



Esophageal Surgery Inpatient Discharge Instructions

Follow-up: Please call at least one business day in advance if you need to change your appointment time.

UF Health Surgical Specialists is located at:
UF Health Shands Hospital – 1st floor
1600 SW Archer Road
Gainesville, FL 32610

Please call **352.265.5470** if you have any problems or questions following discharge
After hours, please call **352.265.0111** and ask for the cardiothoracic resident on call.

Diet: Avoid coffee, tea, cola drinks, alcohol and any foods or spices that cause indigestion.
Avoid drinking liquids with meals to avoid rapid transit of food through bowel.
Avoid smoking. You may find it helpful to join a stop smoking group. 1-800-QUIT-NOW.

Activity: Increase activity level gradually. It can take as long as 4 to 6 weeks to fully return to your baseline.

Walking is a good form of light exercise; go for a walk at least three times per day or more.
It is OK to walk up or down stairs, one step at a time.
Check with your doctor before you start heavy lifting and full-intensity exercise.
No heavy lifting (more than 10 pounds) for at least 3 weeks from surgery.
No swimming until wound is fully healed.
No driving or operating motorized vehicles while on prescription pain medications.
No driving for 3 weeks post-surgery.
Resume sexual activity when you feel ready.
Return to work when cleared by MD/PA/ARNP.
Continue use your incentive spirometer (breathing tool given to you in the hospital).

Bathing: You can shower 24 hours after your chest tube has been removed.
You may notice a suture where the chest tube was removed. Do not put bandage over suture.
Suture will be removed at your postoperative appointment.
Gently let soap and water run over your incision and pat dry. Do not scrub the incision/wound.
Don't soak in a bath until your incision is healed and evaluated by your physician at follow-up.

Wound Care:

General Instructions

Remove your dressings 2 days after surgery.
You may leave your incision open to air.
Keep your incision clean and dry.
No lotions, creams, ointments, or powders on incisions until they are well-healed.
You have glue over the incision(s) that will peel off on its own; do not pick it off.
Chest staples/sutures, if present, will be removed 2 to 4 weeks after surgery during your follow-up clinic visit.
If present, change dressing/bandage when soaked or soiled, as needed.

Observe wound daily, checking for signs and symptoms of infection including: increased redness, increased pain at incision, drainage from incision, and/or increased swelling at incision site.

Wet to Dry Dressing Changes

Change dressings twice daily.

Take pain medication 30 minutes prior to changing wound dressings.

Wash your hands prior to handling bandages (wear gloves if recommended).

Gently remove old packing dressing (light bleeding/oozing is expected).

Pack with damp dressing as instructed.

Cover with bandage and secure with tape.

Change outer dressing when soaked or soiled, as needed.

Drain Care

You may shower with the drain in place.

Strip/milk the drain tubing towards the bulb to remove clots at least twice daily and as needed.

Empty the drain bulb at least two times daily and as needed, by popping the top of the collection bulb and squeezing into measuring cup. Record the amount of fluid drained every time on a chart along with the time emptied. Once empty, squeeze the empty bulb and pop the top back on.

Pain Control: Expect post-operative pain for 1 to 4 weeks after surgery.

You have been provided with a prescription medication for pain. Please take as directed, and be aware of side effects such as drowsiness, constipation and mild stomach discomfort. Pain pills on an empty stomach can cause nausea, so eat a small amount of food, such as crackers, when taking these pills.

Take over-the-counter stool softeners (Colace or Senna) with your prescribed pain medication.

Acetaminophen (650mg every 6 hours) or Ibuprofen (600mg every 6 hours) may be used in conjunction with narcotics to relieve pain. Do not take more than 4 grams of Tylenol in one day, as this can be very toxic. Do not take ibuprofen if you have an allergy to non-steroidal anti-inflammatory medications, are taking Coumadin, or have a history of gastrointestinal bleeding or ulcers.

Bowel regimen for constipation:

People who undergo surgery are likely to develop post-operative constipation. Exposure to narcotics and changes in diet, fluid intake and physical activity are known contributors to this constipation. We recommend routine stool softeners and laxatives after surgery for most patients.

These medications are available over-the-counter and do not require a prescription:

Colace is a stool softener. We recommend starting at 100mg orally twice per day as needed for soft stools, and increase to a maximum of 200mg twice daily as needed.

Senna is a laxative that works by keeping water in the intestine to help stool move along the intestinal tract. Take 1 tablet daily as needed for soft stool, and increase to a maximum of 2 tablets twice daily as needed. Take Senna with two full glasses of water each time.

Miralax, Ducolax and milk of magnesia are other over-the-counter laxatives that may be used as needed for post-operative constipation.

Drink 6-8 glasses of water per day.

Consume 15-30g of fiber per day.

Metamucil powder, 1 to 2 tablespoons, 1 to 2 times/day OR

Benefiber powder, 2 tablespoons 4 times/day

Avoid straining.

Call 352.265.5470 immediately if you have any of the following symptoms:

Pain that gets worse or is not relieved by medication.

Warmth, redness or swelling in the skin around the wound.

Foul drainage from incision.

Extensive bruising or discoloration.

Wound that opens up or pulls apart.

Fever above 101.5°F or shaking and chills.

Nausea or vomiting.

Severe diarrhea or severe constipation.

Dizziness or fainting.

Chest pain, shortness of breath, or increased work of breathing.

Inability to urinate for more than 6 hours.

Cloudy or smelly urine.