



Vincent M.

## *Chapter 12*

# **Esophagectomy Story**

by Vincent M.

When asked to write my story by the Clinical Care Coordinator, Thoracic Surgery section of U-M Hospital, my first response was that I did not want to scare anyone. I then wondered why I haven't done it sooner and what do I want to convey to the readers.

First: If you experience acid reflux for whatever reason, have a check-up, upper endoscopy for GERDS, Barrett's Esophagus, or tumors. If it is Barrett's Esophagus get an annual biopsy to check for cancer. Don't assume you can just live with heartburn.

Second: If you have cancer in your esophagus and need an esophagectomy, ask everyone to pray to God to help you and your surgeons. I can tell you first hand that the Lord's will and the doctors' skill pulled me through many scary times. I'm here today writing this because of the dedication and skill of my surgeons and doctors and the enormous power of prayer to our Lord.

My cancer story begins with many years of acid reflux in my esophagus. I thought this was a common problem and for many years treated it with various antacids. Bad eating habits also did not help the problem. It was 2005 when I developed and had treated a bleeding ulcer in the lower portion of my esophagus. On inspection after the cauterization cleared up, I was told I had a condition called Barrett's Esophagus. This in itself did not mean I had cancer, but it could cause it. So, every year I had an upper endoscopy with biopsies taken. The years 2005, 2006, and 2007 showed no dysplasia, but in 2008 the biopsies showed early stage microscopic esophageal cancer.

My family doctor suggested a thoracic surgeon at a local hospital. She recommended a minimally invasive esophagectomy using the stomach made into a tube and put in place of the removed (cancerous) esophagus. I had just turned 73 years old and I

*Esophageal Cancer: Real-Life Stories from Patients and Families*

underwent various tests by other doctors for their permission to have the operation. The operation was scheduled for October 30, 2008.

It was suggested that I call Dr. Mark Orringer at U-M Hospital for a second opinion. I called his office and was told that he was not available until well past the date of my scheduled operation.

The operation was performed at a local hospital and went well into the evening of the 30<sup>th</sup> and the next morning they wanted me to get out of bed and sit in a chair. I then collapsed and had emergency surgery performed because all of my organs were failing. The stomach being used for an esophagus became infected and the blood supply was compromised. The emergency surgery removed the stomach tube esophagus, a feeding tube was inserted into my small intestines, and a throat stoma was made with a bag to be changed two times a week. I stayed on the feeding system until well after I had a colon interposition at U-M. More about that operation later.

The emergency surgery saved my life. The surgeon told my family before going into surgery that while we had lost our oldest son to heart failure six months earlier, she would do everything possible for us to not lose another family member.

From October 30, 2008 to November 12, 2008, I was in the Intensive Care Unit. I stayed on a ventilator until November 9<sup>th</sup>. Upon removal of the ventilator, I sang with my new, hoarse, deep voice, "Here's To All The Girls I've Known," to my wife. On November 11<sup>th</sup> I found out that I had Stage III kidney damage. From November 12<sup>th</sup> to the 19<sup>th</sup>, I was in Progressive Care with pneumonia and a bowel infection. From November 19<sup>th</sup> to December 1<sup>st</sup>, 2008, I was sent to a rehabilitation facility for rehab and while there I became severely dehydrated and was sent back to the hospital to complete my rehabilitation. On December 29, 2008 I was sent HOME.

I was still on the feeding tube and wore a bag at my throat to catch saliva and anything else I put in my mouth, like popsicles. At home I was under the care of visiting nurses three times a week. On January 20, 2009 I was readmitted to the hospital because of a bacterial blood

infection. On the 29<sup>th</sup>, I was released HOME with a PICC line for three antibiotics. I stopped taking the last one on March 16, 2009. No more infections as of March 23, 2009.

I stayed on the bag and pump feeding system for 14 months, for 16 hours each day, from October 31, 2008 to December 3, 2009. All medicines in pill form had to be crushed and put in the bag. My wife got up in the middle of the night to refill the feeding bag with liquid food. It had to be refilled every four hours. My wife deserves a nursing certificate for all she learned and did for my recovery.

I was able to move around and do some walking for eight hours each day. Three emergencies happened while on the feeding tube: 1) Clogged, 2) Clogged and bleeding, 3) Tube fell out while taking a shower. I picked it up off the floor, rinsed it off and shoved it back in. Went to Emergency to see if it was in the right place; it was. Mouthwash did not work, so I put V8 juice in a 3oz cup, added six drops of Tabasco sauce and sipped it. It worked in clearing up my mouth and restoring my taste. It gave new meaning to the term 'Hot Lips'.

Our surgeon referred us to surgeon Dr. Andrew C. Chang, Thoracic Surgery, at U-M for colon interposition surgery. A portion of my colon was removed and used for an esophagus, connected directly to my small intestines for digestion. Small portions of food (no more than two cups) must be chewed very fine. The food flows by gravity through my esophagus-colon. (My 'New Normal'.)

This allowed me to get off the feeding tube system and swallow real food. The main concern of this type of operation is the possibility of leakage at the connections. Dr. Chang assured me that he was good at sewing. Before the operation was scheduled, I had the usual tests for risks such as heart, etc. On July 1, 2009, the U-M cardiologist found some aorta leakage, however, it was not a risk for surgery. I was also asked to build up my respiration with a spirometer and my endurance by walking a mile a day.

Surgery was August 6, 2009. Dr. Chang performed a successful 12-hour long colon interposition surgery. While in ICU on August 9,

2009, I went into cardiac arrest (0 heart rate), fought for breath and went into septic shock. Dr. Chang asked my wife to call in our family. It was late at night and my youngest son had just returned to Cincinnati. She prayed to our Lord and 15 minutes later they were able to stabilize me. Another example of the surgeon's skill and God's will.

I developed two types of pneumonia on August 15, 2009. I was in terrible pain in my gut. They finally got an ultrasound tech to the room and then, at 4:00am, I was taken down for a CT scan. On August 16, 2009 I had surgery to repair leakage and to disconnect the small intestine to what was left of my regular colon. The surgeon developed an ileostomy bag from the end of my small intestine. I had the ileostomy bag for eight months until reversal on April 30, 2010. The surgical wound was left open until August 18, 2009 and required surgery to close it. I was taken off the ventilator on the 21<sup>st</sup> and moved out of ICU on the 23<sup>rd</sup>. I went to Acute Rehabilitation at U-M on September 14, 2009 and was released HOME on September 22, 2009 with visiting nurses.

From the end of September 2009 through the end of April 2010 there were two emergencies: One for coughing up blood and another for internal bleeding causing a huge hematoma from shoulder to below the buttocks. I required five units of blood.

On December 2, 2009, Dr. Chang put a stent into a narrow part of the esophagus-colon, which was scarred by scar tissue from inadequate blood supply.

The 1<sup>st</sup> of May 2010, I underwent a 6.5-hour ileostomy reversal. The small intestine was reconnected to what was left of the colon. May 7, 2010 – HOME.

On August 10, 2010, the stent put in the narrow part of the colon had moved down and Dr. Chang was able to remove it from the esophagus-colon without surgery. He put in another shorter and wider stent that later traveled to the center of my small intestine. He removed it with a four-hour surgery on October 5, 2010. He said, "No More Stents". In fact, I think he added, "No More

Operations”. He promised that as long as he could, he would take care of me.

This story would not be complete without relating the excellent home care I received from my wife, visiting nurses, and physical/occupational therapists. The last therapist was a wonderful guy that related to my Italian heritage. The last day when he felt I was able to endure it, we made homemade linguine on the kitchen counter with wheat flour that he brought. I supplied the eggs. He also brought his clamp-on pasta roller and cutter hand-cranked unit. That night my wife and daughter had the pasta. I froze my portion to eat after I felt sure I could swallow it.

This wraps up the major points in my Esophagectomy Journey. I must tell you that through it all I went in and out of atrial fibrillation, had far too many EGD’s, blood tests, swallow tests, etc., etc. I still have Dr. Chang performing a surgical EGD with dilation on me every six months at the Medical Procedure Unit of U-M. I have accumulated many other doctors who are looking after me such as an internist (family), endocrinology (thyroid), cardiology (heart valve), vascular (atrial fib), and nephrology (kidneys).

I cannot lay flat on my back. If I do, the fluids from my mouth will not drain into my esophagus-colon, which passes food and fluids by gravity. I do not lie down until three hours after eating. I sleep on my back with my head and shoulders elevated on a wedge pillow. I’ve learned by trial and error what foods my small intestine can tolerate. If I eat the wrong food, such as lettuce, I will get painful cramps for three hours. When I eat more than two cups of food or have too much liquid with my meal, I’ll experience what is called, ‘the dumping syndrome’. I’d better find a restroom close by.

I’m somewhat restricted with travel plans for various reasons. All this is just part of my ‘New Normal’. I will turn 80 years old this year and I’m thankful every day that I have the benefit of the Lord’s will and the doctors’ skills. Please pray for everyone having an esophagectomy.

I have learned to live with my ‘New Normal’. It has been over six years since I had my esophagectomy, removal of my stomach, and a

colon interposition. The learning experience has been mostly trial and error, but I always keep a happy, positive attitude.

If I disagree with someone, I like to ask them if they want me to swallow that? I don't have the stomach for it. I'll just go with my gut feeling and let it pass.