



The Oesophageal Patients Association

Caring for the cancer patient and their family

NOTE FOR EMPLOYERS

This is a note to give employers information about what to expect from staff who have had an operation to remove all or part of their oesophagus (an oesophagectomy) and/ or stomach (gastrectomy).

The oesophagus (or gullet) is the tube that takes food through the chest down into the stomach. In the United Kingdom there are about 2-3000 operations of this type each year. 90% of the time the reason is cancer-related, and the patient will often have received chemotherapy and/or radiotherapy before the operation, and sometimes afterwards. The operation involves the removal of a significant part of the digestive system, with part of the stomach, or colon, moved up and joined to the top part of the remainder of the oesophagus just below the throat. It is a serious operation deep within the chest so patients do take time to recover, but there are many former patients who recover a good quality of life, and continue to work for many years after having the operation. Former patients are therefore quite capable of full-time work, subject to their doctor's advice.

Every case is slightly different, but there are some common after-effects which your member of staff may describe, and because the operation is unusual (the typical GP will come across a case every 5 - 7 years on average) these are not well known to the general public nor too many medical practitioners. They are after-effects of surgery rather than signs of recurrence of cancer, and they are not the result of their imagination!

- Removal of the stomach means that the digestion system has been severely
- Disrupted, and the person will need to eat 'little and often', steering well clear of many normal types of food, on an indefinite basis.
- Normal-sized meals will often be beyond the person's capacity, and eating out
- In company can be a very significant problem.
- Food will sometimes rush through the system, causing the person to need
- Access to toilet facilities. Vomiting might also be a problem. Kneeling down or prolonged bending during work, especially after eating, can cause particular problems as this creates pressure on the 're-arranged' digestive
- System. The whole digestion process is likely to take longer than normal.

- Occasionally the person may suffer from dizziness caused by insulin being
- Triggered by the food passing through the system at a faster rate than normal.
- Physical stamina will be lower for some months, and the extent to which
- Patients will eventually recover their former energy level may be unknown.

Many patients do not recover their former stamina and may have to work reduced hours, or adjust their work routine notwithstanding that they appear to have recovered from their operation and are free of cancer. They have to adjust to a new level of 'normal' strength and health. Otherwise physical strength may not be affected.

- The valve between the stomach and the oesophagus is likely to have been
- surgically removed, leading to stomach acid rising up into the throat,
- particularly at night (acid reflux). This creates a burning sensation in the throat
- and sometimes it can lead to a persistent coughing bout that can prevent
- sleep and therefore lead to an employee feeling fatigued on occasions. This
- might occur on an unpredictable basis.
- Sometimes lactose intolerance or iron deficiency is created by the aftereffects
- of the operation
- The former patients have been through a traumatic process and may well take
- time to come to terms with an adjustment to their lifestyle. There is often a
- process of coming to terms with their new situation and a sense of
- bereavement for the loss of complete health and strength, notwithstanding
- that their capacity for employment of many kinds will be unaffected
- If there is any further general information needed, please do not hesitate to contact us.

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