Liverpool Heart and Chest Hospital NHS
NHS Foundation Trust

Information For Patients

Gastrectomy

Removal of all or part of the stomach

Liverpool Heart and Chest Hospital NHS Foundation Trust
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This leaflet has been written to provide information about surgery to remove a section or all of your stomach. We hope it answers some of the questions or concerns you may have about the procedure. It is not intended to replace talking with medical or nursing staff.

The Stomach

The stomach is part of the digestive system, which is sometimes called the gastrointestinal tract. It is a muscular, bag-like organ, which lies between the lower end of the gullet (oesophagus) and the beginning of the small bowel (small intestines). Once food has been swallowed it passes down the gullet and into the stomach.

What are the causes of Stomach Cancer?

The cause of stomach cancer is still not fully understood. The predominant factor is diet. Not eating enough fruit and vegetables, drinking alcohol, and smoking are known factors.

Infection of a stomach bug called Helicobacter pylori bacteria may be linked to stomach ulcers and stomach cancer.

Stomach cancer is more common in people who have pernicious anaemia, which affects the lining of the stomach and results in a lack of Vitamin B12.

What is a Gastrectomy?

Gastrectomy is the surgical removal of all or part of the stomach.

- Partial Gastrectomy – part of the stomach is removed.
- Total Gastrectomy – the whole of the stomach is removed.

What does the operation involve?

The operation is performed under a general anaesthetic so therefore you will be asleep during the procedure. The procedure involves:

- Remove the cancer or part of the stomach.
- Remove the surrounding tissue (lymph nodes) that may have cancer in them.

- Free and reshape the stomach to allow it to be pulled up into the chest.
- Join the remaining part of the stomach or small intestines to the oesophagus (gullet).

What are the benefits of having the surgery?
Your consultant will discuss with you the perceived individual benefits of having surgery. The main aim of the surgery is to remove the cancer. The treatment however may be combined with chemotherapy and/ or radiotherapy

What alternatives are there to the operation?
Currently, the only way of potentially curing stomach cancer includes this type of surgery. Cancers involving only mucosa (stomach lining) can sometimes be safely removed by an endoscopy (telescope) under sedation (Endoscopic mucosal Resection or EMR).

Are there any risks to the operation?
As with all surgical procedures, surgery to remove the stomach carries some risks. These risks vary according to your overall health and your individual condition. You will have an opportunity to discuss the risks and the benefits of the proposed surgery so that you have sufficient information to be able to sign the consent form.

Preparation for Surgery

Anaesthetist
The anaesthetist is the doctor responsible for putting you to sleep for the operation and taking expert care of you during and immediately after the procedure. They usually visit you the day before your operation to check on your general health, ask you some questions about your previous medical history, and check your heart, lung and blood test results. Any medications you are taking or any allergies you have will be discussed. The anaesthetist will be particularly interested to know if you have had any chest or heart problems.They will explain the routine the night before

and the day of surgery and will let you know what to expect. It is a good opportunity for you to discuss any fears or anxieties you may have about having an anaesthetic.

Pain relief following surgery

There are several ways of relieving pain following surgery including a continuous injection of a local anaesthetic and strong painkillers through a small plastic tube in your back (epidural), or an infusion of pain killers through a small tube into your vein, usually in the back of your hand (patient controlled analgesia). The anaesthetist or specialist nurse will discuss methods of pain control in more detail.

Getting ready for theatre

The nursing staff on the ward will help you get ready for your operation. You will not have anything to eat or drink in the morning. You will probably also be given a sleeping tablet to help you relax.

You will have a shower and change into a clean gown. Elastic stockings will be provided; these are compression stockings to help prevent you getting a blood clot in your legs. You will need to remove all your jewellery including wedding rings where possible as during the operation you will be given quite a lot of fluid in your I.V. drip and your fingers may swell up. If you have false teeth, glasses or a hearing aid you can leave these in place until you arrive in theatre. Before you leave the ward the nurse looking after you will go through a checklist with you to make sure everything is ready and nothing has been missed out.

What happens in the anaesthetic room?

When you come to theatre you will go to the anaesthetic room, where you will be put to sleep. You will meet other members of the anaesthetic team, a healthcare assistant (H.C.A.) and an operating department practitioner (O.D.P.). One of them will go

through some routine checks to make sure you are in the right place, and that routine preparations have been carried out. You will be moved from your bed onto the narrow operating table. The anaesthetist will put a drip into one of your arms, which may sting a little. The O.D.P. will place some sticky pads on your chest to monitor your heartbeat, and a blood pressure cuff on one of your arms.

If you are having an epidural, the anaesthetist will probably do this next. You may be asked to sit up and lean forward. After scrubbing his or her hands, the anaesthetist will clean your skin with a cold solution to reduce the risk of infection. The actual insertion of the epidural usually takes only a few minutes. If you feel any pain in your back or strange sensations, tell the anaesthetist but try to remain still.

If you are not having an epidural or when it has been done, the anaesthetist will then put you to sleep with an injection into your drip. You will usually be asked to take a few breaths of oxygen from a plastic facemask whilst you are going off to sleep.

After The Operation

After the operation, you will be taken to the P.O.C.C.U (post operative critical care unit). This is a large intensive care ward where you will be looked after closely, there will be a nurse by your bed most of the time.

It is quite normal to feel washed out when you wake up, it will have been a long and major operation. As you are waking up you may become aware of the anaesthetist taking a tube out of your mouth. When that has been done you will be given a clear plastic oxygen mask. This helps your breathing, and you will wear the oxygen mask for a few days. There will be a lot of monitoring equipment near your bed, do not be alarmed by this, it is quite routine. You will also have the following tubes attached to you; they are there to help and are normal practice.

- Three drips - one in your arm to give you fluids, one in your wrist to measure your blood pressure and one in your neck to estimate how much fluid you need.

- A tube in your nose, which goes into your stomach (this drains the stomach contents so that you won't be sick and put strain on your wound by vomiting). This tube can make your throat feel sore.

- A catheter will be in your bladder to drain the urine out, as your mobility will be reduced and you may have trouble passing urine. This catheter drains continually and is held in place by means of a small balloon, it can't fall out if you move or stand up.

You will not be allowed to eat or drink anything for approximately five days. After that you may have a special x-ray to check that the joins in the gut are healing properly before you are allowed to drink normally and then to start eating. You will also be referred to a dietitian so that your specific needs can be assessed.

The drains, drips and catheter will be removed gradually over seven to ten days if your progress is satisfactory.

Your pain relief will continually be assessed and managed.

It is important that your bowels have been working before you go home, please let us know if you experience any problems.

Discharge

Overall, if there are no complications your hospital stay is usually between two and three weeks. When you are up and about, eating and drinking properly, and your wounds are healing well, you may be considered fit for discharge. Before your discharge, a member of staff will go through discharge arrangements such as District Nurse, tablets to take home, appointments and sick notes etc.

Advice At Home after Surgery

After any major surgery you will feel weak for some time. Your strength will gradually improve, but it may take up to three to six months before you feel at your peak again. This differs from person to person; some important points to remember are listed below.

At first, you will feel very tired and will need to rest often. Avoid the temptation to nap in the chair, when you feel tired go to bed and sleep for an hour. Don't try and keep yourself awake. Don't overdo household jobs. The sort of movements that can cause discomfort are bending or stretching, lifting heavy weights and pushing or pulling. Standing for long periods can be tiring.

Exercise is important, but only start off with gentle exercise such as a short walk and build up gradually. Don't overdo it; your body is still healing. Climbing stairs can be surprisingly tiring, but is a useful way of getting exercise and judging your progress.

The time at which you can start driving varies according to the type of operation you have had and your overall progress. Ask your doctor for specific advice. Remember your movement and strength must be up to coping with an emergency stop as well as ordinary driving.

If diarrhoea is a problem let your doctor know as soon as possible.

You may notice some numbness and a tingling feeling around your wound. This is because the nerves that are cut during the operation are slow to heal and make the area more sensitive. It can take up to twelve months for this to settle.

Dietary Advice after partial /total Gastrectomy

Some or all of your stomach has been removed. This means you have less space to store food in so are more likely to feel full after eating.

Your dietitian will discuss the following in more detail with you before you go home.

- Eat little and often
- Eat slowly
- Try to make food and drinks as nourishing as you can
- You may feel full up more quickly than before
- Don’t drink with meals
- You will be more at risk of reflux (heartburn), to avoid this try not to eat late in the evening
- Try to keep your weight steady

Further information

National Cancer Support services

The cancer information specialist nurses give information on all aspects of cancer and its treatment, and on the practical and emotional aspects of living with cancer.
Tel: 0808 800 1234
Line open Monday-Friday, 9am-8pm

Macmillan Cancer Support

A national charity providing expert treatment and care through specialist Macmillan nurses and doctors.
Tel: 0808 808 2020
Lines open Monday-Friday, 9am-6pm

Oesophageal Patients Association

An organisation of people who have, or had cancer of the oesophagus.
Tel: 0121 704 9860
Lines open Monday- Friday, 9am-5pm

Welfare Rights Service

There will be a Benefits Advisor from Local Solutions in:
The Macmillan Cancer Information and Support Centre at Liverpool Hospital every Wednesday
To make an appointment **Tel: 0151 706 3720**

Upper GI Clinical Nurse Specialist (Surgery)

Liverpool Heart and Chest Hospital
Thomas Drive
Liverpool
L14 3PE
Tel: 0151 600 1218 or 0151 600 1018
Monday- Friday, 9am – 5pm.

If you require a copy of this leaflet in any other language or format please contact us quoting the leaflet code and the language you require.

إذا لديك الرغبة فى الحصول على نسخة من هذه المعلومات بأيّ لغة أخرى أو بشكل آخر (على سبيل المثال بخطوط كبيرة) ، الرجاءالاتصال علينا على الرقم 1257 600 0151 موضحاً الشكل او اللغة التى ترغب فيها.

如果您想索取一份以其他語文或形式（ 如大字體 ）編印成的資料傳單，請致電 0151 600 1257向我們查詢，並說明您所需要的形式和語文。

ئەگەر ئەم زانیاریانەت بەھەر زمانێکی تر یاخود شێوازێکی تر دەوێت (بۆ نموونە بە چاپی گەورە) ئەوا تکایە بە ژمارە تەلەفۆنی 0151 600 1257 پەیوەندیمان پێوە بکە و ئاماژە بدە بەو زمانەی یاخود شێوەیەی کە دەتەوێت

W celu uzyskania niniejszej informacji w innym języku lub formacie (np. dużym drukiem), prosimy o kontakt z nami pod numerem 0151 600 1257 podając wymagany format lub język.

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CTPALS066 Version 2
Publication date January 2008
Review March 2012
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