The morbidity and mortality after esophagectomy remains high despite significant improvements in the surgical procedures and perioperative care over the last several decades. In the field of esophageal cancer surgery, enhanced recovery programs based on the enhanced recovery after surgery (ERAS®) or Japanese ESsential Strategy for Early Normalization after Surgery with patient’s Excellent satisfaction (ESSENSE) programs have recently been introduced and appear promising for achieving better outcomes. However, to date, such programs for early recovery after esophagectomy have lacked large-scale, prospective, multicenter evidence. At present, integrated perioperative care aiming at the prophylaxis and control of postoperative infectious complications (represented by anastomotic leakage as a surgical site infection and pneumonia as a remote infection) may be a top-priority component for not only early recovery from esophagectomy but also improvement of the long-term survival and postoperative quality of life. Among the available modalities, seamless enteral nutrition throughout the perioperative period is expected to play a central role. In clinical practice, carrying out “standardized” nutritional care according to the clinical pathway prescribed beforehand in the days after operation can be difficult to apply in some cases, due to its surgical complexity and high morbidity rate, which limits the application of some enhanced recovery programs. Thus, we often need “individualized” perioperative management with adequate nutritional support, particularly in resumption of oral intake after esophagectomy. In addition, perioperative cancer rehabilitation and mental/social support should be kindly provided, particularly in elderly patients. Early recovery after esophageal cancer surgery may require the application of the latest knowledge and the perioperative practice of multi-occupational team medical care, according to the condition of each patient and facility.