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# Techniques for managing Esophagectomy

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Esophageal cancer remains a formidable problem with a high mortality as 5-year survival using current adjuvant therapy remains on 19%. Surgical management dates back to the 1870's, however surgical mortality was extremely high (~95%) until the 1940's. Current surgical techniques typically revolve around the Ivor Lewis approach described in 1946, which employs abdominal and thoracic incisions. There are several key factors that have direct and significant impact on patient morbidity and mortality including development of anastomotic leak, and development of perioperative pulmonary complications. Anesthesiologists can impact both of these broad categories in the intra-operative as well as the post-operative period. Fluid management as it relates to lung function as well as anastomotic healing is a critical detail with many various approaches. Goal directed therapy might be the ideal approach, yet there remains much debate in published literature. Postoperative pain management protocols driven by anesthesia led pain services utilizing thoracic epidural analgesia is well studied and highly recommended. Finally, new surgical techniques capitalizing on minimally invasive technology allow for laparoscopic and thoracoscopic procedure to be successfully carried out. Whether the use of minimally invasive techniques changes the outcome, or the anesthetic management will be discussed.

## Biography

Nathaen Weitzel is a cardiothoracic anesthesiologist and currently Associate Professor of Anesthesiology at the University of Colorado, where he serves as Director of TEE services as well as an Assistant Operating Room Director for the hospital. He was the Cardiac Section Editor for the Manual of Clinical Anesthesiology published in 2012, and is the Editor in Chief for Seminars in Cardiothoracic and Vascular Anesthesia since2011. He has authored 20 book chapters, editorials and peer-reviewed publications with a research focus in cardiothoracic anesthesia, platelet function, and 3D TEE.

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