

Information for patients and carers

Discharge Leaflet

Upper GI Surgery

A decorative graphic at the bottom of the page consisting of three overlapping, wavy bands of blue color, transitioning from a lighter blue at the top to a darker blue at the bottom.

Discharge from hospital

Complications do not happen very often but it is important that you know what to look out for. If you are worried about any of the following you can contact staff on the numbers provided at the back of this leaflet or alternatively contact your GP

Wound care, what to expect?

It is not unusual for the wound to be slightly red and uncomfortable for the first 2 weeks.

As your wound begins to heal you may experience numbness at the scar site or your scar may be oversensitive, this may resolve over time but can be permanent. If your scar is oversensitive, you may require special pain killers to help deal with this.

What is unexpected?

Please inform us and your GP if your wound-

- Become increasingly hot and inflamed, painful or swollen.
- You feel shivery or shaky and have signs of a fever
- Starts to discharge fluid.
- Begins to open

Eating and drinking

What is expected?

It is not unusual to find that you will have very little appetite, it can take around 3 months for you to regain the desire to eat. It is important that you try to maintain eating at mealtimes despite your lack of hunger. You will only be able to manage small portions of food and therefore you should try and snack in between meals to keep your calorie intake up.

Due to your altered digestive system your food may pass through your system quicker. You may experience symptoms after eating such as loose stools, abdominal pain, sensation of fast pulse and dizziness. This is known as early dumping syndrome and can last approximately 20 minutes. It isn't serious and should pass, generally attacks become less frequent as your body adjusts.

Late dumping syndrome happens around 2 hours after eating due to a drop in blood sugar. You may experience sweating/palpitations/giddiness/tremor. If this happens you should have something to eat or drink containing sugar or use dextrose tablets. It is important to discuss episodes of dumping with your dietitian as it is often easily resolved with the right dietary advice.

It is common to lose weight following oesophagastric surgery, this can often be up to a stone and can often deplete quickly on discharge from hospital due to the loss of extra fluid load. It's unlikely that you will return to your starting weight, but you will eventually stabilise at your new weight.

What is unexpected?

If you are frequently regurgitating undigested food or vomiting, please inform your specialist nurse. You may also experience food suddenly sticking. This is often due to simple motility issues or a narrowing at the join following the operation and can easily be rectified.

Bowel function.

What is expected?

Your bowel habit may change after surgery and become loose as your transit time is quicker. This should settle down over time and with dietary adjustments.

What is unexpected?

Persistent diarrhoea is abnormal, you should report this to your nurse and GP. You may be required to send a sample to your doctors.

You may have trouble digesting the fat content in your food. This is due to the way your anatomy is re-joined following your operation and the coordination of your digestive enzymes mixing with the food you eat.

If this happens your stools may become frequent, light and clay coloured, and may be difficult to flush away. Please inform your nurse or dietitian. You may need to take enzyme supplements to aid your digestion

Exercise

You will feel very tired after your operation, small tasks such as showering may leave you feeling exhausted. Overtime your energy levels will increase but this can often take a number of months.

It is recommended you take regular gentle exercise, gradually increase your exercise until you are back to your normal level of activity. Do not attempt to lift any heavy objects for 4-6 weeks. You should avoid exceptionally heavy objects (shopping bags, grass cutting) for 3 months.

Work

People are able to return to work, but it may be many months later, especially if receiving post-operative chemotherapy.

Driving

Do not begin driving again until you can wear a seat belt comfortably across your abdomen and chest, and that you are confident you can perform an emergency stop comfortably this can often take around 6-8 weeks. Feeling safe to drive is your own responsibility and not your clinician's decision. Always check with your own insurance company before resuming driving.

You must tell DVLA if you've had an operation and you're still unable to drive 3 months later.

You can be fined up to £1,000 if you don't tell DVLA about a medical condition that affects your driving. You may be prosecuted if you're involved in an accident as a result. Please consult the gov.uk website or DVLA for further advice.

Hobbies and activities

You can take up your hobbies and activities immediately after surgery. However, if it involves heavy lifting or causes discomfort then delay this for around 12 weeks. There may be some exceptions to this for example swimming, which should not take place until wounds have healed properly

Medication

As well as your usual medication, you may have received some additional medication to take after your discharge. Pain relief medication will be given to you according to your anticipated need. However, further

supplies may be needed, and these should be sought from your G.P. or community pharmacy.

You may be required to have vitamin injections after surgery. Your bloods will be checked in clinic. The Nurse specialist will inform you if you require injections.

Sexual relationships

Sex is a normal part of most people's lives. A cancer diagnosis and cancer treatments can have a significant impact on you and your relationships.

Your relationship with your partner may change. You both may worry about having sex again if you've had a break from it for a while. Your sex drive may have changed since treatment. It can help to be open with each other about how you feel.

It can also be difficult to build new relationships. You may be unsure about what and when to tell a new partner. It can help to talk your worries over with family and friends.

If you want help for sexual problems, talk to your GP or specialist nurse. They may be able to put you in contact with a relationship therapist or counsellor.

When treatment ends.

Your cancer treatment can be very intense and often involve lots of visits to hospital and contact with your specialist nurse. When treatment ends and follow up becomes less frequent you may feel alone or abandoned. If you feel you need to speak with your specialist nurse, please do not hesitate to contact them. They can also provide you with useful support group information where you can meet with fellow patients who have also completed treatment.

You will be offered an appointment with your nurse specialist team at 4 weeks from discharge. You will also receive an outpatient appointment after discharge to see your consultant at around 8 weeks. Please contact the secretary on 01772 523595 if you do not receive this.

You will then be seen by the specialist nurse or a member of the team at regular intervals for up to 5 years.

Contact details

Should you require further advice or information please contact Upper GI Nurse specialists 01772 524788

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk

[The Oesophageal Patients Association - Cancer Charity \(opa.org.uk\)](http://The Oesophageal Patients Association - Cancer Charity (opa.org.uk))

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www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone **08081962638**

Please ask a member of staff if you would like help in understanding this information.

This information can be made available in large print, audio, Braille and in other languages.

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