

b. Medications, fasting etc.

Your doctors will have told you if you need to stop certain medications before the operation, and when to do so. These would include blood-thinning medications like aspirin and warfarin.

They will also advise when you should start fasting before 6 hours before the operation.

3. Arrival to UMMC

You will need to register at the admission counter on Level 1, Menara Selatan (South Tower), UMMC. You will then be directed to the relevant ward.

C. OPERATION

1. **Anesthesia:** refer anesthesia leaflet

2. **Surgery:** You will be lying on your back during the procedure with your neck slightly extended. A metallic scope will be introduced into swallowing tract to examine and treat abnormalities accordingly.

D. AFTER THE OPERATION

a. Post-op care after anesthesia

You may have some nausea, and / or sore throat after the operation. Your doctors will advise you when it is safe to start eating. In general, you will be asked to start with clear fluids, before progressing to nourishing fluids and foods.

b. Unique advice related to the particular surgery

You need to take note and immediately inform if any chest discomfort or pain especially that which radiates or goes to your back, and shortness of breath. This may indicate severe complication from the scope, which is oesophagus tear.

c. Home Advice

i. Supervision

You will be given a follow-up clinic appointment for one to two weeks following discharge. Should there be any concerns prior to that, contact your team (see section E below).

ii. Activity

Your doctors will guide you on suitable levels of activities during your recovery process.

iii. Diet

We will observe you in ward till fully well to be allowed home. Normal well balanced diet as usual should be taken.

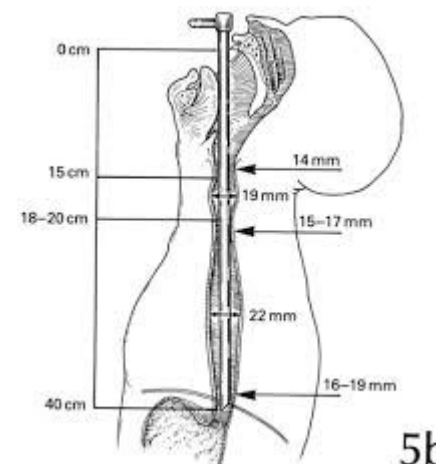
iv. Complications to watch out for at home

- Chest pain
- Shortness of breath
- Neck or chest wall swelling
- Fever
- Severe sore throat
- Bleeding

USEFUL CONTACT NUMBERS



RIGID OESOPHAGOSCOPY



A. INFORMATION ON THE SURGERY

Oesophagoscopy is a procedure used to check for physical abnormalities in the oesophagus (the swallowing tract that carries food to the stomach). A rigid oesophagoscopy is when a rigid metallic endoscope is used during the procedure.

1. Introduction to the surgery:

a. A short introduction to the surgery

The procedure is performed under general anaesthetic and you will need to be admitted to ward. During the procedure, the oesophagoscope, a metallic tube with the size of your thumb is passed through the throat into the oesophagus (swallowing tract). After the procedures, you will be sent back to the ward for observation.

b. Indications

- Diagnosis of oesophagus abnormalities such as growth, stricture / narrowing, fistula especially upper part of the tract
- Therapeutic aim, such as foreign body removal, dilatation of stricture

2. Advantages of the surgery

Able to diagnose and treat the the abnormality at the same setting.

3. Risks of surgery

- Injury to the lips, teeth, gums or tongue. Dental injury may result in teeth being chipped, broken or dislodged.
- Bleeding from the food pipe following biopsy and / or removal of foreign body. This may be oozing from where the foreign body was removed or due to damage of large blood vessels.

- Perforation or rupture of the oesophagus. This may lead to a serious infection in the neck or chest which is life threatening. Surgery involving the neck and / or chest is usually required to repair the perforation and treat the infection and a prolonged stay in hospital will be required.
- Voice change. The larynx (voice box) or the nerves controlling the larynx may be injured by the instruments used for the oesophagoscopy. Voice change may also result from perforation of the oesophagus as outlined above.
- Undiagnosed neck or spinal problems.
- Anaesthetic complications: As with all procedures performed under anaesthesia, reactions to the drugs can occur. While these are uncommon, the more severe reactions can affect the heart (heart attack or abnormal heart beat), the lungs (asthmatic attack or pneumonia) or the brain (stroke or fit).

Other options if surgery is declined

Flexible oesophagoscopy where it is done without general anaesthesia and usually as in daycare setting. However, it might not easy especially in situation where foreign bodies are huge and stucked at swallowing tract as the surrounding muscles are not relaxed by the anaesthetic medication as in procedure of rigid oesophagoscopy.

B. BEFORE THE SURGERY

1. Pre-admission clinic procedures

a. Details on your health

Important details to inform your doctors include whether you have any medical issues like diabetes mellitus, hypertension, heart, lung or kidney disease, or have any history of hospitalizations or operations in the past, as well as any complications that may have arisen.

b. Medications

Your doctors will want to have a complete list of all medications, including traditional / alternative medications / supplements that you are taking. It is important that you inform them of ALL medications that you are taking, as even supplements may interact with the drugs that are needed to perform the operation. Some may cause increased surgical complications such as bleeding or infection. You must also inform your doctors of any allergies, including to food.

2. Preparing for admission

a. Advices prior to admission

It advisable for you to be accompanied during the admission process. Ensure that you have all relevant documents with you (identity card / passport, guarantee letters - employers or insurers etc.), and sufficient funds for the deposit. If you have trouble walking long distances, it is advisable to bring / request a wheelchair.