

Esophagectomy for Esophageal Cancer

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Introduction

Esophageal cancer can cause difficulty with swallowing, which can limit your body's ability to get the nutrition you need in order to keep your body healthy during cancer treatment.

I'm Dr Jonathan Salo, I'm a GI Cancer Surgeon. In this video you'll learn about

- Essential building blocks for good nutrition
 - Protein supplements
 - Feeding tubes
-

For most people with esophageal cancer who have difficulty eating, things can get worse during cancer therapy.

Chemotherapy and radiation can lead to a temporary 'sunburn' on the inside of the esophagus called radiation esophagitis. This usually gets better after the radiation ends

One of the questions you will want to address with your esophageal cancer care team is whether or not you need a feeding tube to help with your nutrition during cancer treatment.

Your dietitian and physicians will evaluate your situation and make a recommendation, but I'd like to show you some options.

#GI Tract Anatomy

Normally, food passes from the mouth into the esophagus, and then into the stomach. The stomach serves as a reservoir for food, to allow you to eat a big Thanksgiving. The stomach starts digestion, and then after the meal slowly allows small portions of food to pass into the small intestines, where most of the digestion occurs.

For patients with cancer of the esophagus or stomach, the most common feeding tube is a jejunostomy tube

For patients with cancer of the esophagus, there are two different kinds of feeding tube which can be used:

A gastrostomy tube is placed into the stomach

A jejunostomy tube is placed in the small intestines

Your dietitian and physician will help you decide which tube is best for your situation

Gastrostomy tube

- Placed into stomach

Jejunostomy tube

- Placed into small intestine
-

Feeding Gastrostomy

A gastrostomy tube allows feeding with a syringe, which can be done several times per day.

When it's not being used, the gastrostomy tube can be hidden underneath clothing.

For patient who later need surgery on the esophagus, it will be necessary to remove the gastrostomy tube and place a jejunostomy tube, as the stomach frequently used to create a new esophagus

A gastrostomy tube can be placed either by endoscopy, which is called a PEG tube

A gastrostomy tube can also be placed by laparoscopy, which is usually preferred if surgery on the esophagus is planned in the future.

Your surgeon will help you decide which kind of tube is best for you. This is especially important if you will need esophageal surgery in the future, as the stomach is frequently used to make a new esophagus

A gastrostomy tube is generally placed as an outpatient, which means you can go home the same day.

In some cases, a central venous port for chemotherapy is placed at the same time as a gastrostomy tube.

The other type of feeding tube is a jejunostomy.

A jejunostomy tube is placed into the small intestines. Because the small intestine is used to receiving food in small quantities, a jejunostomy tube requires the use of a pump to deliver feedings gradually over a matter of hours.

In general, feedings are done at night in order to allow you to be active during the day

A jejunostomy tube is used in cases where it's not possible to place a gastrostomy tube, such as when there is a tumor in the stomach. A jejunostomy tube is routinely used after esophageal surgery, so in patients who need help with nutrition prior to surgery, it makes sense to put in a jejunostomy tube before surgery. The same tube can then be used for nutrition both before and after surgery.

We have a link here to a video that explains more about the jejunostomy tube

I hope this video has been helpful.

Here are links to other videos you may find helpful.

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