



Information for
patients and
carers

Total or Partial Gastrectomy

What is a Gastrectomy?

A sub-total or total gastrectomy is the removal of the part or whole of your stomach where the cancer is. Your oesophagus (gullet) is then joined to your jejunum which is part of your small bowel.

Your surgeon will discuss the exact details of your operation with you in clinic and provide you with diagrams.

How long is the operation?

The operation can take anything from 3-6 hours.

How long will I be in hospital?

The average length of stay is 10 to 14 days. You will need a Critical Care Unit (CrCU) bed available when you come out of theatre; if there is not one available your operation will be postponed and rearranged.

Are there any possible complications?

Some complications are common to all types of operations and can be minor or major for e.g.

- Wound or urine infections
- Haemorrhage (Bleeding)
- Pulmonary Embolism (blood clots in the lungs) or Deep Vein Thrombosis (DVT) in the legs
- Leaking Anastomosis (A leak from the join at the remaining gullet to the stomach/small bowel)

- Severe chest infection/pneumonia
- Anaemia

If a major complication occurs this may delay your recovery in hospital by some weeks or even months.

On Admission to the Ward

The staff will check your admission details and take some baseline observations (blood pressure, pulse, oxygen saturation and temperature). You may be required to have a repeat blood test. The nurses will offer you a carbohydrate loading drink the evening before your surgery. You will be measured for anti-embolism stockings and given an injection to thin the blood; this is to prevent a DVT.

The Day of the Operation

You will have nothing to eat or drink for 6 hours before the operation. The surgeon and anaesthetist will come and see you on the ward. Once the surgeon has been informed the critical care bed is available you will be taken down to theatre by one of the nursing staff.

After the Operation

You will go to the Critical Care Unit (CrCU) for a couple of days until your condition is stable enough for you to be transferred to the ward. Your blood pressure, pulse, temperature and oxygen level in your blood will be monitored. You will have oxygen via a mask or nasal tubing, this is to aid your breathing and oxygenate your lungs and blood.

Whilst you were in the operating theatre a nasogastric tube will have been passed via your nose into your stomach which may feel uncomfortable. This is essential to keep your stomach empty as it prevents you from being sick and lets the anastomosis (surgical join) heal. If this comes out for any reason it is not re-inserted as it could go through the anastomosis and cause damage.

During the operation you will also have the following:

- A central line (fine tube) into a large vein in your neck, for hydration.
- A cannula (fine tube) inserted into your wrist which is used for taking blood samples. This will be removed before you leave the critical care unit.
- A drain into your abdomen to help drain any fluid and a catheter (tube) in your bladder which will drain urine.

Your wounds will be checked regularly for signs of infection and these will be re-dressed as necessary. The clips holding the wounds will be removed after 10-14 days.

You will be encouraged and aided to sit out of bed by staff as soon as possible. This is to prevent complications.

You will be visited every day by members of the surgical team.

Will I have much pain?

You will experience some generalised discomfort but your pain will be initially controlled by an epidural or patient controlled analgesia pump (PCA). The epidural will be put in before you have the anaesthetic for the operation (see separate leaflet explaining epidurals).

The staff will see you regularly and it is important that you let them know if you are in pain so they can alter the dosage.

The Physiotherapist

All patients are assessed and treatment is planned on an individual basis. Your physiotherapist will review you on a regular basis throughout your hospital stay.

The aim of physiotherapy is to prevent post-operative pulmonary (lung) complications and to return you to your normal lifestyle as quickly as possible.

We will aim to get you out of bed on the first day after your operation while still in the critical care unit.

Exercises

These will help to minimise loss of muscle strength and maintain the range of movement in your joints whilst you are in bed recovering.

You will be shown some simple circulatory exercises to help prevent a blood clot in your leg (DVT).

Deep breathing exercises will be shown to you by a member of the team, the exercises are important to help your lungs recover from surgery and prevent chest infections.

Increasing Mobility

Early mobility is very important in preventing chest infections, DVT's and muscle weakness. The physiotherapist will show you the most comfortable way to sit out of bed and start getting about again. At first you will need help but you will soon progress to being independent again.

Before you go home the physiotherapist will give you advice on getting back to your normal routine.

Will I be able to eat normally afterwards?

You will not be able to take anything by mouth for approximately three days to allow the joint to heal and your nutritional needs will be monitored by the team.

Depending on your general condition you may have a specialised x– ray which involves a small drink to see if the joint between the oesophagus and stomach/small bowel has healed.

You will begin by drinking small amounts of fluid. Each day the amount of fluid will be increased. Then you will be able to eat little and often. Once on fluids you will be given medication to help prevent constipation.

You will be able to eat anything, but meals will be smaller because your stomach or part of it has been removed. It is important to have the food first and drink later because fluids will fill you up and you need the nourishment from the food. You will be given advice and reviewed by the dietitian.

Dumping syndrome is a condition where ingested foods pass through the stomach very rapidly and enter the small intestine largely undigested. Symptoms of **early dumping** include nausea, vomiting, bloating, cramping, diarrhoea, dizziness, and fatigue. Symptoms can occur immediately – 30 minutes after eating or after eating large amounts of food and can last for around 30-60 minutes.

Late dumping displays similar symptoms but occurs 2 to 3 hours after a meal and is related to low blood sugars. Your dietitian and specialist nurse will advise you on how to try and avoid this and how to manage it should it occur.

Although this may be frightening to experience, it is a normal occurrence. You can also refer to the Oesophageal Patient Association leaflet. If you are concerned, please contact your nurse specialist or dietician.

When will I get my results?

It normally takes 10 to 14 days before the results of your operation are back. They will be discussed with you before you go home, if they are available.

Will I be followed up afterwards?

A clinic appointment will be made for 6 to 8 weeks after your discharge home and regular follow up appointments will be given at the discretion of the individual consultant.

After discharge home you will be referred to the district nurse who will check your wounds.

If you have had a total gastrectomy you will require a vitamin B12 injection. This is because Vitamin B12 is absorbed in the stomach through an enzyme like substance which is only found in the stomach. With the removal of the stomach this enzyme will no longer be produced and vitamin B12 cannot be processed which could lead to anaemia. Therefore you will need to have a vitamin B12 injection every 3 months for life. Further treatment may be necessary.

If you have had a partial gastrectomy, a blood test will be taken at your clinic appointment to see if vitamin B12 injections are necessary.

Once you have had your surgery, the idea is to get you back to living as normal a life as possible. Prior to discharge, you will be given a booklet

from the Oesophageal Patients Association which will help you in the next 3 months of your recovery.

The upper GI specialist team will be on hand to care for you and answer any questions or problems that you may have in the future.

If you have problems, queries or are admitted to another hospital once home, contact the nurse specialist.

Psychological Issues

Being diagnosed with a serious illness or having an operation can be very stressful. Some days you may feel weary, tearful and generally not able to cope, this is perfectly normal. With some patients these feelings persist. If you find that this is the case, please contact your upper GI nurse specialist, or other health professional. They will have contact details of people and/ or organisations who can help. As your fitness levels return most people start to feel well again. Please contact your nurse specialist if you feel this is not the case.

Driving

You should not drive until you can do an emergency stop and feel comfortable wearing a seatbelt (approximately 6 weeks). That is, you must be able to do this without hesitation because of fear that your wound will hurt. It is advisable to check your car insurance policy as there may be a restriction clause.

Sexual Relationships

You may resume sexual intercourse when it is comfortable for you, this will depend on the surgery performed and will vary from individual to individual.

Your upper GI nurse specialist is used to discussing such delicate issues and may be able to offer support and advice if needed, or refer you to someone who can help.

List of Useful Addresses and Telephone Contacts

Upper Gastrointestinal clinical nurse specialists

Monday – Friday 8am – 4pm 01772 524788

Linden Centre

C/o Trinity Hospice Low Moor Road Bispham FY2 0BG

Cancer Help (Preston)

Vine House 22 Cromwell Road Ribblesdale Preston PR2 6YB Tel: 01772 793344

Gassup

This is a local support group, held once a month at Vine House in Preston. Please come and join us. Further details may be obtained from your nurse specialist

Cancer Care

Slynedales Slyne Road Lancaster LA2 6ST Tel: 01524 845040

Oesophageal Patients Association

22 Vulcan House Vulcan Rd Solihull West Midlands B91 2JY Tel 0121 704 9860 www.opa.org.uk

Questions about cancer?

We're here to help, the Macmillan Cancer Information & Support Service at Lancashire Teaching Hospitals is open to anyone affected by cancer and is situated at both Chorley Hospital & Royal Preston Hospital.

Contact us on 01772 523709 or cancerinfocentre@lthtr.nhs.uk

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.patient.co.uk

www.accessable.co.uk

All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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If you want to stop smoking you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Gujarati:

આ માહિતીને સમજવામાં સહાયતા જોઈતી હોય તો કૃપા કરીને પૂછો. આ માહિતી મોટા છપાણામાં અને અન્ય ભાષામાં ઉપલબ્ધ કરી શકાય છે.

Romanian:

Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informații. Aceste informații pot fi puse la dispoziție în format mare și în alte limbi.”

Polish:

Poinformuj nas, jeśli potrzebna jest ci pomoc w zrozumieniu tych informacji. Informacje te można również udostępnić dużym drukiem oraz w innych językach

Punjabi:

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਵੱਲੋਂ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰਿੰਟ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੱਲੋਂ ਮੁਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

Urdu:

دو سر ی زبانوں او ر بڑی اگر آپ کو ہی معلومات سمجھنے کے لیے مدد کی ضرورت ہے تو یی چھپا یں ییہ ابی دست بو یسکت ہے برا ئے مہر یان پو ے یچھہی۔ معلومات

Arabic:

مطبوعه بأ حروف كبير ة و بلغات إذا كنت تر يد مساعده في فهم هذه لمعلومات يُرجى أن تطلب أخرى يملكن تو فسير هذه المعلوما ت

Department: Upper GI

Division: Surgery

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