

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> • Individual instructions given to you by Dr. Irshad's team always take precedence over general information in this booklet.
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ABOUT YOUR PROCEDURE

What is a Minimally Invasive Esophagectomy?

A minimally invasive esophagectomy (MIE) is a major surgical procedure in which the diseased portion of the esophagus (the tube connecting your mouth to your stomach) is removed and the stomach is reconstructed to take its place. Rather than large open incisions, Dr. Irshad performs this using small keyhole incisions and a camera — a technique he pioneered in Canada.

MIE is most commonly performed for esophageal cancer, but may also be indicated for severe benign disease. It is one of the most complex operations in thoracic surgery, and William Osler Health System is one of Canada's leading centres for this procedure.

BEFORE SURGERY

Preparing for your esophagectomy

6 or more weeks before surgery:

- Stop smoking immediately — smoking significantly increases complications after major surgery.
- Optimise your nutrition: aim for high-protein foods (eggs, meat, dairy, legumes). Weight loss before surgery can increase risk.
- Begin daily walking and light aerobic exercise to build stamina.
- Attend all pre-operative appointments arranged by Dr. Irshad's team.

2–4 weeks before surgery:

- Stop blood thinners (Aspirin, Plavix, Coumadin, Xarelto, Eliquis) only as specifically instructed — do NOT stop without guidance.
- Stop herbal supplements (fish oil, vitamin E, ginkgo, garlic tablets).
- Discuss jejunostomy tube (feeding tube) care with Dr. Irshad's team and arrange home support.
- Arrange 6–8 weeks of help at home for recovery.

The night before and day of surgery:

- Nothing to eat after midnight. Clear fluids (water, apple juice, black coffee) until 2 hours before arrival.
- Bowel prep only if specifically instructed by the team.
- Take only medications approved by Dr. Irshad's team with a small sip of water.
- No jewelry, nail polish, or contact lenses. Arrange a driver — you cannot drive yourself.

YOUR HOSPITAL STAY

What to expect in hospital

Days 1–2	You will be in the ICU or high-dependency unit. A feeding tube (jejunostomy) and chest drain will be in place. Pain is managed with IV and epidural medications. Physiotherapy will get you sitting up on Day 1.
Days 3–5	You move to the surgical ward. The chest drain is removed once output is minimal. You begin sips of clear fluid by mouth if a swallow test confirms healing.
Days 6–10	Gradual advancement of oral diet from clear fluids to full fluids. Jejunostomy feeds continue alongside oral intake. Most patients are discharged around day 7–10.

RECOVERY AT HOME

Weeks 1–8: your recovery journey

Weeks 1–2	• Continue jejunostomy tube feeds as prescribed • Take small sips of fluids by mouth — 6–8 tiny meals per day • Rest and short walks. No lifting over 5 lbs • Take all pain medications as directed
Weeks 3–4	• Advance oral diet from fluids to soft, pureed foods • Jejunostomy tube feeds are reduced as oral intake improves • Gradually increase walking. Fatigue is normal
Weeks 5–6	• Most patients are on soft foods and significantly reducing tube feeds • Follow-up with Dr. Irshad • Tube may be removed at this appointment if eating well
Weeks 7–12	• Return to light work • Gradual progression to a near-normal diet • Eat small, frequent meals — the stomach has been reduced in size • Weight stabilisation continues
3–6 months	• Full recovery including weight and diet normalisation • Return to all activities as advised by Dr. Irshad • Ongoing oncology follow-up as arranged

DIET AFTER SURGERY

Eating well after esophagectomy

KEY DIETARY PRINCIPLES

- Eat 6–8 SMALL meals per day — never large portions. Your stomach is now much smaller.
- Eat slowly and chew every bite thoroughly before swallowing.
- Sit upright during meals and for at least 30 minutes after eating.
- Avoid sugary, high-carbohydrate foods to reduce dumping syndrome risk.
- Avoid carbonated drinks permanently.
- Do not lie flat after eating — elevate the head of your bed by 30–45 degrees.
- Take all vitamin and mineral supplements prescribed by your team.

Dumping syndrome occurs when food moves too quickly into the small intestine, causing nausea, sweating, and cramps shortly after eating. Following the dietary principles above significantly reduces the risk. It often improves over time.

WARNING SIGNS

When to seek immediate care

GO TO EMERGENCY OR CALL 911 IF YOU EXPERIENCE:

- Sudden, severe shortness of breath
- Chest pain that is new or worsening
- Fever above 38.5°C (101.3°F)
- Signs of wound infection: redness, warmth, swelling, or pus at incision
- Coughing up blood
- A swollen or painful leg (possible blood clot)

CALL OUR CLINIC AT (905) 458-4520 IF YOU HAVE:

- Difficulty swallowing that is worsening rather than improving
- Nausea or vomiting preventing you from eating or taking medications
- Significant unplanned weight loss
- Pain not controlled by your prescribed medications
- Any concern about your recovery — no question is too small

QUESTIONS? CONTACT OUR CLINIC

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