

## Oesophageal Surgery: helpful hints from patients to patients

This information in the 'Helpful hints' series has been compiled from the experiences of patients who have all received surgery to the oesophagus.

These patients wanted to offer and share some tips with you to help you deal with some of the dietary issues associated with surgery for cancer of the oesophagus.

This information is intended to help and support you; it does not replace any medical advice from your doctors or specialist nurse.

<b>Patient's dietary problems</b>	<b>What experienced patients say...</b>
Eating white bread with a meal	This can be difficult to swallow, as it becomes very doughy.
I feel full but I have not eaten much	Eat small meals more often, but don't drink with meals.
I can't get to sleep – I feel so full	Try and eat your last meal each day before 7pm.
What can I eat last thing each day?	Many patients agreed that live yoghurt is the best thing to eat last thing each day.
My taste changes	Small pieces of fresh pineapple (not tinned) are very refreshing. A mouthful of sparkling water before a meal helps cleanse your mouth.
My food won't 'go down'	Standing or walking about during your meal can help your food go down. Avoid eating nuts or foods which are 'clingy' like couscous. Minced meat is not easy to swallow and drinking with your food doesn't help at all.
I have digestion problems after food	Sit at a table to eat, and try not to rush, take it slowly. This is more helpful than for example - sitting and eating in a comfy chair in front of the television.
<b>Tips for the cook</b>	<b>What the carers say...</b>
How much food can the patient eat?	After this type of surgery, the size of a portion of food can be very difficult for both patients and carers to gauge. Start with 'child size' portions, then an extra serving may be pleasing and encouraging for both the patient and the cook.
What about food presentation and textures?	It is important for food to look colourful, appetising and normal, not colourless or medicinal. Garnishes and variety add the 'special' touch. Many patients agreed that lumpy food is sometimes easier to swallow than sloppy food which can 'cling', making it harder to swallow.
What do you fancy to eat?	Ask the patient what they fancy to eat, and find ways of presenting a small tasty portion of it in an attractive way. They may even ask for more! Sometimes food that was once a favourite becomes unacceptable, yet food that was never a favourite might be worth trying (providing of course it was not refused for medical reasons).
How can I make ordinary food look a bit special?	A savoury dish garnished with a sprig of parsley just makes it a bit more special and takes away the look of sloppy food for someone who is unwell. For example, a sweet dish like a banana yoghurt would look more appetising if it was removed from the carton and put into a dish with a little chocolate flake.

<b>Physical Problems</b>	<b>Patients and health professionals say...</b>
I feel tired	Be reassured that this feeling will improve, but also be aware that it can take many months and sometimes up to a year before it goes away.
My muscles feel so weak	This feeling came as a surprise to many patients when they were being encouraged to move around. Stairs can be very difficult to climb for a while after this type of surgery. Ask your specialist nurse to advise you on this matter.
I have pain and weakness in my right arm and shoulder following my surgery	This happens as a side-effect of this type of surgery, and is caused by the position you are in throughout your surgery. Ask the specialist nurse to describe what will happen in more detail so that you are more prepared.
I am worried about my weight loss	For some patients, lost weight may never be regained. Ask how much weight you could realistically regain, so that it doesn't become a constant concern to you, and you can try to concentrate on getting well again.
<b>Psychological problems</b>	<b>Patients and health professionals say...</b>
Information needs	Most patients wanted to know what foods they should eat; they didn't want recipes. Ask to speak with the hospital dietitian who will always be willing to offer you additional help and advice.
Intensive care unit  Sometimes also known as the Intensive Therapy Unit or ITU	You will be in the Intensive care unit (ITU) when you come round from your surgery. This is simply because you will have been in surgery for a number of hours and intensive care is necessary for you whilst you recover. For anybody who is not familiar with hospital settings, the tubes and monitors can seem quite alarming.
Isolation causes problems with the recovery process	Meeting other patients with shared experiences helps. Ask your specialist nurse to introduce you to other patients who have had similar experiences.

If at any time you feel unwell, you should contact your GP or the specialist nurse involved in your care.

### **Useful Contacts**

Lynda Jackson Macmillan Centre:	01923 844014	<a href="http://www.ljmc.org">www.ljmc.org</a>
Oesophageal Patients' Association:	0121 704 9860	<a href="http://www.opa.org.uk">www.opa.org.uk</a>
NHS Direct:	0845 4647	<a href="http://www.nhsdirect.nhs.uk">www.nhsdirect.nhs.uk</a>