

# Esophageal Cancer: Tests After Diagnosis



After a diagnosis of esophageal cancer, you'll likely need more tests. These tests help your healthcare providers learn more about the cancer. They can help show if it has grown into nearby tissues or spread to other parts of your body. The test results help your healthcare providers work with you to decide the best ways to treat the cancer. If you have any questions about these or other tests, talk with your healthcare team.

Some of the tests used after diagnosis include:

- Imaging tests
- Procedures
- Surgery

## Imaging tests

### CT scan

A series of X-rays are used to get detailed 3-D pictures of inside of your body. You may have a stomach or chest CT done. These scans can show the size of the tumor, where it is, and if the cancer has spread to nearby lymph nodes or to other organs, such as your lungs, liver, or adrenal glands.

To get this test, you lie still on a narrow table as it slowly slides through the center of the ring-shaped CT scanner. The scanner directs X-ray beams at your body. A computer uses the X-rays to make many detailed pictures of the inside of your body.

A CT scan doesn't hurt. You may be asked to hold your breath one or more times during the scan. You might be given an IV (intravenous) contrast dye or may be asked to drink a contrast medium before the scan. This helps outline the esophagus and get clearer images. The contrast will slowly pass through your system. You'll get rid of it over the next day or so through your bowel movements. If the dye is put into your blood through an IV in your arm, it may cause a feeling of warmth in your body for a few minutes. In rare cases, it can also cause hives or other allergic reactions. Tell the technician if you don't feel well during the test.

### MRI

An MRI uses magnets, radio waves, and a computer to make detailed pictures of the inside of your body. It's a lot like a CT scan, but it doesn't use X-rays.

MRIs don't hurt. But they can take a long time to do, often up to an hour. During that time, you'll need to lie still on a narrow table that slides into a long, narrow tube. Some people find this test makes them feel claustrophobic. If you've had problems with small spaces in the past, talk to your healthcare provider before the test. You may be given a sedative to help you stay calm during the test. You might be given earplugs because there's loud thumping and buzzing noises during the scan.

Because the test uses powerful magnets, you won't be allowed to have anything metal in the room. If you have any kind of metal implant, such as a heart valve or a joint pin, you may not be able to have an MRI. It depends on the type of metal it's made from. The machine may also affect other implants, like a pacemaker. Talk to your healthcare provider about any implants you have before planning to get an MRI.

### Positron emission tomography (PET) scan

A PET scan can help show whether a change seen on another imaging test is cancer. A PET scan looks at your whole body, so it can be helpful if your healthcare provider thinks the cancer may have spread but doesn't know where. The picture isn't as detailed as a CT scan, but it's often done along with a CT scan to look for tumors.

For this test, a mildly radioactive sugar solution is put into your blood through a vein in your hand or arm. Over the next few hours, the cancer cells absorb more of this sugar than normal cells. The radioactive substance then shows up on the images from the scan. To get the scan, you'll need to lie still on a table. It'll slowly move through the ring-shaped PET scanner, which takes pictures that show where the sugar is in your body. The test may take a few hours. Other than the injection, a PET scan is painless.

## Procedures

### Endoscopic ultrasound

This test can be used to find out how big the tumor is. It can also show how far the cancer has grown into the wall of the esophagus or nearby structures. It can be used to see if the cancer has spread to nearby lymph nodes or other tissues in the area between your lungs (called the mediastinum).

This is often done during an upper endoscopy. You may be sedated or asleep (under general anesthesia) during this test. To do it, the healthcare provider puts a long, flexible tube with a tiny camera on the end (an endoscope) down your throat and into your esophagus. There's an ultrasound transducer on the scope. The transducer gives off sound waves and picks up the echoes as they bounce off nearby tissues. A computer converts the echoes into images on a screen. The transducer can be pointed in different directions to look at lymph nodes and other structures between your lungs. If your healthcare provider sees suspicious areas, a hollow needle can be passed through the endoscope to take out tiny pieces of it (called biopsy samples). The samples are then sent to a lab to be tested for cancer.

### Biopsy

Esophageal cancer was diagnosed by taking out samples of the tumor in a biopsy. This was likely done during an upper endoscopy. A biopsy is also used to find cancer that has spread to lymph nodes or other tissues. Special lab tests are done on the biopsy samples to find out if it's cancer and the type of cancer. Tests can also be done to see if the cancer cells have certain proteins or gene changes. This helps your healthcare provider know which treatments will work best for your cancer.

### Bronchoscopy

This test may be done to see if the cancer has spread to your airways (bronchi). First, you're given medicine to help you relax. Then a thin, lighted scope (bronchoscope) is put into your nose or mouth and passed down through your windpipe (trachea) into your lungs. Your healthcare provider looks at images from the scope on a video screen. If changed tissue is seen, a sample can be taken out through the scope. It's sent to a lab to be checked for cancer.

## Surgery

### Laparoscopy

This surgery may be done if your healthcare provider thinks the cancer might have spread to parts of your belly (abdomen). You'll be given general anesthesia so that you won't be awake and won't feel any pain. During the surgery, your healthcare provider makes one or more small cuts in your skin over your belly. Then long, thin instruments are put into your belly through the cuts. One of these is a thin, lighted tube with a camera on the end (laparoscope). The laparoscope lets your provider see the inside of your belly. Other tools can be put in through other cuts to take out any abnormal tissue for testing. Your provider will tell you what to expect after the surgery and how long you'll stay in the hospital.

### Thoracoscopy

This surgery may be done if your healthcare provider thinks the cancer might have spread to organs inside your chest. It's a lot like a laparoscopy. Cuts are made in the sides of your chest to put in a camera and tools. This allows the healthcare provider to look for and take out any changed tissues that are seen.

## Working with your healthcare provider

Your healthcare provider will talk with you about which tests you'll have. Make sure to follow directions on how to get ready for these tests. Also be sure you know what the test will be like and why it's being done. Ask questions and talk about any concerns you have.

© 2000-2027 The StayWell Company, LLC. All rights reserved. This information is not intended as a substitute for professional medical care. Always follow your healthcare professional's instructions.  
This information is not intended as a substitute for professional medical care. Always follow your Healthcare professional's instructions. Copyright Krames LLC.