GASTRECTOMY

BRIEF DESCRIPTION

A gastrectomy is an operation that removes either part of the stomach (partial) or the entire stomach (total). The small bowel or intestine can be used to join the remaining stomach to the oesophagus as needed. Your surgeon will discuss the procedure with you in detail and will answer any questions you may have before the operation.

WHY IS THIS OPERATION NECESSARY?

The commonest indication for this operation is for cancer. Other indications include benign (non-cancerous) tumors or complicated stomach ulcers.

ARE THERE ALTERNATIVE TREATMENTS AVAILABLE?

For most types of cancer, surgery is the first choice of treatment. For all other conditions alternative options can be discussed with your surgeon.

IS IT SAFE TO HAVE THIS OPERATION?

Your surgery will be performed by a team of highly qualified and skilled professionals who will take all steps necessary to ensure a safe procedure with a successful result. However, there are risks involved, as with all surgery, even if these risks may be small. Before you agree to the operation, you should consider the risks that may be involved.

WHAT ARE THE GENERAL RISKS INVOLVED?

There are risks which may occur with any surgical proce dure. These complications include the risk of infection, bleeding, pain, wound breakdown, deep vein thrombosis, or complications affecting the heart, lungs or kidneys.

WHAT ARE THE SPECIFIC RISKS INVOLVED?

The main surgical complication would be an anastomotic (new join) leak. This occurs in less than 5% of patients. This can be life threatening and may require emergency repeat surgery. Other risks include injury to the intestine or spleen, bleeding, pancreatitis (inflammation of the pancreas), delayed return of bowel function (temporary inability to pass wind or stool), wound infection, deep vein thrombosis, pulmonary emboli (blood clots in the lungs), atelectasis (lung collapse) or pneumonia (infection in the lungs). Late complications may occur such as a suture granuloma (growths on the surgical wound) or a hernia at the site of the wound.

WHAT ARE THE ANAESTHETIC RISKS INVOLVED?

You can discuss the type of anaesthetic you will have with your anaesthetist and also the possible complica tions that may occur.

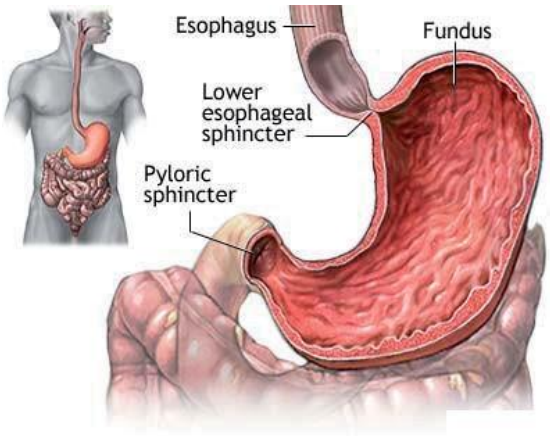
WHAT SHOULD I DO BEFORE THE OPERATION?

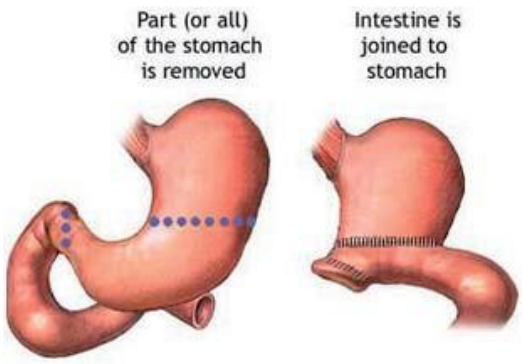
You should not eat anything solid for at least six hours before your operation and stop clear fluid two hours before; unless you are prescribed specific nutritional supplements. You should take all your regular medication as usual on the day. You will need to stop certain medication such as disprin, warfarin or other blood thinning medicines (including homeopathic medication) well before the operation. Please discuss this with your surgeon.

This is often a busy period. You will require further investigations to assess your fitness for surgery and will possibly need to see a physician/intensivist, the anaesthetist,a nutrionist (dietician) and occasionally an oncologist (cancer doctor).

WHAT HAPPENS BEFORE THE OPERATION?

Please report to the hospital reception on time for your admission. Please bring along all the documents that may





These notes give an overall guide to your procedure. You may see some differences in the details of your treatment, since it is tailored to suit your own condition.

be required such as your medical aid card, ID and contact details. If you are not a member of a medical aid you will be required to pay a deposit or to sign an indemnity form. As far as possible we will try to advise you about hospital costs before your admission.

When you arrive in the ward, you will be welcomed by the nurses or the receptionist and will have your details checked. Some basic tests will be done such as pulse, temperature, blood pressure and urine examination. You will be weighed and measured. You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings. The surgeon will have explained the operation and you will be asked to sign your consent for the operation. If you are not clear about any part of the operation, ask for more details from the surgeon or from the nurses.

In an adult please do wax or shave prior to the surgery, the surgeon will shave the areas needed in theatre. You may be issued with compression stockings that will help prevent blood clots in your legs. If you are having a general anaesthetic, the anaesthet ist who will be giving your anaesthetic will interview and examine you and they may put up a drip or prescribe some medication to help you relax.

You will be taken on a trolley to the operating suite by the staff. You will be wearing acotton gown and disposable underwear. Wedding rings will be fastened with tape and removable dentures and spectacles will be left on the ward. There will be several checks on your details on the way to the operating theatre where your anaesthetic will begin.

HOW LONG DOES THE OPERATION TAKE?

Usually takes between two to three hours

WHAT HAPPENS WHEN I WAKE UP?

After the operation is completed you will be transferred back to ICU or HCU ward. Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward.

You will have many tubes, lines and monitors – this is the routine, don't be alarmed. You will have an oxygen mask on your face, an ECG monitor which has leads stuck on your chest to measure your heart rate, a saturation monitor on your finger to measure the oxygen level in your blood and a catheter in your bladder so you won't need to use the toilet, a stomach or feeding tube which will be coming out your nose, possibly a drain which is a pipe which will come out of your abdomen and an epidural which will be in your spine to help with pain. .You may also be fitted with TED stockings on your legs or possibly have foot pumps on your calves to reduce the risk of developing blood clots in your legs.

WILL I HAVE PAIN?

Some pain is to be expected, but this should be controlled to a level of mild discomfort with the painkillers that are prescribed. Ask the nursing staff for medication if you have pain.

HOW SOON AFTER THE OPERATION CAN I EAT?

You will be allowed small amounts of fluid initially and gradually build up to being able to drink as much as you like. Thereafter your surgeon will advise you on when to start eating – usually around day five after the operation

HOW SOON AFTER THE OPERATION CAN I GET OUT OF BED?

With the help of the physiotherapist and nursing staff you will usually be able to sit in a chair the following day and on occasion the same day. You will be encouraged to mobilse as early as possible.

HOW LONG WILL I STAY IN THE HOSPITAL?

5 to 10 days provided there are no complications

WHAT HAPPENS WHEN I AM DISCHARGED FROM THE WARD?

Your surgeon will determine when you are ready to go home. You will be given some medication for pain and you may also need to take antibiotics for a few days after you go home. You will be given instructions on the dressings and how to care for the wound. You will also be asked to make an appointment for your follow-up with the surgeon's rooms. You should ask for a sick certificate if you need this for your employer.

WHAT SHOULD I BE AWARE OF WHEN I GET HOME?

You will be able to do your own day to day care i.e., having a bath, walking without any aid or support.

Your appetite will be returning but will not be back to normal and you may have intermittent nausea. Eat small, regular light meals.

Bowel patterns tend to be irregular and may take a few weeks to return to normal.

Try and mobilise as much as you can, avoid excessive sleeping or sitting and build in regular gentle walks. An operation of this magnitude is both physically and emotionally stressful. You may feel tired and vulnerable and some people report that it takes three to six months to feel completely back to their normal selves.

HOW SOON CAN I START EXERCISE?

Mild exercise like walking or climbing stairs would be possible on discharge but anything more takes at least four weeks. Discuss this with your surgeon an there is a lot of individual variations.

HOW SOON CAN I DRIVE A CAR?

Usually two to three weeks. Discuss this with your surgeon as there are a lot of individual variations.

HOW LONG WILL I BE OFF WORK?

Most people need four to six weeks.