仁安醫院
UNION HOSPITAL

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Operation Information

Gastrectomy (Open/ Laparoscopic)

Introduction

Gastrectomy is a surgical intervention where all or part of the stomach is surgically removed. 4 main types of gastrectomy include total gastrectomy (the whole stomach is removed), partial gastrectomy (the part of the stomach is removed) and sleeve gastrectomy (the left side of the stomach is removed) and oesophagogastrectomy (the top part of the stomach and part of the oesophagus is removed).

Gastrectomy may be necessary in the following conditions:
- Stomach and oesophageal cancer
- Other gastric tumors
- Severe gastric ulcer in case of bleeding or perforation
- Morbid obesity

Outcomes

Gastrectomy is usually an effective treatment for cancer and obesity. After the operation, a part of or the whole stomach will be removed and a small intestine will be re-attached with the esophagus or the remaining section of the stomach. Apparently, the size of stomach will diminish after the surgery. However, the digestive system will also remain function. Whereas, the system will not be functioning exactly the same as before. You may experience in change of appetite, feeling full easily or dumping syndrome. A small and frequent meal is encouraged.

Procedures

1. The operation is performed under general anaesthesia.
2. The operation could be performed by laparoscopic approach or open approach.
3. Usually an upper midline incision is made for open gastrectomy. Several small incisions are made to insert the surgical instruments for laparoscopic gastrectomy.
4. Part of or the whole stomach is removed.
5. The small intestine is connected to the esophagus or the remaining section of the stomach.
6. An nasogastric tube or abdomional drains may be needed.
7. The wound is closed with sutures or clips.

Possible Risks and Complications

1. Wound bleeding
2. Wound infection
3. Anastomatic leakage
4. Intra-abdominal fluid collection and abscess
5. Fistulation, e.g. pancreatic fistula
6. Delayed gastric emptying
7. Chest complications, such as pneumonia or pleural fluid collection
8. Late sequelae, e.g. bowel disturbance, diarrhea, malnutrition or anaemia etc.

** The risks listed above are in general terms and the possibility of complications is not exhaustive.

Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

Pre-operative Preparations

1. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up yourself on the day of operation.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform doctor if you are taking medications that affect blood coagulation such as Aspirin, Warfarin, Xarelto or Pradaxa, nonsteroidal anti-inflammatory drug (NSAID) such as Ibuprofen, Naproxen and Chinese medication.
4. Routine tests such as blood test, Cross match, X-ray, ECG, Ultrasound, CT/ PET scan may be performed before the operation as ordered by the doctor.
5. Nurse will supply surgical soap to you for washing the operation site as necessary.
6. No food or drink six hours before operation.
7. Please change into a surgical gown after removing all clothing including undergarments, dentures, jewellery and contact lenses.
8. Please empty your bladder before the operation.

Post-operative Instructions

General

1. After general anaesthesia, you may:
   - experience discomfort in the throat after tracheal intubation.
   - experience side effects of anaesthesia includes feeling tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.
3. Pain relief is sometimes managed with patient-control-analgesia (PCA) or epidural anaesthesia.
4. Nasogastric tube and indwelling urine catheter are usually needed.
5. One or two drainage tubes may be placed into the abdomen to drain fluids out of the surgical site if necessary.
6. You are usually discharged 1-2 weeks after the operation, where you may receive nutrition into a vein until you can eat and drink again.

Activity

Early mobilization, deep breathing and coughing exercises are encouraged to reduce the chance of chest infection, urinary retention and venous thrombosis.

Diet

1. A gastric diet is usually needed after initial recovery from the operation.
2. You will need to adjust your dietary pattern to frequent and small meals rather than 3 meals a day.
3. You will also need to chew food thoroughly to prevent food bolus obstruction.
4. Vitamins and supplements may be required to prevent anaemia in the long run.

Advice on Discharge

1. Adequate analgesics will be prescribed. Please comply with medication regime as prescribed by your doctor.
2. Physical activities can be resumed gradually 4-6 weeks after the operation.
3. Immediately consult your doctor or return to hospital for professional attention in the event of severe wound pain associated with redness and swelling, secretion of pus, massive bleeding, shivering, high fever over 38^{o}C or 100.4^{o}F, or any other unusual symptoms etc.
4. If the operation was performed due to a cancerous mass, then you may also be followed up by an oncologist for further treatment.
5. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification