

Intraoperative Esophageal



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JOHNS HOPKINS
M E D I C I N E

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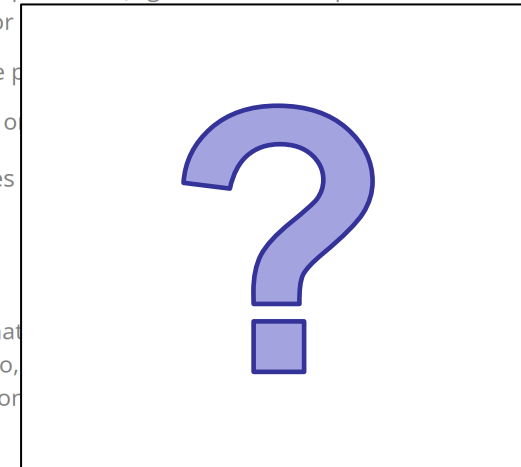
WHEN DISASTER STRIKES...DON'T SEND A STOOGE



NO Conflicts/Disclosures

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Yv.1

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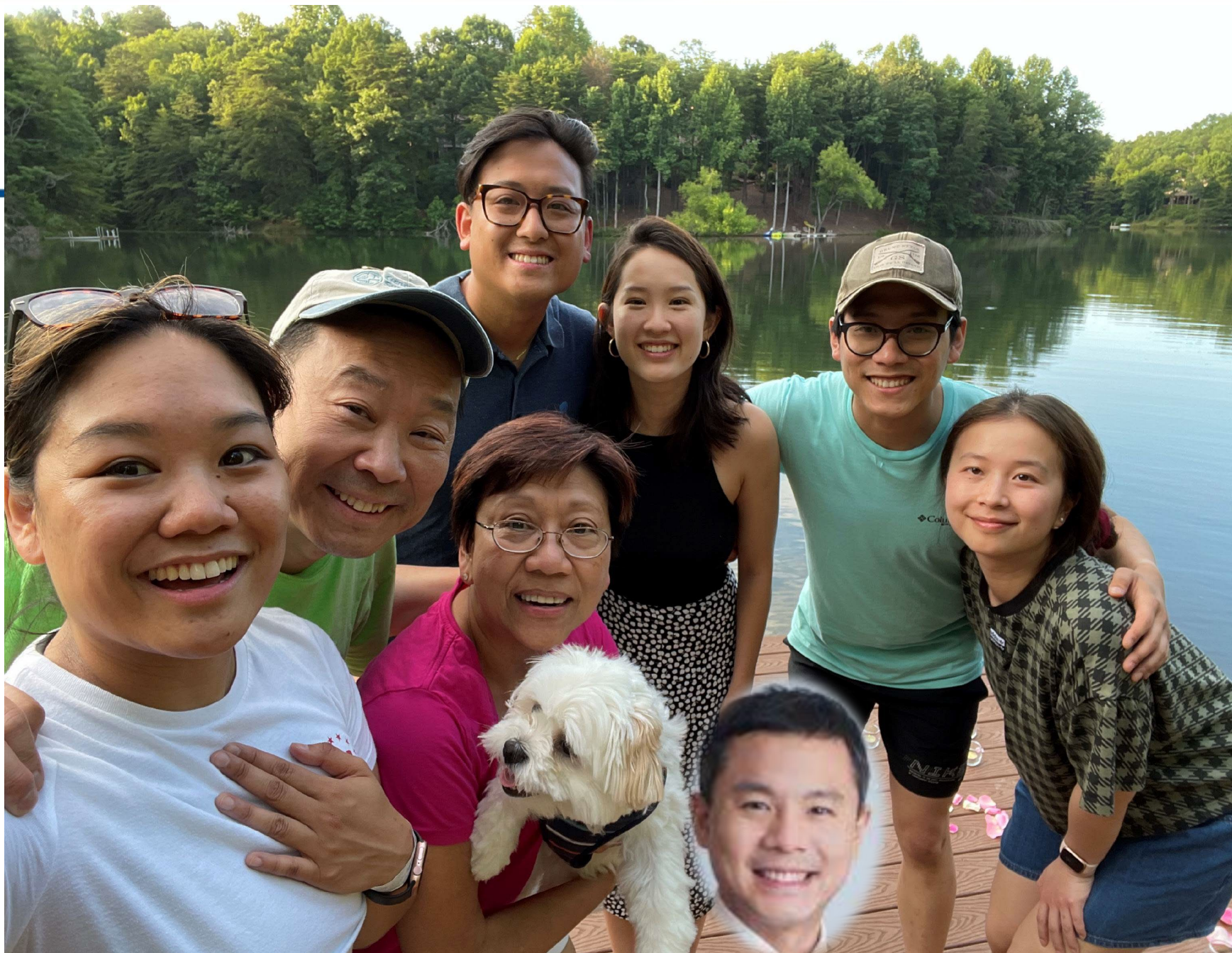
Yv.2

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products or procedures I discuss are off-label, investigational, and / or

Yv.3

the level of evidence, and the level of





Intraoperative Esophageal Dilemmas:

Overview

- ▶ **Known vs unexpected**
- ▶ **Iatrogenic vs natural history**
- ▶ **Minimally vs maximally invasive**
- ▶ **Abdomen vs chest vs neck**
- ▶ **Benign vs malignant**
- ▶ **Back out vs crossed the bridge**





NAV 110

TAC 088

COM 134

KOBAYASHI MARU

CLASSIFICATION:

Class III Neutronic
Fuel Carrier

REGISTRY:

Amber, Tau Ceti IV

MASTER:

Kojiro Vance

CREW:

81

PASSENGERS:

300

DEAD WEIGHT TONNAGE:

147,943 M.T.

CARGO CAPACITY:

97,000 M.T.

LENGTH:

237 m.

BEAM:

111 m.

HEIGHT:

70 m.

MAX CRUISE SPEED:

wf 3

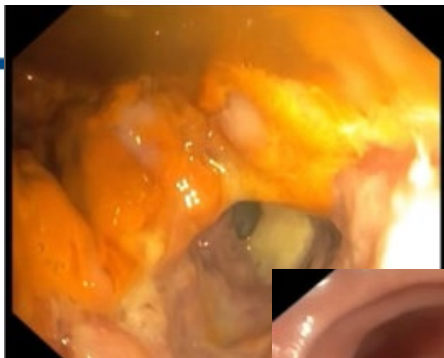
MAX EMERGENCY SPEED:

wf 6

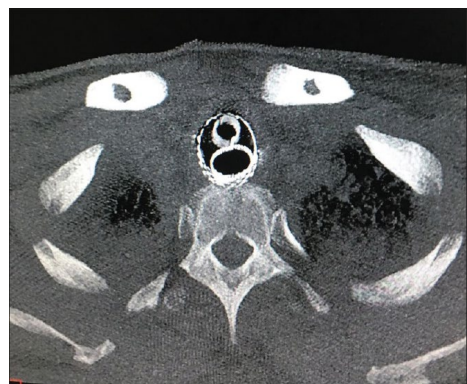
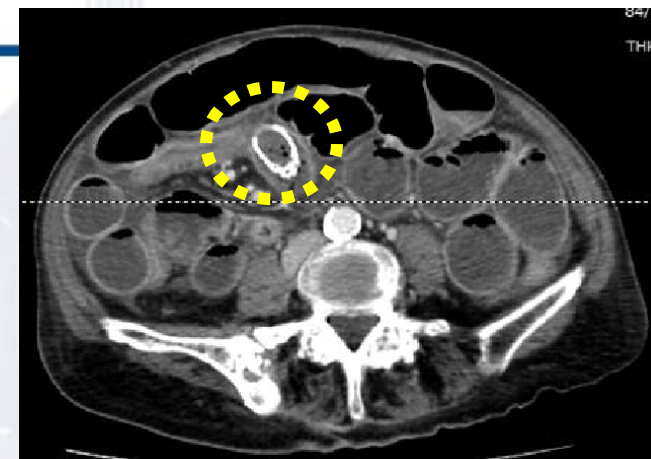


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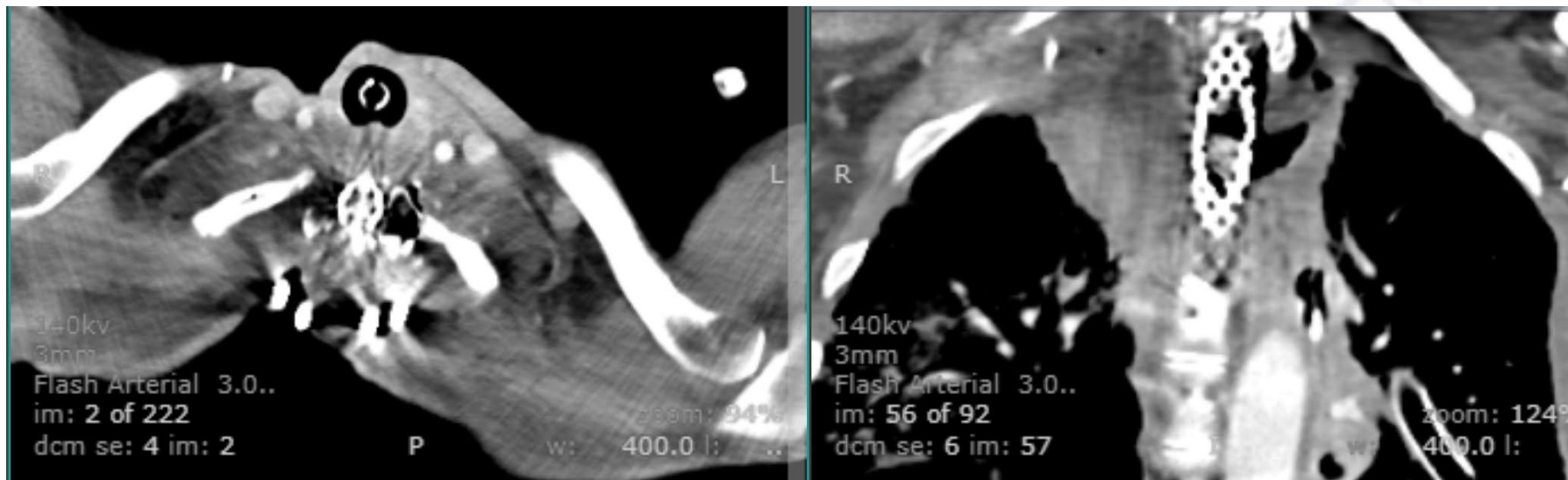
Endoscopy



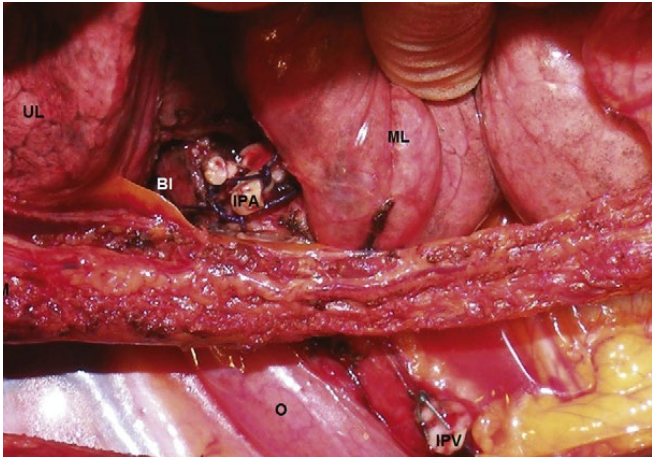
- Large anastomotic leak
- Can't find stent
- Stent is stuck
- Foreign body is stuck
- Esophageal leak from POET



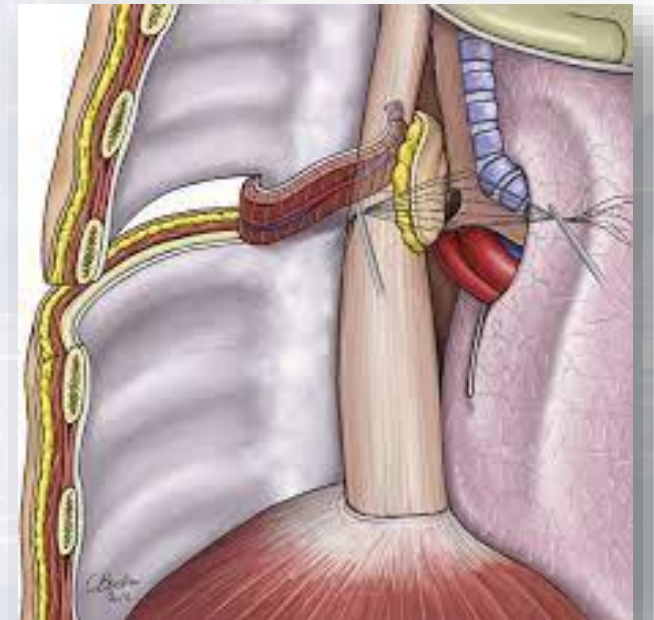
Anterior Cervical Surgery: *Esophageal Perforations*



Resection of Esophageal Masses/Diverticula



- Can't find the tumor
- Not enough muscle to cover mucosal defect
- Resect too much esophageal wall

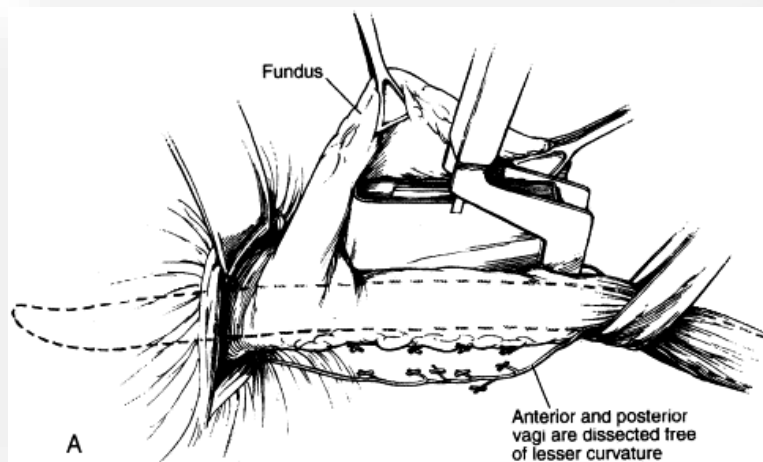
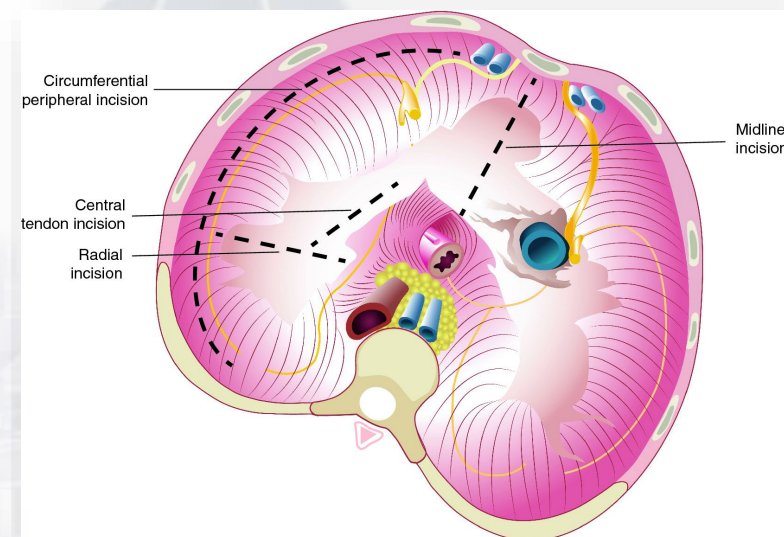


Bertheuil, et al: Ann Thorac Surg (2017) 106: e571



Fundoplication

- Esophageal/gastric tear
- Unable to reduce hernia (from abdomen or chest)
- Foreshortened esophagus



Esophagectomy

- **Abdominal**

- **Chest**

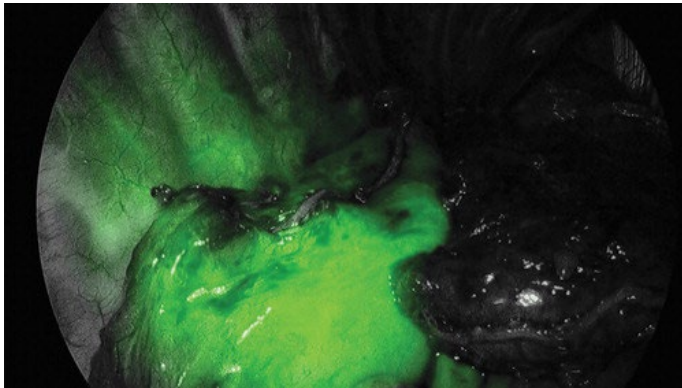
- **Neck**

- **R GE is divided/injured/gone**
- **Metastatic disease**
- **Positive gastric margin**
- **Tumor stuck on the SMA/celiac axis**
- **IVC/portal triad injury**
- **Divided replaced left/common hepatic artery**
- **THE: massive bleeding, airway injury**
- **Skin stitch thru j-tube**



Esophagectomy

- Abdominal
- Chest
- Neck



- Pt gets extubated
- Stapler malfunctions/"99% donut"
- Temp probe/NG tube is stapled in anastomosis
- Positive margin
- Carcinomatosis
- Tumor stuck to airway/aorta
- Conduit: stuck in belly, doesn't reach, dead
- Airway injury: thermal, mechanical
- Cardiac arrest



Esophagectomy

- Abdominal

- Chest

- Neck

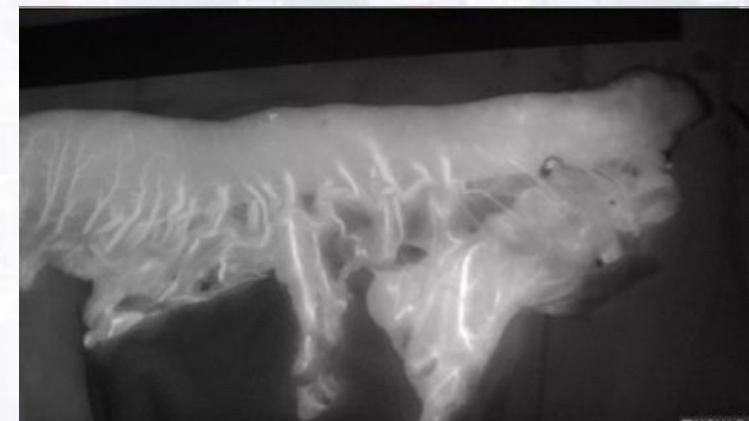
- Conduit doesn't reach

- Conduit viability

- Positive margin

- RLN divided

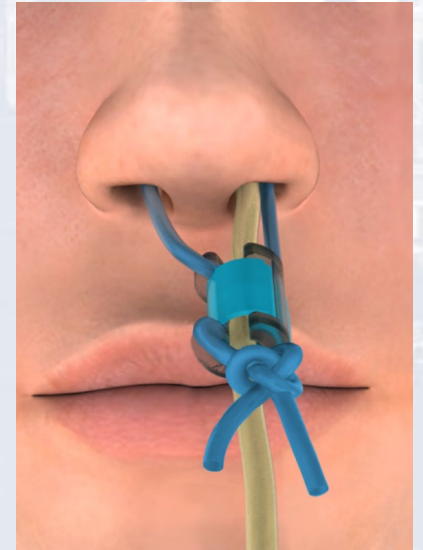
- Large goiter



You leave the room thinking you're done...



- Intubating the esophagus with a fresh cervical anastomosis
- NG/chest/j-tube comes out during bed transfer



Intraoperative Esophageal Disasters: *Summary*

IF YOU SEE YOUR
GLASS AS HALF EMPTY,
POUR IT INTO A
SMALLER GLASS AND
STOP BITCHING.



**THAT'S AS RARE AS
ROCKING HORSE POO!**

JUST KEEP LEARNING



JUST KEEP LEARNING

**The 2020
I wanted**



**The 2020
I got**





Thank you!

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