Getting Ready for and Recovering From
Esophagectomy Surgery

Island Health Surgery Resources

About This Booklet

This booklet was developed with input from patients, doctors and health care providers. It provides specific information to help you prepare for your esophagectomy surgery and recovery.

Please read this booklet as soon as you get it!

If your surgeon or nurse gives you information that is different from what is in this booklet, please follow their directions.

This booklet is meant to be read with the *Getting ready for and recovering from Surgery* booklet, which has general information to help you get ready for your surgery and recovery. It is important that you read both booklets. You can find copies by:

- Asking your surgeon's office, or
- Going to Island Health's Getting Ready for Surgery site: https://www.islandhealth.ca/learn-about-health/surgery/getting-ready- surgery

Help Your Care Team Help You!

Share this booklet with your care team so they know about your plans to recover and get home as soon as possible.

Please note that the information in this booklet is current as of the date printed on it.

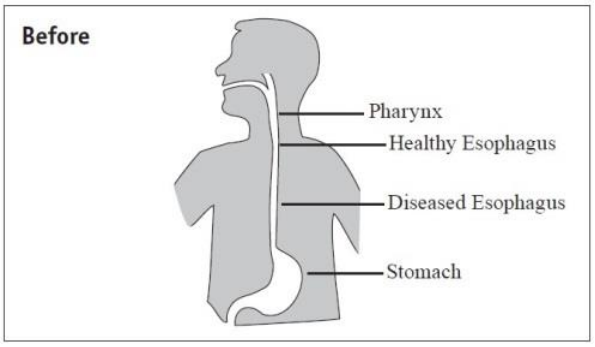
-Surgical Services, Island Health

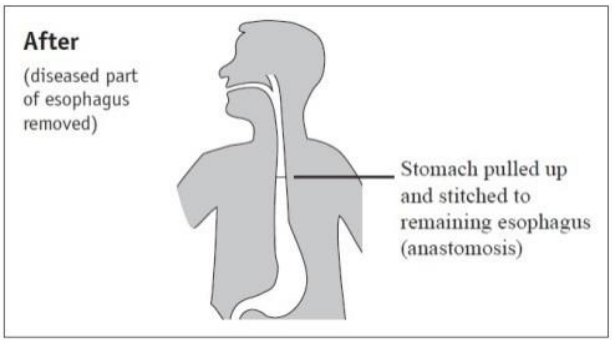
About Esophagectomy Surgery

Your likely length of hospital stay is 7-10 days. You may go home earlier or later, depending on your recovery.

The esophagus is the swallowing tube between your mouth and stomach.

An esophagectomy is surgery that is done to remove all or part of the esophagus and then reconstruct it using your stomach.



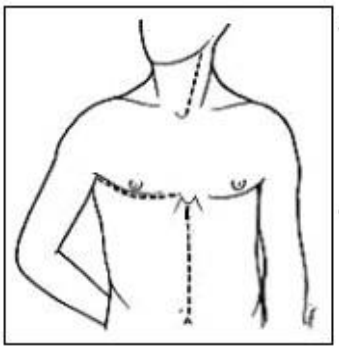


How the Surgery is Done

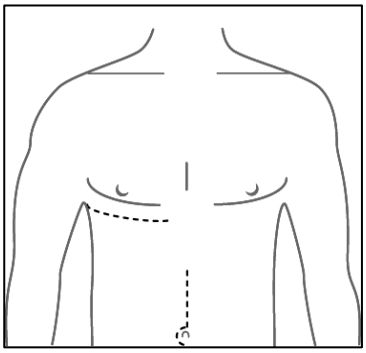
There are 3 ways to do an esophagectomy, depending on where the esophagus is diseased or damaged. You and your surgeon will discuss the best option for you. At Royal Jubilee Hospital, the main ways of doing an esophagectomy is the Ivor-Lewis (done as a Video-Assisted Thoracic Surgery [VATS] procedure). You and your surgeon will discuss the best option for you.

- A VATS procedure is when a small video camera (called a thoracoscope) is inserted into the chest through one or more small incisions (cuts) in the chest. This is a minimally invasive approach to thoracic surgery.

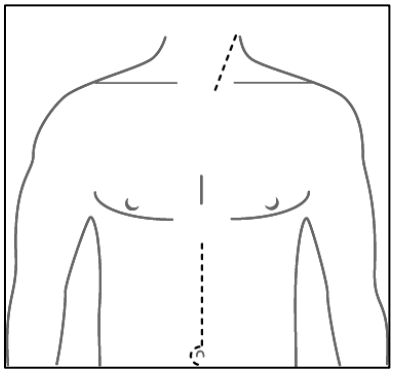
Depending on the way the surgeon does the esophagectomy, they will make one or more incisions (cuts) to remove all or part of your esophagus and create a “new” esophagus using your stomach (see below for examples).



Three-hole: Incisions in the right chest, belly and left neck.



Ivor-Lewis: Incisions in the belly and right chest only.



Transhiatal: Incisions in the belly and left neck only.

To make your new esophagus your stomach is stapled into a tube-shape, pulled up into your chest, and sutured (joined) to your remaining esophagus.

Esophagectomy surgery usually takes 4-6 hours, depending on how complex the surgery is.

Depending on what your surgeon decides, you may have a jejunostomy (j-tube) inserted before your operation. This tube delivers food to your body, and helps make sure you get good nutrition.

Getting Ready for Surgery

Pre-Admission Clinic

You will come to the Pre-Admission Clinic (PAC) before your surgery. During your appointment, you will meet with an anesthesiologist and review any medication you are currently taking. The nurses will talk to you about what you can expect after surgery, including the different tubes and drains you will have. You will also see a dietitian to answer any questions you might have about tube feeding at home after surgery.

When you are discharged from the hospital, you will have nighttime tube feeding. If someone will be helping you with tube feeding at home, please bring them to the PAC appointment with you.

For more information about the PAC, visit the *Island Health Pre-admission Surgery Services* website: https://www.islandhealth.ca/our-services/surgical-services/pre-admission-surgery-services.

Visitors

Before your operation, you should identify **1** person to be your contact person while you are in the hospital, and make sure everyone knows who that person is. All visitors should check in with the family contact person before visiting, to make sure you are up for having company. Limit your visitors to close family and friends to ensure you have enough time to rest.

Preparing for Being at Home after Surgery

It is important to plan ahead for when you arrive home.

You will have nighttime tube feeds for 4-6 weeks after you are discharged. You need to make sure you are able to do this by yourself, or have someone who can help you.

After surgery, you will be more tired than normal as you recover. Plan ahead for the type of help you might need (grocery shopping, meal prep, cleaning, pet care, child care, etc.)

Recovering from Surgery in Hospital

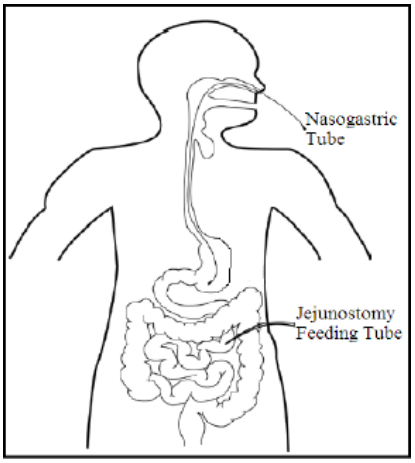
After surgery, you will be in the Intensive Care Unit (ICU) for 24-48 hours. You will then be moved to 7-North in the Patient Care Centre.

Eating and Drinking

Intravenous (IV) Tubes

During surgery, a large IV tube will be inserted into your neck. This type of IV is called a central venous catheter, or CVC line. Fluids and medication will be given through this CVC line for the first week after surgery. When you are able to drink enough fluids, the CVC line will be removed.

Nasogastric (NG) and Jejunostomy Feeding Tubes



During surgery, your surgeon will place a feeding tube into your small intestine. This is called a jejunostomy feeding tube, or J-tube. Liquid nutrition will be given through the J-tube starting the day after surgery.

You will also have a Nasogastric (NG) tube that passes through your nose into your stomach. This tube helps to remove fluid and gas and protects your “new” stomach.

The NG tube will be removed 3 days after your surgery. Five or six days after surgery you will have a special X-ray to make sure it is safe for you to start eating.

If all is well, you will start taking sips and increase your diet slowly to 6 small, soft meals each day. It is important to eat small amounts at a time as your stomach is not as large as it used to be.

Esophageal Sphincter

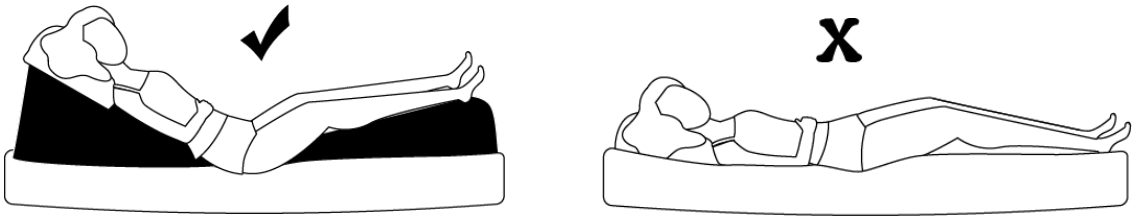
Esophagectomy surgery changes the way that food moves through your body. The esophageal sphincter will be removed during surgery. The esophageal sphincter is the valve between your esophagus and stomach that stops food from moving back into the esophagus from the stomach. Without it, food and stomach acid could move into your “new esophagus”, where it could be inhaled into your lungs. This is called aspiration.

To prevent aspiration after surgery:

- Never bend over at the waist; always bend at the knees (squat or crouch).
- Never lie flat; always raise the head of your bed 30-45 degrees. While you are in the hospital, the nurse will make sure your bed is set up properly.

You may need to make some changes to your bed at home so you do not lay flat. Make sure you have this set up BEFORE you come into hospital for your surgery. Some ideas are:

- Put blocks of wood or bricks under the feet at the head of the bed.
- Place a foam wedge with a lift of more than 7 inches (18 cm) under your mattress or pillow. You can buy these from a foam shop or medical supply store.



Going to the bathroom

You will have a Foley catheter placed in your bladder during surgery, to drain urine (pee). The catheter will be removed in the first few days after surgery, once the surgeon has determined it is no longer needed.

Bowel changes are common after this type of surgery. Your nurse and dietitian will discuss this with you and help you respond to the changes.

Incisions, Dressings and Drains

Your incisions will be closed with clips (staples), stitches (sutures), or dissolvable stitches. Your surgeon will decide which is best for you, based on the type of surgery you have.

If you have an incision in your neck, the surgeon might put in a drain to help remove excess fluid. The drain tube comes out of your neck through an incision.

Chest Tubes

During surgery, one or more chest tube will be placed into your side. Chest tubes are used to drain fluid and check for any air leakage from the lungs. The tube(s) is connected to a drainage container. Chest tubes are usually removed 2-3 days after surgery. You may have a chest x-ray to make sure your lung has remained inflated once your chest tubes are out.

While your chest tubes are in, ring your call bell and ask your nurse for help to get out of bed, as this is too much equipment for you to handle on your own.

Pain

You will have an epidural catheter inserted in the operating room. This will help to manage your pain. It will stay in place for 3-5 days after surgery. You might have a special button that allows you to administer extra doses of pain medication before activities such as walking or breathing exercises.

Heart Monitoring

After surgery we will be monitoring your heart rhythm for 3 days. This does not mean there is anything wrong with your heart. We do this for all patients who have this type of surgery.

Delirium

Delirium, or post-operative confusion, is more common in people who are over 75 years of age, smoke, drink alcohol, take sleeping or anti-anxiety pills, use illicit drugs regularly, or have early signs of memory loss (dementia). Tell your nurse or doctor if you have any of these risk factors **before** your surgery. They can help you through this difficult and sometimes frightening time.

Talk to your family about delirium before your surgery, too. They may be asked to help keep you oriented while you recover. Generally, the confusion passes within 72 hours, but it can sometimes take longer.

Activity

The sooner you can get up and move around, the better it is for your recovery. Lying in bed leads to muscle weakness and increases your risk for blood clots and pneumonia. Activity increases strength, helps prevent complications, and helps get your bowels moving again.

On the day of your surgery, your nurse or physiotherapist will help you sit up at the edge of the bed. They will encourage you to get up and walk around the unit as soon as you can. Most people are up and walking around the unit the day after surgery. When you start to eat, you sill sit in your chair for all of your meals.

As you heal each day, you will be able to do more for yourself. Keep your activities short, but do them often. Do not try to do everything at once; break up tasks into shorter, more manageable steps.

Exercises After Surgery

You may have some stiffness in your arm or shoulder on the side of your surgery. These exercises will help you regain full movement and use of your arm and shoulder.

Exercise Guidelines

- Use both arms as normally as possible within the limits of your discomfort, starting the day after surgery. Use your arm to wash your face, comb your hair and to eat meals.
- Sit or stand to do these exercises.
- Gradually increase your exercises. Do not expect sudden improvements. More pain in the evening or morning may indicate you have done too much.
- Do not push past the limits of discomfort. A stretch may feel uncomfortable, but discomfort should stop when the stretch stops.
- Try to hold the stretch for 20-30 seconds. A slow, gentle stretch is best. Avoid holding your breath or bouncing at the end of a stretch.
- Do each exercise 3 times a day (morning, noon and night); repeat each exercise 5-10 times.
- Exercise both arms at the same time. This improves balance and posture. The unaffected arm (the arm on the side you did not have surgery) will show you the range of movement you are aiming for.
- Do your exercise in front of a mirror if possible. This helps you check your posture and movement.
- Walk with your hands clasped behind your hips with your shoulders blades pulled together several times a day. This will help to prevent slouching.
- Once you are home, follow the other activity guidelines on page 20 of this booklet.

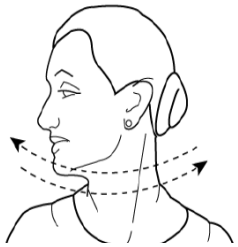
Exercises for Post-Op Day 1 and 2

Neck Stretch #1

Keeping your face forward, tip your ear toward your right shoulder. Repeat to left side.

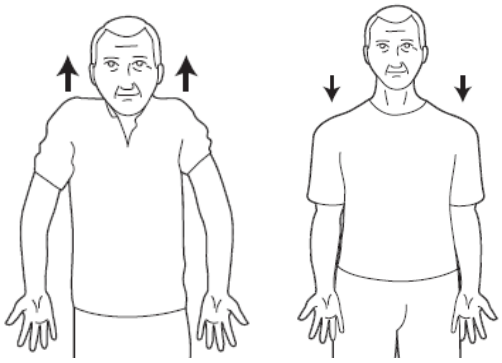
Neck Stretch #2

Turn your head to the right side. Repeat to the left side.



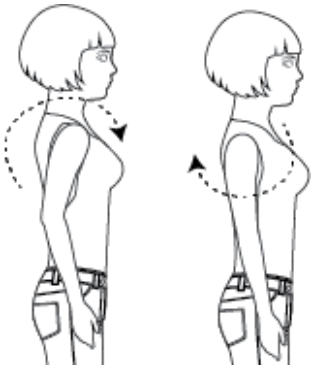
Shoulder Shrug

Begin with shoulders relaxed. Hunch shoulders up towards your ears.



Shoulder Circles

Slowly rotate shoulders backwards. Then rotate shoulders forward.



Arm Raises

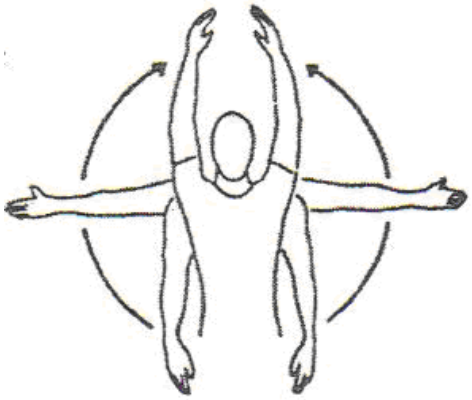
With hands clasped together, raise both arms at the same time overhead as far as you can. **This is a gentle, controlled stretch!**

Exercises for Post-Op Day 3 and beyond

Continue Post-Op Day 1 and 2 exercises, and add these. Continue all the exercises until both arms have the same amount of movement and are equally strong.

Angel in the Snow

Lie on your back with elbows straight. Slide your arms out to the side, along the bed. Do not raise your shoulders towards your ears.



Side Stretch

Slide your hand down the outside of your leg towards your knee. You should feel a stretch on the other side of your chest.

Butterfly Stretch

Clasp your hands behind your head. Move your elbows towards the front of your body, and then stretch them back and apart.

Trunk Twist

Cross your arms and put your hands on opposite elbows. Arms should be at shoulder height. Twist your body slowly to the left and then to the right.

Chest exercises (Deep Breathing & Coughing)

To prevent you from developing pneumonia, your nurse and physiotherapist will teach you some breathing exercises. These exercises will help to move fluid and mucous out of your lungs, which will help them re-inflate. This may be painful after your operation; your nurse will help you manage the pain, as these exercises are very important to your recovery.

You may also be given some breathing medication that will help open your airways.

Incentive Spirometry

Using an incentive spirometer will help you take slow, deep breaths and help keep your lungs strong and working well. This is especially important after surgery.

Instructions:

1. Place the mouthpiece in your mouth.
   - Make sure your lips cover the mouthpiece completely.
2. Inhale as deeply as you can.
   - The ball will start to rise. Keep the ball in the happy-face range for as long as you can.
   - You will feel the pressure in your lungs as they fill with air.
3. Hold your breath for as long as you can; 10 seconds is ideal.
   - The longer you hold your breath, the better.
4. Take the mouthpiece out of your mouth, and then breathe out slowly.
5. Repeat these steps 1-3 times.
6. After you have completed the steps 1-3 times, try to cough.
   - Hold a pillow or folded blanket or towels against your chest/abdomen. This will make coughing more comfortable.
7. When you are awake, try to do about 10 breaths every hour.

Recovering from Surgery at Home

Before you come to the hospital for your surgery, plan for someone to pick you up when you are discharged and give you a ride home.

Eating and Drinking

Nutrition is an important part of healing and helps prevent weight loss after surgery.

You will not be able to eat or drink by mouth for the first few days after your surgery. During this time you will be fed entirely through a feeding tube. Your physician will start you on a liquid diet once it is safe for you to eat by mouth again. Most patients go home eating a diet of soft solids and have “top up” tube feeding running while they sleep.

Please see the *Home Tube Feeding after an Esophagectomy* booklet for more information. If you do not have a copy of this booklet, please ask someone on your care team for one.

You may not feel like eating, and you may have some changes to what you can tolerate for the first several weeks. This is a normal part of recovery. With time, you should return to eating all the same foods you enjoyed before your surgery, but in smaller, more frequent portions throughout the day.

General Guidelines for Eating:

- **Sit up straight when you eat**
  Gravity can help move food through your digestive tract and reduce reflux. Sit upright for 60 minutes after you are finished eating. Stop eating 1 hour before you have a nap, and 4 hours before you go to bed at night.
- **Eat 5-6 smaller meals per day**
  Your stomach is much smaller now so you will need to eat more often to get the nutrition you need. Eat every 2 hours to have 6 small meals each day (instead of 3 large meals). Each serving should be about 1-2 cups (1-2 fistfuls).
- **Stop eating if you start to feel full or if you feel nauseated** (sick to your stomach).
- **Chew your food well**
  Take small bites and chew your food 20-25 times per bite. This helps you to swallow and digest your food easier.
- **Limit beverages with meals**
  Try to drink 6-8 cups of water or other non-carbonated (non-fizzy) beverages *between meals* to stay hydrated. Drinking fluids at meals may make you too full to eat enough solids. Limit fluids to ½ cup (125ml) during meals. Small sips of fluid with your meals/snacks will help the food to get down your new esophagus.
- **Choose foods high in protein**
  Your body needs protein to help you heal from surgery. Some examples of high protein foods include meat, poultry, fish, eggs, dairy, tofu, lentils, and beans.
- **Choose food low in sugar**
  Too much sugar at once can cause nausea, vomiting, dizziness or diarrhea.
- **Eat higher-fat foods that you can tolerate**
  Fat slows emptying of the stomach and helps you keep or gain weight.
- **Choose foods that are soft and moist**
  Soft, moist food can be easier to swallow with your new esophagus. You should stay away from gummy foods like fresh breads and tough meats, as these are likely to cause you discomfort.
- **Avoid alcohol and smoking**
  Avoiding alcohol and smoking can result in fewer complications and serious problems after surgery. If you stop drinking alcohol and smoking, your wounds will heal faster, you are less likely to get an infection in your wound, and your recovery will be faster.

- **Take a daily Multi-vitamin**
  Chewable vitamins (*not gummies*) are usually best tolerated because your system will tolerate them better. Ask your primary care provider if you need to take any additional vitamin supplements after your surgery.
- **For the first 6 weeks after surgery, AVOID:**
  - **Doughy foods** (such as fresh bread, rolls, bagels, soft pretzels, thick-crust pizza).
  - **Rough "abrasive" foods** (nuts, seeds, and raw vegetables such as celery and carrots).
  - **Fried foods**
  - **Carbonated (fizzy) beverages**, as the gas they contain can cause discomfort. After 6 weeks, you can try them again in small amounts.
  - **Spicy, very hot, or very cold foods**, as they can often cause discomfort.
  - **Natural laxatives**, like caffeine (coffee, tea, etc.), figs, prunes and black licorice.
- **Keep a food journal**
  Write down what you eat at each meal, in as much detail as possible. Include the time you ate, how much of each food item you ate, and how you felt afterwards (see page 15 of this booklet for a sample food journal). This will help you and your dietitian see if you are eating a full and balanced diet. It also helps identify the source of any problems you may be having with eating.

Sample Food Journal

Time & Date	**What I Ate and Drank** (include how much)	**How I felt** (e.g., great, too full, hungry, nauseated, bloated, gas, diarrhea, etc.)

Common Problems With Eating

You can eat any of the foods that appear in the table below **unless** they are causing you symptoms or discomfort.

Problem	Ways to Help
Food feels like it is sticking	• Take small sips of fluids between bites. • Eat moist foods. • Add more sauces/gravy. • Make a note of what you are eating when this feeling occurs, and talk to your dietitian about you symptoms. • If you keep having this problem, tell your surgeon.
Gas or bloating	• Avoid using straws, chewing gum, drinking carbonated beverages. • The following foods may give you gas or cause bloating: dairy, beans, broccoli, Brussels sprouts, cauliflower, cabbage, corn, garlic, onions, peas, soybeans, avocados, and melons.
Reflux or heartburn You may no longer experience regular heartburn pain; instead, you may experience other signs of reflux such as belching, bad breath, or a bad taste in your mouth.	• Eat smaller portions. • Avoid foods made with peppers and spices (such as black, red or chili peppers). • Avoid acidic foods (such as citrus juices, tomato soups). • Do not bend over at the waist; bend at the knee (kneel down) if you need to pick up objects or tie your shoes.
Diarrhea	• Avoid foods high in sugar. • Avoid milk, cream and ice cream.
Nausea or Vomiting	• If you have nausea or vomiting during a meal, stop eating immediately until the nausea or vomiting stops. • Eat smaller portions. • Slow down. Take more time at meals. Chew foods well. • If you experience nausea regularly at meals, talk to your dietitian.
Dumping syndrome	• The best way to prevent dumping syndrome is to avoid foods that contain high amounts of simple

Dumping syndrome is when food moves too quickly from the stomach into the small intestine. Symptoms can include nausea, abdominal (stomach) cramping and abdominal pain, followed by diarrhea within 15-30 minutes of a meal. Some people may experience a delayed response of weakness, nausea, sweating, hunger, fast heart rate, and shaking about 1-2 hours after meals.	carbohydrates/sugar, such as fruit juice or any other sweetened beverages (ice tea, lemonade, Gatorade), candies, and sweets. • Limit yourself to ½ cup of sugar-free beverages during meals. Drink the rest of your liquids at least 30 minutes before and after meals.

Sample Meal Menus

Sample Meal Menu #1	
Breakfast	1 poached egg with 1 slice whole wheat toast ½ cup canned fruit
Morning snack	½ cup plain Greek yogurt ½ banana
Lunch	3 ounces of chicken breast ½ cup cooked vegetables 1 small potato
Afternoon snack	½ cup cottage cheese 1 peach
Dinner	3 ounces of cooked fish ½ cup brown rice ¾ cup vegetables
Evening snack	8 whole wheat crackers 2 Tbsp of hummus or 30 grams (1 ounce) of cheese

Sample Meal Menu #2	
Breakfast	1 cup oatmeal or dry cereal with milk ½ cup blueberries
Morning snack	1 boiled egg ½ banana
Lunch	½ toasted tuna, egg salad or cheese and tomato sandwich ½ cup cooked carrots and peas
Afternoon snack	1 cup soup with crackers
Dinner	1 cup meatloaf with gravy ½ cup mashed potatos ½ cup cooked green beans
Evening snack	1 slice whole wheat toast with 1 Tbsp of peanut butter

Going to the bathroom

Narcotics and Constipation

Since your digestive system has changed, you will need to pay attention to your bowel habits and how they respond to your new diet. You may find it helpful to keep a diary of your food intake and bowel habits. You can call your dietitian with questions or concerns.

If you are still taking pain medication when you go home, these may slow down your bowels and can cause constipation. Talk to your dietitian about what to do if this happens.

Wounds

Your incision(s) will be closed with staples, stitches or dissolvable stitches covered with Steri-Strip™ tapes. Your surgeon or family doctor will remove the staples or stitches in the office after you are discharged. If you have Steri-Strips over your incision(s), do not pull them off; your primary care provider will remove them. If the edges curl up, trim the edges with small scissors.

Expect some swelling and bruising around the incision. This can last a few weeks.

It is not unusual for your incision to be slightly uncomfortable during the first 2 to 3 weeks after surgery. Apply an ice pack **over** the dressing to lessen discomfort, if you wish. Do this up to 4 times a day. Do not leave it on for more than 10 minutes at a time. Do not put the ice pack directly on your skin.

When you cough or sneeze, support your incisions by hugging a small pillow or towel.

Showering

You may shower daily when you get home, but follow these instructions:

- Wash your hands and remove any dressing(s) before showering. It is okay to get the incision wet and to wash the area gently.
- Avoid aiming the showerhead at your incision.
- After showering, check your incision to make sure that there are no signs of infection.
- Gently pat the incision with a clean towel. Do not rub the area.
- Put on a new dressing only if the incision is draining, or if you want to protect the wound from rubbing on your clothing. Do not apply oils, creams or lotions to your incision unless your surgeon tells you to.

Activity

Never lie flat or bend over at the waist. Continue to use the strategies you were taught in the hospital and keep the head of your bed raised 30-45 degrees.

The physiotherapist will arrange for mobility equipment like walkers, if needed, when you go home. If you do, they will tell you where to get the equipment.

Walk as much as you can, but rest often. Progress to walking 15-20 minutes, 3 times a day.

Gradually increase activities over the next few weeks. However, if your pain gets worse when you increase your activity, you may be doing too much. If this happens, return to the previous level of activity that did not cause pain.

Do not lift anything over 6.8kgs (15lbs) for 4 weeks after surgery. Avoid activities that put strain on your incisions like vacuuming, lawn mowing, carrying children, groceries or pets, for at least 12 weeks after surgery.

Check with your surgeon before resuming any sports type activities.

You may resume sexual activities as soon as you feel ready to do so.

Driving

Do not drive until you are no longer taking painkillers and have discussed it with your family doctor.

Before you drive, you should sit in the car with your seat belt fastened and press your foot hard on the brake as if you are doing an emergency stop. If there is any discomfort at all, you must not drive, as you are considered unsafe to do so.

Returning to Work

Talk to your surgeon about when you can go back to work. Depending on the type of work you do, you may be able to return to work 8 weeks after your surgery.

Fatigue

It is very common to have fatigue (feel very tired) after surgery. It may take weeks to regain your energy.

- Plan rest periods of 20-30 minutes during the day. You don't need to go to bed to rest.
- Pace yourself and rest after activities. Do not rush your recovery and overdo things. This will slow your recovery.
- Listen to your body and rest if you feel tired.
- Find a healthy balance between exercise, rest, and good nutrition.
- Don't be afraid to ask your visitors to leave if you are tired and would like to rest.
- Restart all the medications you took before surgery unless your primary care provider tells you not to.
- You may be given a prescription for pain pills before you go home. Take them as directed to keep comfortable.

Pain

When taking pain medication, you may be drowsy or dizzy. Do not drive or drink alcohol while taking these medications.

When the pain lessens, take fewer pain pills until you stop taking them altogether. To avoid withdrawal symptoms, slowly taper off pain medications. Talk with your pharmacist or family doctor for help tapering off these medications.

Managing Stress

Take the time to heal. Rest often, eat well, walk, and generally take good care of yourself. This will help your recovery.

Sometimes it can be hard to cope with health changes. These can include physical, emotional or social issues that may be affecting you or your loved one. If you had surgery to remove a tumor, you may feel fear or other complicated emotions. You may have trouble sleeping or eating, especially while you are waiting for the results of the tissue tests. These feelings are normal and you are encouraged to seek support in dealing with them; do not keep them to yourself.

While you are in the hospital, there are members of our health care team who can help, such as our Spiritual Care Worker. If you or your family would like to talk to someone about your concerns, please tell the nurse. After you have been discharged, you can seek support through your home care nurse or your family doctor's office (if you have one). You may also access Social Worker support through the BC Cancer Agency.

Health Concerns

Call your surgeon if you have any of the following symptoms:

- Bleeding – enough to soak through a tissue.
- Dark, tarry (black) stool.
- Drainage from your incision that changes in appearance or colour, especially yellow or green.
- Increased tenderness, redness, or warmth around the surgery site.
- Pain that is not relieved by your medications.
- Difficulty peeing.
- High-grade fever (38.5C/101.3F and over) for 2 days or more.
- Low-grade fever (37.5C-37.9C or 98.5F-101.2F) for more than 3 days.
- Persistent nausea or vomiting.
- Excessive weakness.
- Persistent, continuous diarrhea or constipation.
- Shortness of breath.
- Swollen leg(s) or achy and red calves.
- Weight loss greater than 4.5kg (10 lbs) in 7 days.

Go to the Emergency Department if you have:

- Severe abdominal pain AND you generally feel unwell.
- Crushing chest pain.
- Temperature of 39C (102 F) or higher.
- If one of your legs goes cold, pale or numb.
- Your feeding tube falls out.

Notes

Tell us what you think!

After reading *this booklet* please respond to the following statements. Your answers and comments will help us improve the information.

Circle one number for each statement:

		strongly disagree				strongly agree
1.	I read all of the information provided.	1	2	3	4	5
	Comments:					
2.	The information is easy to read.	1	2	3	4	5
	Comments:					
3.	The information is easy to understand.	1	2	3	4	5
	Comments:					
4.	Reading this information helped me prepare for and recover from my surgery.	1	2	3	4	5
	Comments:					

5.	The information answered my questions.	1	2	3	4	5
	Comments:					
6.	I would recommend this information to other patients.	1	2	3	4	5
	Comments:					
7.	I prefer to have this information in: (check one) ___ A book just like this one. ___ Separate handouts on each topic that I need.					
	Comments:					

8.	I would have liked MORE information about:
9.	I would have liked LESS information about:
10.	What changes would you make in this booklet to make it better?
11.	I am: (check one) ___ a patient. ___ a family member.

Please give this evaluation form to your healthcare provider, or mail to:

Manager of Surgical Quality Surgical Services, 2nd Floor, Memorial Pavilion, Royal Jubilee Hospital, 1952 Bay Street Victoria, BC V8R 1J8