

Esophagectomy

Introduction

I'm Dr Jonathan Salo, a GI Cancer Surgeon in Charlotte, North Carolina.

In this video, you will learn about

- Different kinds of surgery for esophageal cancer
- Risks of surgery
- How you can reduce the risk of surgery

In another video, we'll talk about how to choose a hospital and surgeon for your esophagectomy.

Surgery for esophageal cancer is generally performed for three different situations:

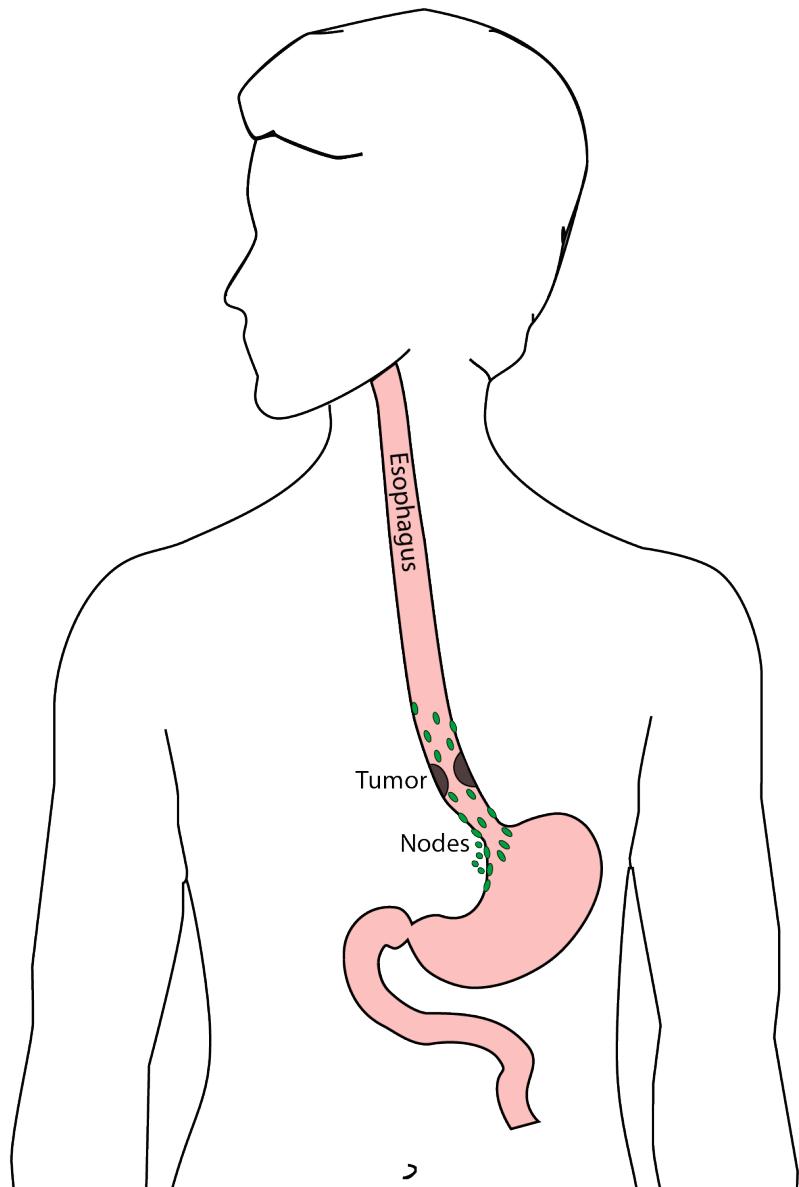
- Superficial Tumors (T1) that can't be completely removed by endoscopy
- Localized Tumors (T2N0)
- Locally Advanced Tumors (T3 or N+) after the completion of preoperative therapy.
Preoperative therapy is generally some combination of chemotherapy and radiation.

If you haven't seen it already, this may be a good time to view the Esophageal Cancer Treatment Options video. There's a link above and a link in the description below.

[Esophageal Cancer Treatment Options](#)

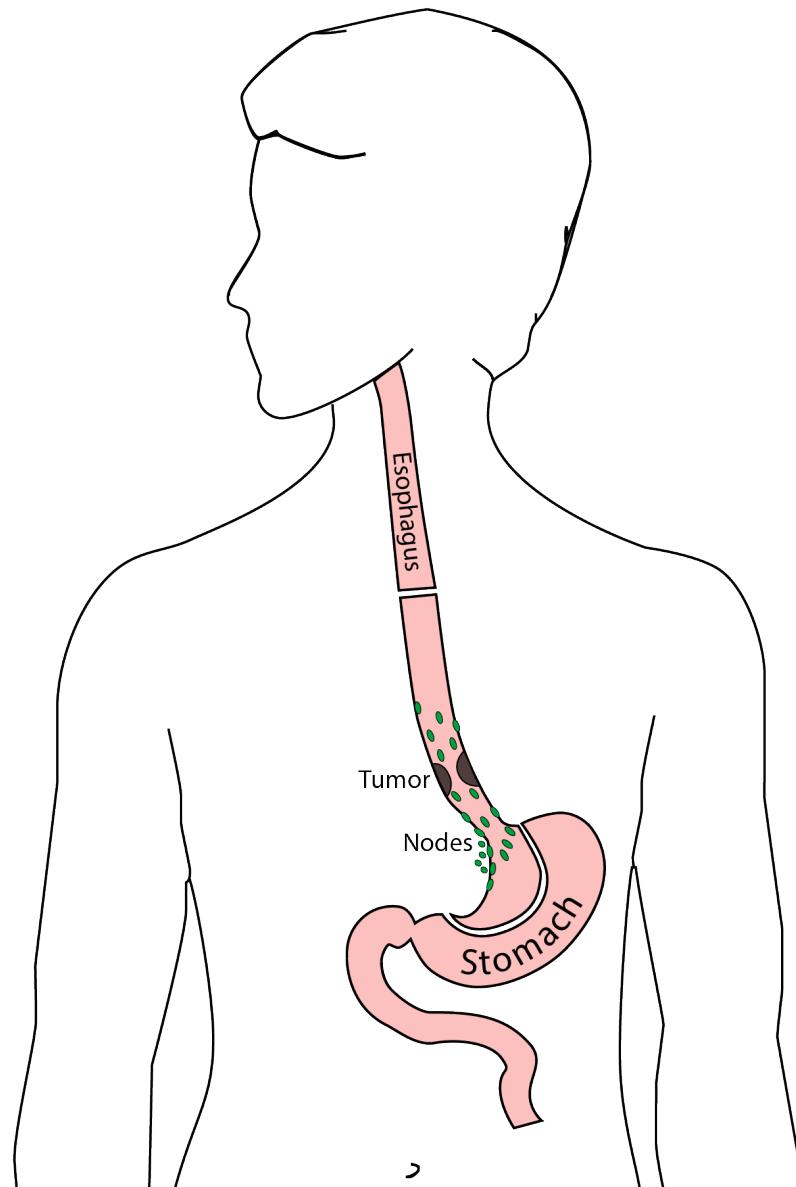
Goals of Esophagectomy

- Remove tumor from esophagus
- Remove surrounding lymph nodes
- Create a new esophagus



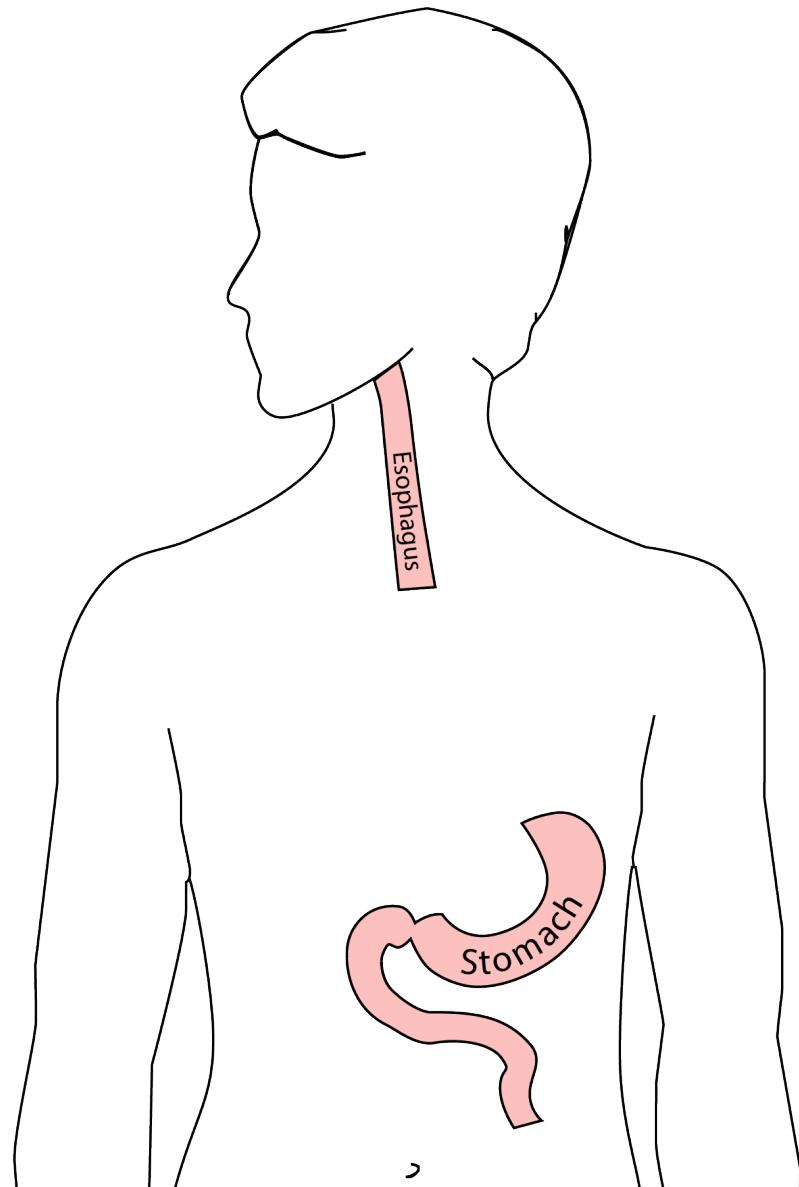
Resection

The *Ivor Lewis* esophagectomy, shown here, removes the lower 2/3 of the esophagus, the tumor, and the surrounding lymph nodes.



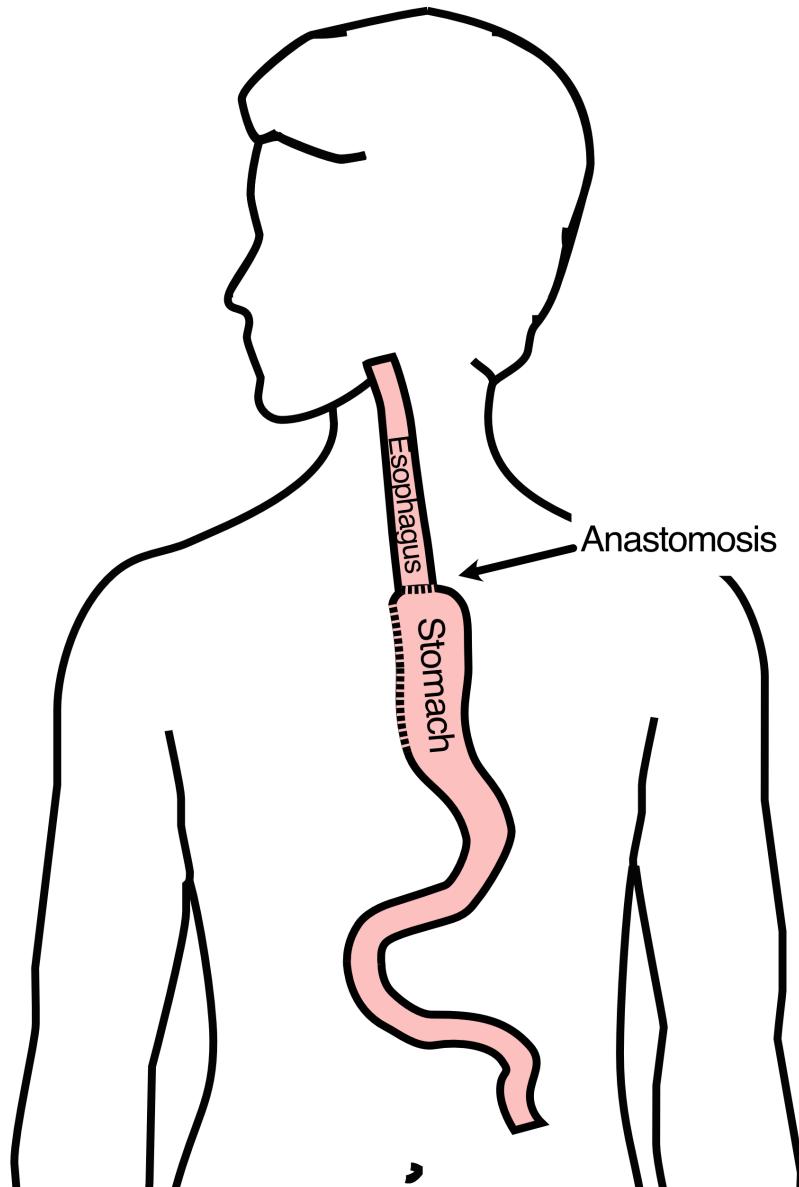
Reconstruction

A new esophagus is created from the stomach in the abdomen by fashioning it into a tube.



Ivor Lewis esophagectomy

The new esophagus is now brought up into the chest. A new connection is made between the esophagus and the stomach, called an *anastomosis*.



Open Esophagectomy

Open esophagectomy uses conventional incisions in the abdomen and the right chest. An incision is made between the ribs on the right side, and an abdominal incision made from the breast bone to below the belly button. This is a well-established surgical approach which has been used for the past 75 years.

