

Patient information

Partial / Total Gastrectomy

Surgical Speciality

Your Consultant / Doctor has advised you to have a Gastrectomy

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 are the benefits of having the surgery?

Your consultant will discuss with you the perceived individual benefits of having surgery. The treatment however may be combined with chemotherapy and/ or radiotherapy

The aim of the surgery is to remove the cancer

What are the risks of having 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.

Some of the risks involved with gastric surgery include:

Wound infections, chest infections, and blood clots developing in the leg (deep vein thrombosis) or in the lung (pulmonary embolism).

There is also a risk of the new joins failing to heal, if this happens a further operation may be needed. All of the risks involved will be discussed in more detail prior to the surgery taking place.

You will be given the opportunity to have a further appointment with the Upper GI Nurse Specialist before surgery to give you an opportunity to discuss any concerns you may have.

Are there any alternatives available?

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).

What will happen if I decide not to have treatment?

Other treatments which aim to control the spread of the disease and to help alleviate symptoms include chemotherapy, radiotherapy and stent insertion (a stent is a wire mesh tube which helps to keep the oesophagus open). Your doctor would be happy to discuss any alternative treatments if they are applicable to you.

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:

- Removing the cancer or part of the stomach.
- Removing the surrounding tissue (lymph nodes) that may have cancer in them.
- Joining the remaining part of the stomach or small intestines to the oesophagus (gullet).

What sort of anaesthetic will be given to me?

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness: it is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain.

Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the leaflet **“You and Your Anaesthetic”** (PIF 344).

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

If you are worried about any of these risks, please speak to your Consultant or a member of their team.

Getting ready for your operation

- You will usually be seen in the pre-operative clinic before you are admitted to hospital. Here you will have blood tests, and sometimes a heart trace or a chest X-ray. You will be assessed to see if you are fit for the anaesthetic.
- The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have.

- You will be given instructions on eating and drinking before your operation.
- You will be able to discuss the operation with a doctor. You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.

The day of your operation

- Most patients will be able to be admitted on the day of operation. You will be sent a letter to arrive at 7.30 to ward 11z.
- However if you are informed that you need to come in the day before then on the day of your admission please telephone 07833 294 761 between 10:30am and 11:30am to ensure that there is a bed available and to confirm the time you will be expected to arrive on your allocated ward.
- Please leave your name and telephone number if you are connected to the answer phone and someone will call you back.
- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- Please bring any medication you take into hospital with you.
- Please bring in toiletries, nightwear and towels.
- You will be asked to remove jewellery - plain band rings can be worn but they will be taped.
- Please leave body piercings at home. False nails and nail polish will also need to be removed if worn.
- If you are on regular medication, you will be told to take this if necessary.
- You will be asked to put on a gown and disposable underwear.
- A bracelet with your personal details will be attached to your wrist.
- You may be prescribed some medication to take before your operation by the anaesthetist. A member of the nursing staff will give this to you.
- A nurse and porters will take you to the operating theatre.
- Your dentures, glasses or hearing aid can stay with you on your journey to the operating theatre.
- When you arrive in the theatre area, the ward nurse will leave you, and you will be asked to put on a disposable hat.
- You will then be taken to the anaesthetic room and a member of theatre staff will check your details with you (at Broadgreen Hospital there is a slight difference in the way you will be received in theatre due to the different theatre layout).

What should I expect after my operation?

- After your operation you will be kept in the theatre recovery room before being transferred to the ward.
- A nurse will check your pulse, blood pressure, and breathing rate regularly. **It is important if you feel any pain you tell the nursing staff, who can give you painkillers to help.**
- Anaesthetics can make some people sick. If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer you an injection to help this sick feeling go away.

After the operation, you will be taken to the High Dependency Unit (HDU). 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.

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.
- You may have 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.
- One or two drains in your abdomen to drain fluid from your wound site.
- 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 anything for a few days so the new join has time to heal. However, you will be allowed small amounts of water which will gradually be increased over the first week.

When the team have said you can start food again, you will see the dietitian so that your specific needs can be assessed.

The drains, drips and catheter will be removed gradually over the first week 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.

Going home

Overall, if there are no complications your hospital stay is usually around five to ten days. 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 fit notes etc.

Discharge information

Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home.

Your wound

If your wound or drain sites require any dressing, the ward nurse will arrange for this be reviewed by the district nurse once you are at home.

In general the wound will be healing without problems when you go home, although occasionally you can expect slight ooze from the wound which requires a simple dressing.

You may have stitches in your wound or chest drain site that will need removal ten days after your operation. If you are discharged beforehand the ward nurse will arrange for a district nurse to remove them at home.

If, however, your wound becomes quite red or suddenly becomes more painful or starts leaking a discoloured fluid you should consult your family doctor (GP) or district nurse.

Rest, sleep and relaxation

During the first few weeks at home, you will find you tire easily, so adequate rest is as important as exercising for your recovery. Have a rest in the afternoon for an hour and make sure that your friends and relatives are aware of when your rest periods are, to reduce disturbances.

If you tire during a particular activity such as climbing the stairs, sit down and rest.

Try and have a good eight to ten hours sleep each night. This may be difficult at first because your normal sleeping pattern will have been disturbed. It may take you a week or two to settle back into your normal sleeping routine. In addition, you may find that your normal sleeping position is not comfortable in the early days after your operation, due to wound soreness. It is important to continue taking your pain control regularly at night to aid sleeping.

Getting back to normal

Remember that you have just had an operation. It is normal to feel more tired than usual for a few days afterwards.

Driving

Do not drive following discharge from hospital until you have been reviewed at your outpatient appointment and advised by your surgeon that it is safe.

As a result of the wound and the healing process, muscular strength and general agility is reduced and sudden movements can bring on pain.

It is therefore, essential that you do not drive a motor vehicle until the healing process is sufficiently advanced.

Before resuming driving, you will need to be fully recovered from your surgical procedure. You should also be free from the distracting effect of pain, or the sedative or other effects of any pain-relief medication you are taking, to be able to concentrate fully on driving.

You should be comfortable in the driving position and able to safely control your car, including freely performing an emergency stop without causing yourself any pain or soreness, and without damaging your operation wound. It is not advisable to begin driving with long trips; to start, try shorter journeys nearer home.

Returning to work

Every person recovers differently and has different needs. In most cases it's usually safe to return to work between three to four months after the operation. Your consultant or GP will advise you on this.

Whilst surgery is the mainstay of treatment recent studies have shown some benefit from giving chemotherapy before and possibly after the operation. If you have chemotherapy postoperatively, this can delay getting back to work after surgery.

- If you work out a plan with your employer to return to work sooner rather than later, always double-check with your GP before you go back to work.

Sexual relations

Many patients who have undergone major surgery experience anxiety about resuming sexual relationships. It is quite safe to have sex and/or sexual stimulation after the operation whenever you feel ready for it. However, we generally advise you to wait between two to four weeks to allow your body and wounds time to recover.

Choose an ideal time when you feel relaxed, comfortable and in familiar surroundings. Avoid times when you feel tired, tense or after a large meal. Do not expect too much of each other initially. It is unlikely that you will do any damage to the surgery, but sensible measures should be taken to avoid extensive strain on the chest wound.

Choose a position, which is comfortable and does not restrict breathing and stress to your chest. Do not take your weight or your partner's weight on your arms. Do not attempt to be too energetic at first.

Holidays and flying

Now the operation is over, you may wish to plan a holiday. A restful holiday in this country may be undertaken at any time, providing you are able to cope with the travelling.

Holidays abroad should be deferred for at least eight weeks after the operation. At your outpatient appointment discuss your plans with the surgeon.

Alcohol

Alcohol may be taken in moderation after discharge from hospital, but you should ask your nurse or pharmacist for information about alcohol consumption with your particular medication.

Smoking

To help make sure that smoking remains a past activity you may find the following points helpful:

- Keep a list of reasons for stopping smoking and refer to it regularly.
- Contact a smoking cessation advisor, your specialist nurse can help with this.
- Find other ways to relax, e.g. talking with friends, listening to music, or take up a new hobby.

Further appointments

A follow up appointment will be made for you to attend clinic approximately two to six weeks following discharge. If you have any queries regarding your appointment please contact your Consultant's secretary.

Feedback

Your feedback is important to us and helps us influence care in the future

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated

Further information

Upper Gastrointestinal Clinical Nurse Specialist

Tel: 0151 706 4704

Text phone number: 18001 0151 706 4704

Little and Often Support group

A monthly support group for patients before and after gullet or stomach surgery.

Venue - Kent Lodge

Broadgreen Hospital Site

Thomas Drive. L14 3LB

The last Thursday of the month (except December).

1.30-3.30pm

Oesophageal Patients Association

An organisation of people who have, or had cancer of the oesophagus.

Lines open Monday- Friday, 9am-5pm

Tel: 0121 704 9860

Macmillan Cancer Support

A national charity providing expert treatment and care through specialist Macmillan nurses and doctors.

Lines open Monday-Friday, 9am-6pm

Tel: 0808 808 2020

Welfare Rights Service

There will be a Benefits Advisor from Local Solutions in:

The Macmillan Cancer Information and Support Centre

To make an appointment

Tel: 0151 706 3720

NHS 111 Service

Tel: 111

NHS Stop Smoking Service

Tel: 0800 0224332 –

Websites**Oesophageal Patients Association**

<http://www.opa.org.uk/>

Macmillan

<http://www.macmillan.org.uk/>

NHS Stop Smoking Service

<http://smokefree.nhs.uk/>

Department for Work and Pensions

<http://www.dwp.gov.uk/health-work-and-well-being/>

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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