

Patient agreement to investigation or treatment

Oesophagectomy

Authors: Cambridge Upper Gastro-Intestinal Unit

Brief description:

- You have been recommended surgery to remove most of the oesophagus (gullet) – termed an Oesophagectomy. An oesophagectomy is nearly always performed for a cancerous growth in the gullet.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure (operation/treatment). We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

Please bring this form with you to hospital

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke's website:
<http://www.addenbrookes.org.uk/consent>
- Guidance for health professionals can be found on the Addenbrooke's intranet site
<http://nww.addenbrookes.nhs.uk/consent>
- Remember, you can change your mind about having the procedure at any time.

For staff use:

Does the patient have any special requirements? (eg requires an interpreter or other additional communication method)

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About oesophagectomy

The main function of the oesophagus is to transport food from your mouth to your stomach. When a section is removed the two ends are simply joined back together which means that the stomach is higher up than before. In fact the stomach after the operation will be situated more inside your chest than your abdomen but will function almost normally in this position. The amount of oesophagus that is removed will depend on the size and position of the cancer.

Before your procedure

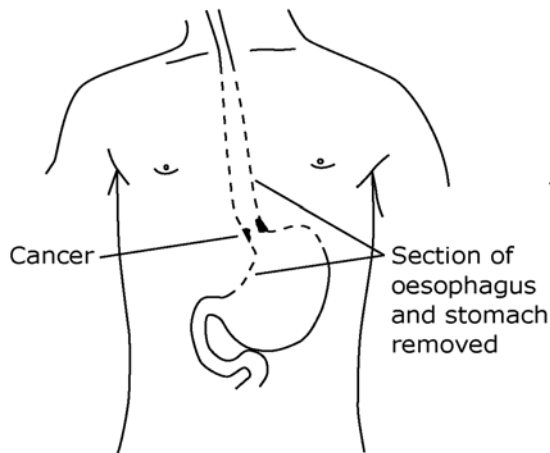
- Most patients attend a pre-admission clinic, when you will meet a member of the surgical team.
- At this clinic, we shall ask you for details of your medical history and carry out any necessary clinical examinations and investigations. This is a good opportunity for you to ask us any questions about the procedure, but please feel free to discuss any concerns you might have at any time.
- You will be asked if you are taking any tablets or other types of medication - these might be ones prescribed by a doctor or bought over the counter in a health food shop. It helps us if you bring details with you of anything you are taking (eg bring the packaging with you).
- This procedure involves the use of general anaesthesia. See below for further details about this type of anaesthesia.
- You will be admitted to hospital the day before your operation, usually in the afternoon or early evening.
- You will have had a number of investigations including an endoscopy (telescope test), CT scans and an EUS (endoluminal ultrasound scan). These give us a fairly accurate indication of whether there is a chance of curing you by radical surgery. In addition, you may have had some special tests to assess your lung and heart function to see whether you will cope with the anaesthetic. These are all designed to make sure that the operation is the right treatment for you.

During the procedure

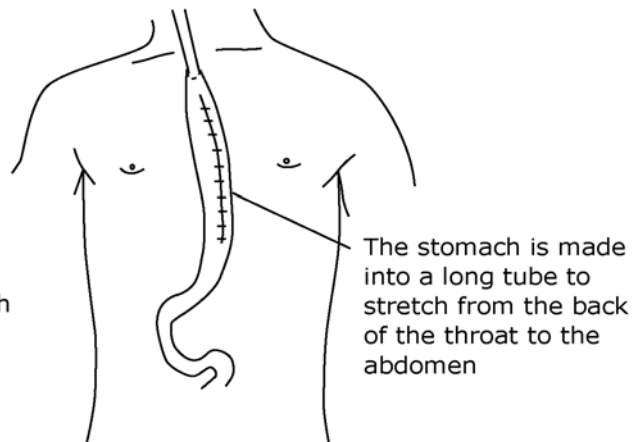
- The object of the operation is to remove the cancerous growth in the gullet. This involves removing most of the gullet and joining up the intestines again. We usually use the stomach to replace the removed gullet. The stomach can be made into a long tube, which will reach all the way from the abdomen up to the back of the throat. You may find the diagrams useful.

Oesophagectomy

a. Before oesophagectomy



b. After oesophagectomy



- Most patients will have a cut across the upper part of the abdomen under their ribs and one in the right side of their chest. Some patients will not have the chest cut but instead will have a cut in the left side of their neck. **The consultant will discuss the exact details of the operation with you.**

After the procedure

- When you wake up you will be in the Intensive Care Unit (ICU). This is normal and does not mean that anything has gone wrong. Because this is a big operation we plan to have you in an area of the hospital where you can receive very intensive nursing care with lots of monitoring for the first day or so. You may be transferred from theatre to ICU on a ventilator. You will then be woken up in ICU and allowed to breathe naturally. The consultant will decide when you can be moved to the ward.
- Sometimes, people feel sick after an operation, especially after a general anaesthetic, and might vomit. If you feel sick, please tell a nurse and you will be offered medicine to make you more comfortable.
- You will have some discomfort from the cuts in your chest and abdomen. We aim to control the pain as much as possible by using a device called an epidural. This is a tiny plastic tube that goes into the lower part of your back while you are asleep. Drugs given through this tube bathe the nerves in local anaesthetic. The anaesthetist will discuss this with you before you have your operation. It is very important that we control your pain adequately after the operation so that you can cough and move around as much as possible. The physiotherapists will be working with you the first day after the operation to help you with this.
- You will have a plastic drain in each side of your chest which drains via an underwater seal into special bottles (chest drains). These are necessary to stop your lungs collapsing immediately after the operation because both chest cavities are entered during the mobilisation of the bottom part of your gullet. They can usually be removed after three to five days when they stop draining.
- You may have some tubes in your abdomen, chest and down your nose. The purpose of these will be explained to you and they will be removed as soon as it is appropriate.
- **Eating and drinking:** You will only have very small amounts of cold water to keep your mouth wet at first. We usually wait for about seven days before we allow you to start

drinking again normally.

- **Getting around and about:** Generally, it is best to get out of bed as soon as you feel you can. If, on the first day, you cannot get out of bed, you will be encouraged to move your legs in bed to prevent blood clots forming. You will be seen by the physiotherapist every day.
- **When you can leave hospital:** People who have had an oesophagectomy will probably stay as an inpatient for about 10-14 days. Obviously some people recover a little quicker than others but it is unusual after this operation to get home earlier than the time stated. Complications will keep you in hospital longer.
- **When you can resume normal activities including work:** You will feel very tired when you get home and you will need to rest a lot. This is normal. As your strength improves and the discomfort in your wounds settle you will be able to do more. It can take between six and twelve months to feel completely back to normal again. Your swallowing will be a little strange to begin with but with time this should improve greatly. Eating little and often can help build up your strength and appetite. You will not harm yourself drinking alcohol.
- **Check-ups and results:** You will have a special X-ray to check that the join inside has sealed and that there is no leakage.
- We routinely give everyone a check up at six weeks in the outpatients department. Then we review you at three, six and twelve months from the date of your surgery and then yearly thereafter, for five years. Your Consultant will be able to tell you whether surgery has cured the cancer or not. This depends on how early we have detected the cancer. When the gullet is removed you leave the hospital. It is sent to the laboratory for examination. Whether lymph glands are involved or not, it is very important in providing some indication as to whether surgery is likely to have been curative or not. You will have a detailed discussion with your consultant about this either before you leave the hospital or when you are seen in the outpatients department.

Intended benefits of the procedure

- The aim of the surgery is to remove the cancer or abnormality— completely if possible. For cancer operations, surgery gives the best chance of cure, but the treatment may need to be combined with chemotherapy and/or radiotherapy.

Who will perform my procedure?

- This procedure will be performed or supervised by an experienced surgeon.

Alternative procedures that are available

- Surgical removal of the gullet is currently the only known way of curing oesophageal cancer. There is a lot of interest at the moment in giving patients additional chemotherapy and radiotherapy and the early results of this combined therapy are encouraging. You may be one of the patients who will benefit from this new treatment and if you are it will be discussed with you in due course. Not everyone is suitable for this treatment so don't worry if you are just having surgery.

Serious or frequently occurring risks

- The commonest problem that patients have is with their lungs. This is particularly true if we have had to cut in to the chest. It is therefore vital that we get your lungs working as normally as possible quickly after the operation. You will need to work hard with the

physiotherapists to cough up any sputum in your lungs.

- A much rarer but more serious problem is any leakage from the joins inside. As already mentioned, we check for these before you start eating and drinking again. If there is a leak, it can usually be managed by resting the bowel and waiting for nature to heal the damage. All patients have a tiny feeding tube inserted through the abdominal wall at the time of the operation. This is called a feeding jejunostomy and allows us to put liquid food straight into the small intestines. This is used to provide nourishment in the short and medium term. It is usually removed before you go home but can be left in for two to three weeks if necessary.

Consequences of the operation

- The nerves to the intestine are cut during this procedure as part of the operation. This results in occasional bouts of diarrhoea. Whether you will be affected or not is unpredictable. If you are affected, then with time this problem does improve.
- The join between the remnant of your oesophagus and your new stomach tube can sometimes narrow down during its healing phase. This results in a narrowing and can cause problems with swallowing. If this happens you might need to have the join stretched gently and this can be done as an outpatient in the endoscopy unit.
- Occasionally you may experience a sudden onset of dizziness and feel very hot, with possibly some discomfort or pain in the abdomen. This is called the Dumping Syndrome. It is not serious and generally the frequency of the attacks becomes less. The effects normally disappear in half an hour or so. It arises because food may at times pass through the stomach more quickly than before due to the way the operation has been done, and the sugar content of the food or drink causes insulin to be released from the pancreas. Some patients have found that taking a glucose tablet or sweet can relieve the symptoms. If this problem persists you may find it helpful to talk to the dietician.
- A rare complication of oesophagectomy is damage to the nerves of the voice box. This can result in hoarseness of the voice. This is nearly always temporary and is due to bruising of the nerve. Very rarely, permanent damage is done, resulting in a change in the quality of the voice.

Information and support

- You might be given some additional patient information before or after the procedure eg leaflets that explain what to do after the procedure and what problems to look out for. If you have any questions or anxieties, please feel free to ask a member of staff including your consultant, one of the senior trainees or the Oesophago-gastric cancer nurse specialist, **Linda Bycroft on Telephone number 01480 364 914.**

General Anaesthesia

During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation.

Before your operation

Before your operation your anaesthetist will visit you in the ward, although occasionally this will happen in a pre-anaesthetic assessment clinic. The anaesthetist who looks after you on the day of your operation is the one who is responsible for making the final decisions about your anaesthetic. He or she will need to understand about your general health, any medication that you are taking and any past health problems that you have had. Your anaesthetist will want to know whether or not you are a smoker, whether you have had any abnormal reactions to any of the drugs or if you have any allergies. They will also want to know about your teeth, whether you wear dentures, have caps or a plate. Your anaesthetist needs to know all these things so that he or she can assess how to look after you in this vital period. Your anaesthetist may examine your heart and lungs and may also prescribe medication that you will be given shortly before your operation, the pre-medication or 'pre-med'.

Pre-medication is the name given to medication (drugs) given to you some hours before your operation. These drugs may be given as tablets, injections or liquids (to children). They relax you and may send you to sleep. They are not always given.

Do not worry if you do not have a pre-med, your anaesthetist has to take many factors into account in making this decision and will take account of your views on the topic if possible. Do not be worried about your anaesthetic. When your anaesthetist visits you before your operation, this is the time to ask all the questions that you may have, so that you can forget your fears and worries.

Before your operation you will usually be changed into a gown and wheeled to the operating suite into an anaesthetic room. This is an ante-room outside the theatre. The anaesthetist, his or her assistant and nurses are likely to be present. An intravenous line (drip) may be inserted. Monitoring devices may be attached to you, such as a blood pressure cuff or a pulse oximeter. A pulse oximeter is usually a little red light in a small box, which is taped to your finger. It shows how much oxygen you have in your blood and is one of the vital monitors that an anaesthetist uses during your operation to ensure that you remain in the best of health. You may be given some oxygen to breathe. It is common practice nowadays to allow a parent into the anaesthetic room with children: as the child goes unconscious, the parent will usually be asked to leave.

During your operation

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you in the correct level of unconsciousness for the period of the surgery. Your anaesthetist is constantly aware of your condition and trained to respond. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement. If you have any other medical conditions, your anaesthetist will know of these from your pre-operative assessment and be able to treat them during surgery.

After your operation

You are likely to feel drowsy and sleepy at this stage. Some patients feel sick, others may have a sore throat related to the insertion of the breathing tube during surgery. During this

time it is important that you relax as much as you can, breathe deeply, do not be afraid to cough, and do not hesitate to ask the nursing staff for any pain relief, and about any queries you may have. You are likely to have hazy memories of this time and some patients experience vivid dreams.

This document is also available in other languages, large print and audio format upon request – 01223 216032

本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。

Cantonese

आ दस्तावेज विनंती करवाची बीज भाषाओ, मोटा छापेला अक्षरो अथवा ओडिओ रचनामां पाए
भणी रडेशे.

Gujarati

A richiesta questo documento è anche disponibile in altre lingue, a caratteri grandi e
in formato audio.

Italian

ئەم بەلگەيە ھەرۆھە بە زمانەکانی کە، بە چاپی درشت و بە شریتی تەسجیل دەس دەکەوێت

Kurdish

درخواست پریدستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی میسر ہے۔

Urdu



Addenbrooke's is smoke-free. Please do not smoke anywhere on the site.

For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Document History

Authors	Cambridge Upper Gastro-Intestinal Unit
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Version number	1
Ref	CF194

Consent form 1

Patient agreement to investigation or treatment

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Responsible health professional/job title

Special requirements
(eg other language/other communication method)

Name of proposed procedure or course of treatment

Oesophagectomy

Statement of health professional

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- The intended benefits of the procedure
 - Any serious or frequently occurring risks from the procedures including those specific to the patient
 - Any extra procedures that might become necessary during the procedure
- Blood transfusion Other procedure (please specify)

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- The following information leaflet has been provided:
Version/Date/Ref:

This procedure will involve:

- General and/or regional anaesthesia Local anaesthesia Sedation

Health professional's signature: Date:

Name (PRINT): Job title:

Contact details (if patient wishes to discuss details later)

- I have offered the patient information about the procedure but s/he has declined information.

Statement of the interpreter (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:

Interpreter's signature..... Date:

Name (PRINT):

Important notes: (tick if applicable)

- The patient has withdrawn consent (ask patient to sign/date here)
- See also advance directive/living will (eg Jehovah's Witness form)

Copy accepted by patient: yes / no (please circle)

<p>For staff use only:</p> <p>Surname:</p> <p>First names:</p> <p>Date of birth:</p> <p>Hospital no:</p> <p>Male/Female:</p> <p>(Use hospital identification label)</p>
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Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.**

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

Please read the following:

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

I understand that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

I understand that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

I understand that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

Please tick boxes to indicate you either agree/disagree to the three points below. Yes No

I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research. If you wish** to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital. Yes No

I agree to the use of photography for the purpose of diagnosis and treatment. Yes No

I agree to anonymised photographs being used for medical teaching. Yes No

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

Patient's signature: **Date:**

Name (PRINT):

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

Witness' signature: **Date:**

Name (PRINT):

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature **Date:**

Name (PRINT): **Job Title:**