

YOUR TREATMENT TOOLKIT

Esophageal Cancer Radiotherapy
Supportive Care Guide

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Evidence-based protocols from NCCN guidelines, ASTRO, and esophageal cancer clinical trials

Welcome to Your Treatment

You are about to start a challenging but survivable journey. Esophageal cancer radiotherapy lasts 5–6 weeks and combines **concurrent chemotherapy** with radiation. The most common side effect is **dysphagia** (difficulty swallowing) caused by radiation-induced swelling and pain in your esophagus.

This guide contains evidence-based protocols we use to keep you eating, drinking, and hydrated through treatment. **Read it. Follow it. Ask questions.**

The Treatment Timeline

Phase	Weeks	What to Expect
The Setup	1–2	Minimal symptoms. Start all preventive routines NOW.
The Ramp Up	3–4	Throat soreness begins. Swallowing becomes harder.
The Peak	5–6	Pain and dysphagia are strongest. Tube feeding may be needed.
The Recovery	2–8 post-RT	Swallowing gradually improves. Can take weeks to months.

The Golden Rules

1. Swallowing is Everything

Food must get down. If it won't, modify the texture. If soft foods don't work, use liquid protein shakes. If you can't swallow shakes, use your feeding tube. The goal is **nutrition** — by whatever means necessary.

2. Protein is Repair

You need 1.2–1.5 grams of protein per kilogram of body weight daily to repair radiation damage. Protein shakes, eggs, Greek yogurt, and fish are your medicine right now.

3. Hydrate or Be Hospitalized

Dysphagia plus chemotherapy dehydration is the #1 reason esophageal cancer patients end up in the ER. Drink 8–12 cups of fluid minimum. If on cisplatin, aim for 3 liters daily.

4. Report Weight Loss Early

Weigh yourself weekly. **Losing 5+ pounds in one week** means call us immediately. Small interventions early prevent malnutrition and hospital stays.

Section 1 — Swallowing & Esophagitis (THE KEY SECTION)

Dysphagia (difficulty swallowing) is the dominant side effect of esophageal radiotherapy and peaks at weeks 4–6. Understanding progression and the texture ladder is critical to staying nourished.

When Does Swallowing Get Difficult?

Timeline: Most patients notice swallowing difficulties starting in weeks 2–3. Pain and dysphagia peak in weeks 4–6, then gradually improve over 2–6 weeks post-RT. Full return to normal eating can take months.

Dysphagia Progression: Know Your Level

Level	Symptoms	Response
Mild	Foods feel like they stick. Minor discomfort.	Switch to soft/moist foods. Adequate oral intake.
Moderate	Pain with swallowing. Need pain meds to eat.	Pain relief required. Liquid supplements. Oral intake + tube.
Severe	Cannot swallow solids. Pain even with liquids.	Liquids only. Feeding tube for most nutrition.

The Texture Ladder: Your Eating Guide

As swallowing gets harder, move down this ladder. Your goal is to stay as high as possible, but drop down when pain forces you to.

Texture Type	Typical Weeks	Examples
Normal foods	Weeks 1–2	Most regular foods. Be careful with dry/crunchy items.
Soft foods	Weeks 2–4	Mashed potatoes, scrambled eggs, yogurt, pudding, oatmeal, soft pasta, canned fruit.
Puree/thick liquids	Weeks 4–6	Blended soups, smoothies, applesauce, hummus, mashed banana, pudding.
Liquids only	Peak RT	Protein shakes (Boost VHC), broth, juice, water. Often paired with feeding tube.

Foods to AVOID

These are texture risks that worsen dysphagia:

- Dry: Bread, crackers, cereal, cookies
- Tough: Steak, chicken breast (unless shredded), nuts, seeds

- **Crunchy:** Chips, carrots, apples (uncooked)
- **Very hot or very cold:** Can increase pain
- **Spicy:** Irritates the esophagus
- **Acidic:** Citrus, tomatoes, vinegar

Swallowing Tricks (High-Yield)

- **Take small bites.** Dime-sized amounts. Chew thoroughly (20+ chews).
- **Sip water between bites.** Keeps the path slippery.
- **Use sauces and gravies.** Coat every bite. Dry proteins are enemies.
- **Eat sitting upright.** Gravity helps food go down.
- **Tilt your chin down while swallowing.** Protects your airway.
- **Eat during your best time of day.** Often the morning. Don't force evening meals if pain is peak.
- **Pain medications should be timed.** Take them 15–30 minutes before meals.

Section 2 — Pain Management for Swallowing

Pain is the gatekeeper of dysphagia. Uncontrolled pain means you skip meals, lose weight, and get dehydrated. Pain control is an investment in your nutrition.

The Pain Ladder

Level	Symptoms	Treatment
Mild (Weeks 1–2)	Throat soreness No pain with swallowing yet	Tylenol 500–1000 mg every 6 hours, scheduled (not as needed).
Moderate (Weeks 3–5)	Pain with swallowing Limits food intake	Magic Mouthwash (swish before meals). Gabapentin at bedtime. Consider topical pain patches.
Severe (Weeks 5–7)	Cannot swallow solids Pain even with liquids High aspiration risk	Opioid pain meds (liquid forms available). Fentanyl patch for continuous control. Call us — do not suffer.

Key Pain Management Principles:

- **Stay ahead of pain.** Take medications on a schedule. Chasing pain is harder than preventing it.
- **Time it around meals.** Take pain meds 15–30 minutes before eating so you can actually get food down.
- **Report pain honestly.** We adjust your regimen at every visit.

The “Poor Man’s Magic Mouthwash” for Esophageal Pain

If you cannot get a compounded Magic Mouthwash, this simple recipe works:

Recipe (equal parts):

- **Viscous Lidocaine 2%** (prescription) — numbs throat and esophagus
- **Mylanta or Maalox** (over-the-counter) — coats and soothes

How to use: Mix equal amounts (e.g., 5 mL each). Swish for 1–2 minutes to coat the sore areas. **For esophageal patients, it is OK to swallow** (unlike H&N;). Use 15–30 minutes before meals, up to 4–6 times daily.

Acid Reflux Management (Esophagus-Specific)

Radiation causes reflux in many patients. Acid on damaged tissue = severe pain.

- **PPI (Omeprazole or Pantoprazole):** Take daily, not just when symptomatic.
- **Eat upright, sit for 30+ minutes after meals.** Gravity helps.
- **No eating within 3 hours of bedtime.**
- **Elevate head of bed 30°.** Use a wedge pillow or bed risers.
- **Avoid trigger foods:** Chocolate, mint, caffeine, citrus, tomato, fried foods.

Constipation Warning

If you take opioid pain medications, **you will become constipated.** Start a stool softener (Colace) and gentle laxative (MiraLAX/Senna) the same day you start opioids. Do not wait until you are already constipated.

Section 3 — Feeding Tube Care (If Applicable)

Many esophageal cancer patients receive a **J-tube** (jejunostomy) or **G-tube** (gastrostomy) before or during treatment. This is **NOT a failure** — it's insurance.

***Critical:** A feeding tube is a supplement, not a replacement for swallowing. You **MUST** continue to sip water and attempt soft foods, even with a tube, to prevent permanent loss of swallowing function.*

Daily Tube Care

1. **Clean the site:** Wash around the tube with warm water and mild soap. Check for redness, pus, or swelling.
2. **Flush the tube:** Flush with 30–60 mL of water before and after every feed, and after every medication.
3. **Rotate the bumper:** Gently rotate the external bumper 360° once daily to prevent the tube from embedding in skin.
4. **Secure the tube:** Tape it to your abdomen to prevent pulling.

Feeding Tips

- Sit upright (at least 30°) during feeding and for 30–60 minutes after.
- Infuse formula slowly. Rushing causes cramping, nausea, diarrhea.

- Use only commercial formulas (Jevity, Osmolite, etc.). No blended food through the tube.
- **Keep swallowing:** Sip water several times daily, try soft foods. Tube is a bridge.

When to Call (Tube Emergencies)

- Tube falls out — **COME IN IMMEDIATELY** (hole closes within hours)
- Redness, pus, or foul odor at the site
- Persistent nausea, vomiting, or abdominal pain after feeds
- Tube is clogged and will not flush

Section 4 — Nutrition & Hydration (Esophageal-Specific)

Dysphagia makes nutrition a **survival issue**, not just a health issue. You must eat (or drink, or tube-feed) to survive treatment.

Protein Targets (CRITICAL)

Aim for **1.2–1.5 grams per kilogram of body weight daily**.

- Example: 70 kg (154 lbs) person needs 84–105 grams of protein daily.
- This is higher than non-cancer patients because of severe dysphagia complications.
- If you can't eat, drink protein shakes. If you can't drink, use the tube.

Calorie Targets

Aim for **30 kcal/kg/day** (per ASPEN 2026 cancer nutrition guidelines). For a 70 kg person, that's approximately 1750–2100 calories daily. This prevents rapid weight loss and muscle wasting.

Weight Tracking (Weekly)

Weigh yourself weekly, same day/time/scale. Write it down. Losing **5+ pounds in one week** signals malnutrition — call us immediately. Small interventions (more shakes, tube feeds, IV fluids) prevent hospital admission. Ask for a dietitian referral at the start of treatment, not just when problems arise.

Best Nutritional Supplements

- **Boost Very High Calorie (VHC):** 530 calories and 22g protein per 8 oz. Best for rapid weight loss prevention. (~\$55/27pk)
- **Ensure Max Protein:** 30g protein, only 150 calories, 1g sugar. Best if weight stable but need protein. (~\$28/12pk)
- **Kate Farms (plant-based):** 25g protein, high fiber. Alternative if soy-free. (~\$45/12pk)
- Drink cold or over ice to soothe the throat.

Hydration Goals

- **Baseline:** 8–12 cups of water daily. This is your FLOOR.
- **If on Cisplatin:** Aim for 3 liters (100 oz) daily to protect your kidneys.
- **If dehydrated (dark urine, dizziness):** Pedialyte or Gatorade for electrolytes.

Meal Prep Strategy (Do This BEFORE Treatment)

Pro tip: Spend 1–2 days before treatment starts batch-cooking and freezing soft, high-protein foods. You will not feel like cooking during weeks 5–7.

- Soups (blended or chunky): broccoli cheddar, butternut squash, potato leek
- Smoothie packs: frozen berries + yogurt + protein powder (portion into freezer bags)
- Soft starches: cooked pasta, mashed potatoes, rice cereal
- Proteins: ground turkey cooked and frozen in portions, eggs, Greek yogurt cups

Important: Do NOT take herbal supplements, high-dose vitamins, or antioxidant supplements during treatment without asking your care team. A standard daily multivitamin is OK.

Section 5 — Nausea Management

Most esophageal cancer patients receive concurrent chemotherapy (cisplatin/5-FU, carboplatin/paclitaxel, or FOLFOX). Nausea is common and makes eating even harder.

Anti-Nausea Medications

Take anti-nausea meds ON SCHEDULE, not just when you feel sick. Prevention is easier than rescue.

- Ondansetron (Zofran): Often given on chemo days and the day after.
- Dexamethasone (steroid): Helps prevent delayed nausea (days 2–5 after chemo).
- Aprepitant (Emend): For cisplatin, strong prevention of delayed nausea.

What Helps (Non-Drug)

- Eat cold or room-temperature foods. Smell can trigger nausea.
- Small, frequent meals instead of large ones.
- Ginger tea or ginger chews.
- Avoid strong smells, greasy foods, and foods you ate during chemo.

Section 6 — Skin Care

Chest/esophageal skin radiation is less severe than head/neck, but you still need a daily routine.

Daily Skin Care

- **Wash:** Lukewarm water with mild, fragrance-free soap (Dove Sensitive, Cetaphil). Pat dry.
- **Moisturize:** Apply liberally 2–3 times daily. Aquaphor, CeraVe, or Eucerin.
- **Clothing:** Soft, loose cotton. Avoid tight bras or restrictive shirts.
- **Shaving:** Use electric shaver only, not manual razors.

When Skin Breaks Down

If skin becomes raw, blistered, or weepy (usually weeks 4–6): Tell your nurse immediately. We may prescribe silver sulfadiazine cream or hydrogel dressings.

Long-Term Sun Protection

Your treated skin will be **permanently sun-sensitive**. Use SPF 45+ sunscreen on the treated area for life.

Section 7 — Fatigue & Exercise

More than 80% of patients experience fatigue during esophageal radiotherapy. **This is NOT laziness.**

What Helps

1. **Light exercise:** Walking 10–15 minutes daily, even if slow. Reduces fatigue and improves appetite.
2. **Pacing:** Alternate activity with rest. Don't push through exhaustion.
3. **Sleep:** 8+ hours nightly. Elevate head if reflux is bad.
4. **Accept help:** Let family help with meals, errands, household chores.

Section 8 — Emotional Support

Esophageal cancer is frightening. You cannot eat — the most basic human act. Not being able to eat is profoundly isolating. Feeling anxious, angry, or overwhelmed is **completely normal**, not weakness.

- **Talk to your nurse, social worker, or chaplain.** They are trained for this.
- **Support groups:** Esophageal Cancer Action Network (ECAN), CancerCare.
- **Mental health:** If anxiety/depression interferes with daily life, we can prescribe medication.
- **You are not radioactive.** It is safe to be close to family, partners, children, and pets.

For Caregivers & Family

- **Batch-cook and freeze meals before treatment starts.**
- **Help with meal prep.** Do not pressure eating — just make food available.
- **Attend appointments when possible.** Medical decisions are stressful.
- **Take care of yourself too.** Caregiver burnout is real.

Section 9 — If Having Surgery After Chemo-RT (Neoadjuvant Setting)

Many esophageal cancer patients have concurrent chemoRT followed by esophagectomy (surgery). The nutrition optimization you do *right now* will be critical for your surgical recovery.

Why Nutrition Matters Before Surgery

- Post-operative complications (infections, poor healing) are much higher in malnourished patients.
- You want to go into surgery **as well-nourished as possible**.
- The feeding tube placed before chemoRT becomes your lifeline during post-op recovery.

Timeline & Feeding Tube Weaning

- During chemoRT: Tube provides nutrition when swallowing is too painful.
- After chemoRT: Continue tube feeds while recovering from surgery.
- Post-op (weeks 2–4): Gradually transition back to oral intake with swallowing therapy.
- Long-term: May take 2–6 months to fully wean off the tube.

Work closely with your surgical and nutritional teams to plan the post-op feeding strategy.

Immunotherapy After Treatment (Nivolumab)

For some patients who have surgery after chemoRT, your oncologist may recommend **nivolumab (Opdivo)** as adjuvant immunotherapy. The CheckMate 577 trial showed this can significantly delay cancer recurrence (disease-free survival benefit). If prescribed, your team will monitor for immune-related side effects.

Section 10 — Red Flags: When to Call Us

Call us immediately if you experience any of the following:

Symptom	Why It Matters
Fever over 100.4°F	May indicate infection requiring antibiotics
Cannot swallow ANY liquids	EMERGENCY — come in now. Severe dehydration risk.
Severe chest/esophageal pain	Multiple causes, needs immediate evaluation
Coughing up blood	Needs immediate evaluation
No urination for 8+ hours	Severe dehydration — may need IV fluids
Vomiting blood or black stools	GI bleeding — EMERGENCY
Weight loss >5 lbs in one week	Need immediate nutritional intervention
Feeding tube falls out	Come in immediately (hole closes in hours)
New shortness of breath	Possible aspiration or radiation pneumonitis
Uncontrolled pain	Stronger medications available — call us

Section 11 — Long-Term Follow-Up

Treatment ending is not the end of your care. These are lifelong considerations.

Esophageal Stricture (Narrowing from Scar Tissue)

Radiation causes scarring of the esophagus in some patients. If food begins sticking again months after treatment, you may develop a stricture.

- Signs: Increasing difficulty swallowing even soft foods, regurgitation, chest pain.
- Treatment: Endoscopic dilation (gentle stretching of the narrowed area). May need multiple procedures.

Swallowing Rehabilitation

A speech-language pathologist can guide swallowing therapy to restore full function. Therapy is most effective when started early post-RT.

Nutritional Recovery

It may take weeks to months to return to normal eating. Be patient with your recovery. Gradual advancement from liquids → puree → soft → normal foods works best.

Feeding Tube Weaning Protocol

If you have a feeding tube, weaning is a gradual, supervised process. The goal is to increase oral intake while decreasing tube feeds, typically over 4–8 weeks post-RT.

Cardiac Monitoring (If Needed)

If your treatment field included the heart, we monitor cardiac function with echocardiograms and troponin levels.

CT Surveillance

You will have CT imaging at regular intervals to monitor for recurrence. Your care team will schedule these.

Recommended Products

Below are commonly recommended products. These are suggestions, not endorsements — equivalent brands work fine.

Category	Product	Cost	Notes
Nutrition	Boost VHC (530 cal/8 oz)	~\$55/27pk	Highest calories, best for rapid weight loss
Nutrition	Ensure Max Protein (30g)	~\$28/12pk	High protein, lower calories, 1g sugar
Nutrition	Kate Farms (plant-based)	~\$45/12pk	Alternative if soy-free, high fiber
Pain/Reflux	Mylanta or Maalox	~\$10	For Magic Mouthwash recipe
Pain/Reflux	Omeprazole (PPI, OTC)	~\$15/42ct	For acid reflux prevention
Swallowing	Magic Bullet blender	~\$25	Easy puree preparation
Skin Care	Aquaphor Healing Ointment	~\$12	Gentle moisturizer for chest/neck
Hydration	Pedialyte or electrolyte powder	~\$8–15	Replaces fluids + electrolytes
Comfort	Wedge pillow	~\$30	Elevate head for reflux and comfort

Prescriptions (Viscous Lidocaine, PPI, Magic Mouthwash, pain medications) will be sent to your pharmacy by your care team.

Important Contact Information

Main Line Health — Radiation Oncology

100 East Lancaster Ave · Rosengarten Bldg, Basement · Wynnewood, PA 19096

1078 West Baltimore Pike · Health Center 1, Ground Floor · Media, PA 19063

Phone

Appointment Line: 1.866.CALL.MLH (1.866.225.5654)

If you are experiencing a life-threatening emergency, call 911.

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My Treatment Journal

A place to notice patterns, remember questions, and track what helps.

You do not need to fill this out perfectly. Even a few notes can help you see patterns, remember what worked, and tell your care team what is actually happening at home.

This Week

Week of / goals / anything I especially want help with

Daily Check-In

Day / Date	Energy (0-10)	Pain (0-10)	Eating / Drinking	Sleep	Main note
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					

Symptoms I Want to Watch

<input type="checkbox"/> Swallowing pain	<input type="checkbox"/> Trouble swallowing	<input type="checkbox"/> Nausea / reflux
<input type="checkbox"/> Eating and weight	<input type="checkbox"/> Hydration	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Other: _____		

What I Tried / What Helped

Use this page to test small changes and keep track of what helps, what does not, and what you want to ask about next.

Problem or symptom	What I tried	Did it help?	Next step / question

Examples: taking pain medicine before meals, changing skin care timing, drinking earlier in the day, using a humidifier, adjusting fiber, walking after treatment, or asking for a refill.

Questions for My Care Team

Bring this page to visits. Small questions are worth writing down, especially when treatment days start to run together.

Symptoms or side effects I want to mention

Medication, refill, or product questions

Eating, drinking, bowel, bladder, skin, sleep, or activity questions

Logistics: appointments, transportation, work, family, forms

One thing I keep forgetting to ask
