

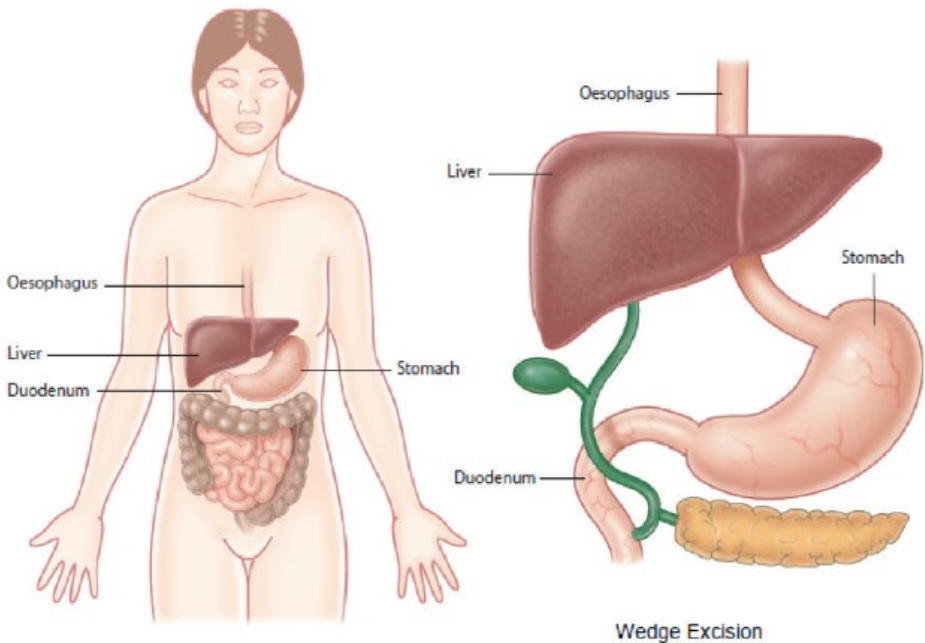


Information for
patients and
carers

Wedge Excision

What is a wedge excision?

This may be done as an open surgery (laparotomy) which is an incision across the abdomen or as a laparoscopic (keyhole) surgery. A full explanation of the surgery would be discussed with you in clinic and you will also be given personalised diagrams to aid understanding. A wedge of stomach tissue containing the origin of the GIST is removed together with the tumour. If the surgeon uses a stapler, the section of stomach to be removed, including the tumour is pinched up, and the stapler is used to cut it out and re-join the edges in one step. Because only a portion of the stomach is removed, wedge resection does not require complex reconstruction.



How long is the operation?

The operation takes around 2-3 hours. Sometimes the planned operation cannot be performed and an alternative operation which may be performed instead. If an alternative operation is required, this will be discussed with you in the surgical clinic. The outcome of the surgery will be explained to you during your hospital stay.

How long will I be in hospital?

The average length of stay is around 5-7 days, providing you do not have any post-operative complications.

Are there any possible complications?

Some complications are common to all types of operations and can be minor or major eg:

- Wound or urine infections
- Bleeding (haemorrhage)
- Blood clots in the lungs (pulmonary emboli) or legs Deep Vein Thrombosis (DVT)
- Chest infection

On Admission to the Ward

The staff will check your admission details and take some tests, blood pressure, pulse, temperature. You will be seen by an anaesthetist prior to the surgery and pain relief will be discussed with you.

You will be able to eat and drink as normal the day before the operation.

The day before surgery, whilst an inpatient you will be given a small injection to prevent you developing blood clots after the operation.

The Day of the Operation

On the day of surgery you will have nothing to eat or drink before the operation and will be measured for anti-embolism stockings which will help to prevent deep vein thrombosis.

After the Operation

After the operation you will be attached to a monitor which registers your blood pressure, pulse, temperature and the oxygen level in your blood. You will have oxygen via a mask or nasal tubing, this is to aid your breathing and oxygenate your lungs and blood. When you were in the operating theatre a tube will have been passed via your nose into your stomach. This may feel uncomfortable but it is essential to keep your stomach empty as it prevents you from being sick and lets the incision site heal.

You may have had a cannula (fine tube) put into your wrist, this is used for hydration and taking blood samples.

Your wounds will be checked regularly for signs of infection and will be re-dressed as necessary. The clips holding the wound closed will be removed after 10-14 days. You will be encouraged 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 on the ward round.

Will I have much pain?

You will experience some generalised discomfort but your pain relief will be discussed with you prior to the operation. The ward staff will see you regularly and it is important that you let them know if you are in pain.

When will I get my results?

It normally takes around 10 to 14 days before the results are back. They will be discussed with you before you go home, if they are available. We will ring you at home to discuss these if you have already been discharged.

Will I be followed up afterwards?

Prior to discharge you will be given a discharge information pack, which will provide you with information to help you in your recovery.

A clinic appointment will be made for 6 to 8 weeks after your discharge home. Depending on your results you may be discharged following this clinic consultation.

After discharge home you will be referred to the district nurse who will check your wounds. Once you have had your surgery, the idea is to get

you back to living as normal a life as possible. 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 specialist nurses.

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 that can help. As your fitness levels return, you will start to feel well again.

The Physiotherapist

All patients are assessed and treatment 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 postoperative 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. Before you go home the physiotherapist will give you advice on getting mobility back to normal. 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 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.

Will I be able to eat normally afterwards?

You will not be able to take anything by mouth for a couple of days to allow the incision site on the inside of the stomach to heal and your nutritional needs will be monitored by the surgical team. 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 small amounts of food and often. Once on fluids you will be given medication to help prevent constipation. You will be given advice and reviewed by the dietician whilst an inpatient.

Driving

You should not drive until you can do an emergency stop or 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 Activities

You may resume sexual activity 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 nurse 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.

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

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 Ribbleton 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

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 કૃપાકરીને 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 ਵੱਲ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰਿੰਟ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੱਲ 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 ے مہر یان پو ے یچھہی۔ معلومات

Arabic:

مطبو عة بأ حر ف كبير ة و بلغات إذا كنت تر يد مسا عة في فهم هذه لمعلومات يُر جى أن تطلب أخرى يملكن تو فسير هذه المعلوما ت

Department: Surgery

Division: Upper GI

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