

Esophageal Cancer Surgery

Early-stage esophageal cancer can be treated surgically by an operation called **esophagectomy**.

The esophagus connects the mouth to the stomach. Esophageal cancer arises from the inner lining of the esophagus. Symptoms can be vague and may include difficulty swallowing some solid foods, a sensation that food is stuck in the chest, pain with swallowing, choking on food, or unexplained weight loss. Patients with long-standing severe gastroesophageal reflux disease (GERD) and associated conditions such as Barrett esophagus are at higher risk of esophageal cancer. Smoking, drinking alcohol, and obesity have also been linked to a higher risk of this type of cancer.

How Esophagectomy Is Done

The majority of the esophagus is in the chest, so removal of the cancer commonly involves chest surgery. There are several approaches to performing an esophagectomy depending on the location of the cancer in the esophagus. Often, surgery can be done minimally invasively with small incisions, known as **video-assisted thoracoscopic surgery (VATS)**, but sometimes surgery requires a larger incision (**thoracotomy**). An abdominal incision is then needed to make the stomach into a tube (**conduit**) that connects the remainder of the healthy esophagus to the rest of the bowel. This part of the operation can be done as an open surgery (**laparotomy**) or minimally invasively (**laparoscopic** or **robotic surgery**). The remainder of the esophagus and the stomach can then be reconnected in the chest to reestablish continuity for swallowing and eating (**anastomosis**). If the cancer is high up in the esophagus, a third incision in the neck is needed to ensure the entire tumor is removed, and the connection is performed in the neck instead of the chest. A temporary feeding **jejunostomy tube (J-tube)** is often placed to provide nutritional support while a patient heals. The J-tube is removed in the surgeon's office once the patient has recovered and resumed eating normally.

Special Considerations

Esophageal cancer surgery is complex, and the risk of complications is higher than for many other surgeries. Immediately after surgery, patients cannot eat anything. Often, a surgeon will obtain x-ray imaging while the patient drinks contrast to assess if there is a leak through the anastomosis, which can happen if the anastomosis has not healed properly. If there is a leak, it is treated with antibiotics, but it may require an intensive care unit stay and, rarely, may require surgery or other interventions.

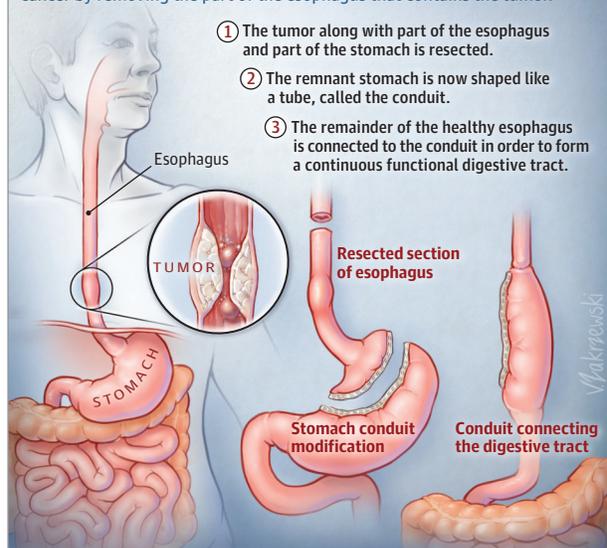
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Sources: Chang AC. Incisions and esophagectomy: is surgical approach all that matters? *JAMA Surg.* 2013;148(8):739. doi:10.1001/jamasurg.2013.2366
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Esophagectomy is an operation used to treat early-stage esophageal cancer by removing the part of the esophagus that contains the tumor.



Patients who have an esophagectomy require close follow-up by an oncologist and a surgeon with CT scans to monitor for recurrence and to address any surgery complications. Sometimes, the connection may have healed with too much scarring, resulting in a narrowing (**stricture**) that requires dilation or other interventions to allow the patient to eat well. Support from a nutritionist is also important, as patients will need to modify their eating habits with smaller, more frequent meals to maintain adequate long-term nutrition.

FOR MORE INFORMATION

Mayo Clinic

www.mayoclinic.org/diseases-conditions/esophageal-cancer/multimedia/esophageal-cancer-surgery/img-20006034

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