

Gastrectomy Surgery ~ Laparoscopic and Open Methods ~

What is a gastrectomy?

A gastrectomy is surgery that removes part or all of the stomach. This type of surgery is done for many medical conditions. You should talk to your doctor about why you need this surgery and how much of your stomach will be removed.

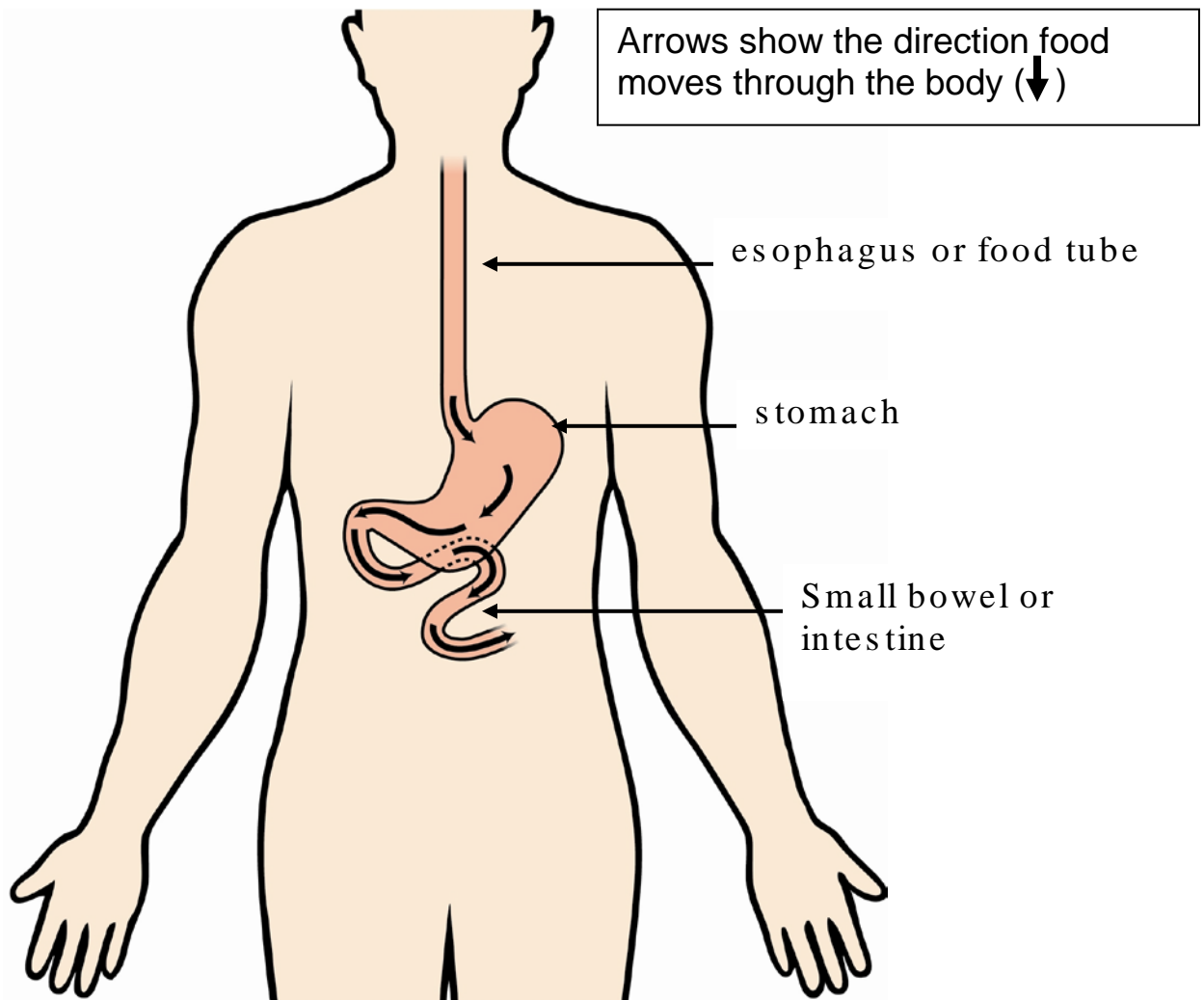
Partial or subtotal gastrectomy: Part of the stomach is removed.

Total gastrectomy: All of the stomach is removed.

This is what normally happens to food when you eat or drink it.

Esophagus: (food tube)	The esophagus is the tube that carries the food you eat and drink from your mouth to your stomach.
Stomach:	The stomach breaks food into small pieces so your body can use it for energy.
Small bowel: (small intestine)	The food moves from the stomach to the small bowel first. The food is broken into very small pieces and is absorbed into the blood as the muscles push it along. The small bowel is also called the small intestine.

See the picture on the next page →



What happens when part or all of my stomach is removed?

When part or all of the stomach is removed, the remaining parts are joined. This is called a resection.

Your body adapts to having a part or all of the stomach gone.

Food and fluid you eat and drink is digested in the small bowel.

Your diet may change and this is explained on Page 10.

What happens during surgery?

There are 2 ways to do this surgery:

1. Laparoscopic Method
2. Open Method

Your doctor will talk to you about the method that you are having.

Laparoscopic Method:

This surgery is done using several small incisions 5 to 12 millimetres (mm) long. A very small camera is inserted into 1 incision for the doctor to look around. Other incisions are used for instruments needed to do the surgery. One incision is 5 centimetres (cm) long to remove the stomach.

The incisions are closed with dissolvable stitches and special tape on top called steri-strips.

Open Method:

One incision made about 15 to 20 centimeters long to do the surgery. The incision is closed with stitches and staples and covered with a dressing.

What happens before surgery?

You will come to the Pre-Admission Assessment Unit 1 to 2 weeks before to learn how to get ready for surgery. Here you will meet with a nurse and an anesthetist.

In this clinic, you will have blood taken for any tests your surgeon has ordered. You will also have a heart test done called an ECG. You will meet with the anesthetist to talk about having general anesthesia for this surgery. This means that you sleep during surgery.



In the Pre-Admission Assessment Unit you will get a set of instructions to follow before surgery. If you are not sure of anything, contact your surgeon's office for advice.

If you have a CPAP or BiPAP machine:

Get ready to bring your machine and mask to the hospital the day of surgery.

Write down your prescription provider and settings for the machine so your health care providers will be able to operate it.

The respiratory technician at St. Joseph's Hospital may need to talk to your provider about your settings.



What to bring to hospital:

Pack your bag and follow the list you got in the Pre-Admission Assessment Unit. You will stay in the hospital about 2 to 3 days.



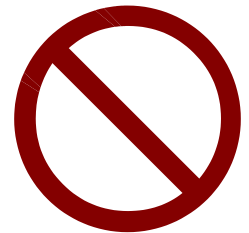
Bring your CPAP or BiPAP machine and mask if you use one at home.

The Day Before Surgery

Diet and Bowel Preparation:

Follow the eating and drinking instructions you were given in the Pre-Admission Assessment Unit.

'**Nothing to Eat or Drink**' means no chewing gum, sucking candy or anything.



You can take any medications the anesthesiologist reviewed with you in the Pre-Admission Assessment Unit with a small sip of water.

The Day of Surgery

Day Surgery Unit (DSU)

You will check in at the Reception Desk of the Day Surgery Unit about 2 hours before surgery. You will wait in the waiting room until you are called in. If you have a friend or family member with you, you go into the Day Surgery Unit by yourself at first. As soon as you are ready for surgery, the nurse will invite your support person to join you.

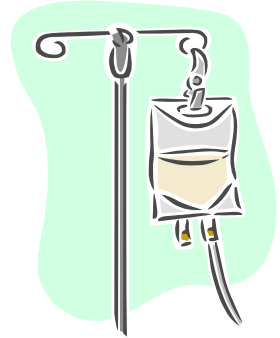
In the Day Surgery Unit, you will get ready for surgery. You will go to the bathroom and then put on a hospital gown. The nurse will ask you some questions and answer your questions.

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Before surgery, the surgeon will also come to see you and mark the surgical area with a special pen. The anesthetist or anesthetist's assistant will also come and talk to you before surgery,

Intravenous Therapy

You will have a small thin tube put into a vein in your arm. This is called an intravenous or IV. The IV is used to give you fluids and medications before and after surgery. Before surgery you will get antibiotic medication in your IV to help prevent infection.



The Operation

Operating Room

When it is time, you will be taken to the Operating Room. This room is bright and cool. You will move from your stretcher bed onto the operating room table with help.

The team then goes through the steps of preparing for surgery called a “surgical time out.” They make sure they have the right patient and the right surgery before starting your anesthesia.



The surgery takes 2 to 5 hours depending on what your surgeon plans to do.

The Post Anesthetic Care Unit and Nursing Unit

Recovery

You will go to the Post Anesthetic Care Unit (PACU). You will be watched closely by the nurses and given pain control medication. You will stay here until you are fully awake and then go to your bed on a nursing unit. There is a waiting room close to this area in the main lobby for your support person to wait.

Pain Control

You may have some pain from your incisions.

If you had laparoscopic surgery you will also have pain from the air that is put into your abdomen to help the surgeon do the surgery. This pain usually decreases within the first 2 days.

Ask your nurse for pain control medication when you need it. Your nurse will let you know how often you can have pain control medication.

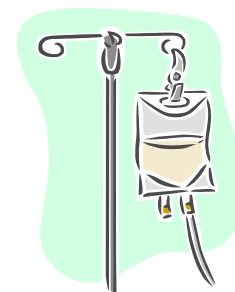
Other ways to relieve pain are:

- walking
- any method of relaxation such as listening to music, deep breathing or imagery



Intravenous Therapy

The IV will give you fluids and medication after surgery. It is taken out when you are able to drink well.



Nausea

Some people have nausea after a general anesthetic. It is very important to tell your nurse if you feel sick to your stomach. You can have medication to help.

Activity

Exercise and activity are very important to help you recover. Getting up and moving helps keep muscles strong and prevent:

- breathing problems
- blood clots
- constipation

Do deep breathing exercises and circulation exercises every hour that you are awake.

The First Time You Get Up

Ask your nurse to help you the first time you get up. You will be encouraged to move around as much as you can. Make sure you have good walking, non-slip shoes on. As you feel stronger, you will be able to take longer walks.



The nurses will help you get up and walk the same day of your surgery. The next day you should walk at least 4 times.

Bathing and Showering

Follow your surgeon's and nurse's instructions about when you can shower. Try to keep incision(s) dry when sponge bathing. Pat the incision(s) dry after bathing. Avoid using soap on your abdomen until you are healed.



Incision Care

Look at your incision(s) each day. Any incision should be a clean, dry and closed line. Your incision(s) may be covered with tape. Tell your nurse if you see any discharge coming from an incision or if an incision opens.

You can take the tapes off 7 to 10 days after surgery depending on your surgeon's instructions.

If you have staples in the incision these have to be taken out by a health care provider. You will be advised as to when these need to be taken out.

Nutrition and Diet

Since diet is very important, there is a diet section starting on Page 10.

Making Plans to Go Home

Discharge Time is 11:00 a.m.

You will need to arrange for someone to drive you home.



At Home



Pain Control

If you have pain, take the liquid pain control medication ordered by your doctor. Pain should be less and less each day. Call your doctor if your pain is not relieved by medication or does not go away over a few weeks.

Exercise and Activity

Gradually resume your normal activities. Moving and walking helps you recover and helps prevent problems after surgery.

- ✘ Do not lift or carry anything over 4 kilograms or 10 pounds. This includes things like a grocery bag, suitcase, laundry basket, vacuum cleaner, pet or child until you check with your doctor.
- ✘ Do not do any strenuous exercise for 2 to 6 weeks until your surgeon says you can. This depends on the type of surgery you had.

Start with short walks a few times a day. You will feel tired so rest and take breaks but keep on walking. As you recover you will be able to walk further each time, and more times each day.

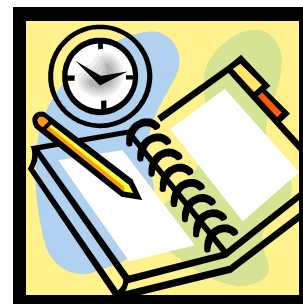


Talk to your doctor before starting any new exercises as you must be well healed first.

Return to Work or School

The usual time off work is 2 to 6 weeks. This depends on the type of surgery you had, what you do and how you feel after surgery.

Before surgery, talk to your surgeon about the amount of time you should plan to be off.

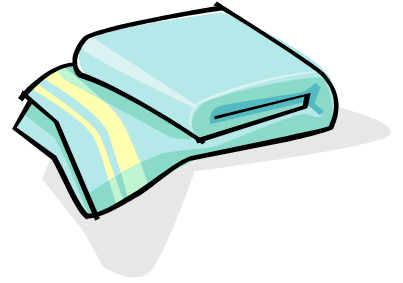


Sexual Activity

You can resume sexual activity when you feel able or as advised by your doctor.

Bathing and Incision Care

When you have a sponge bath, try to keep the incision(s) dry. You can shower when your doctor or nurse advises. You cannot take a bath or swim until your incisions are well healed. You can talk to your doctor about this during a follow-up visit.



Keep the tape on your incisions clean and dry for 7 to 10 days following your doctor's instructions. If any tape falls off, leave it off. If you have staples in your incision, follow your doctor's advice as to when they need to be taken out.

It is normal to have some swelling around the incisions. These take a few weeks to go away. If you have severe swelling, bruising or redness that is spreading, contact your doctor as you may have bleeding or an infection.

You may have some numbness in the incision area. This is normal as some nerve endings were cut during surgery. Feeling may or may not return slowly over the next 2 to 3 months.

Follow-up

You will have a follow-up appointment with your surgeon. Contact your surgeon's office if you do not have an appointment booked.

Contact your doctor if you notice:

- any incision is red, swollen, painful, bleeding
- any incision has yellow, green or smelly discharge
- you have a fever – a temperature 38.3°C or above
- vomiting that lasts more than 3 hours
- leg pain or swelling
- dizziness that does not go away
- shortness of breath
- chest or shoulder pain



Diet after Surgery

These guidelines will help you manage symptoms that may occur after this type of surgery. Symptoms may include feeling full after a small amount of food, weight loss and Dumping Syndrome.

Dumping Syndrome

This may happen after some types of gastrectomy surgery. The food is “dumped” into the small bowel 10 to 15 minutes after eating instead of going slowly in small amounts from the stomach to the small bowel.

Dumping Syndrome is caused by:

- eating large portions
- eating or drinking too much sugar or fat

Symptoms of Dumping Syndrome are:

- abdominal pain
- nausea
- diarrhea
- cramping followed by diarrhea within 15 minutes after eating
- sweating
- feeling faint or dizzy
- increased heart rate
- bloating or fullness

Guidelines:

- Eat a healthy variety of foods so you get the nutrients you need.
- Eat slowly and chew food well.
- Eat at least 6 small meals a day
- Drink all fluids 30 to 60 minutes before or 30 to 60 minutes after meals. **Do not drink fluids with meals.**
- Drink fluids in small amounts such as ½ cup (120 ml) to 1 cup (240 ml) at a time.
- Aim to have 6 to 8 cups of fluids over the day. This is 1400 to 2000 ml of fluids a day. If you have diarrhea, you need to increase the amount of fluid you have to prevent dehydration.
- Lower your intake of sugar and food that contains sugar to prevent Dumping Syndrome.
- Eat 1 serving from the Meats and Meat Substitutes food group on the Chart at each meal and at snack times. This helps prevent Dumping Syndrome and low blood sugar.
- Weigh yourself each week.

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- You may want to take nutrition supplements such as Ensure, Nestle Carnation Breakfast Anytime and Boost. These help if you have a poor appetite or weight loss. You can divide the supplement into portions and drink throughout the day.
- Your doctor may want you to supplements such as iron, folic acid and vitamin B₁₂. Your doctor will prescribe these when needed.
- If you have continued problems, contact your dietitian or doctor.

You can add the food in the chart to your diet as tolerated. If a food or drink causes problems, stop it for a while and try it again in a few days or weeks.

Food Group	Recommended	May cause distress
Drinks	<ul style="list-style-type: none"> • Milk • Tea • Unsweetened or diluted fruit drinks • Unsweetened carbonated drinks 	<ul style="list-style-type: none"> • Alcohol • Chocolate milk, milkshakes • Coffee • Sweetened fruit drinks, Kool-aid • Sweetened carbonated drinks
Bread and cereal	<ul style="list-style-type: none"> • Whole grain or enriched bread and cereal • English muffins • Bagels • Low fat muffins • Unsweetened dry and cooked cereals 	<ul style="list-style-type: none"> • Bread made with dried fruit, nuts and seeds • Sugar coated cereal • Coarse cereal such as bran, granola
Dessert	<ul style="list-style-type: none"> • Plain cakes, cookies • Sugar-free pudding • Unsweetened gelatin dessert • Custard, yogurt • Artificially sweetened yogurt 	<ul style="list-style-type: none"> • All sweets and desserts made with chocolate or dried fruit • Pastries, doughnuts, muffins • Fruit cake • Sweetened gelatin dessert • Ice cream and ice milk • Regular fruited or frozen yogurt that is sweetened
Fat	<ul style="list-style-type: none"> • Butter, margarine, oil • Unsweetened salad dressing • Mayonnaise, sour cream • Cream cheese (in moderation) 	<ul style="list-style-type: none"> • Sweetened salad dressing

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Food Group	Recommended	May cause distress
Fruit	<ul style="list-style-type: none"> • Unsweetened canned fruit and fruit juice • Canned fruit in light syrup or own juice 	<ul style="list-style-type: none"> • All dried fruit • Sweetened fruit juice • Fruit canned in heavy syrup
Vegetables	<ul style="list-style-type: none"> • Cooked fresh, frozen or canned vegetables or vegetable juice • Raw vegetables – chew well 	<ul style="list-style-type: none"> • Any vegetables that sugar has been added • Fried vegetables as tolerated
Meats and meat substitutes	<ul style="list-style-type: none"> • Lean tender meat • Fish • Poultry • Shellfish • Eggs • Peanut butter • Cottage cheese • Mild cheese 	<ul style="list-style-type: none"> • Fried meat • Fried eggs • Highly seasoned meat • Spicy meat
Potatoes and potatoes substitutes	<ul style="list-style-type: none"> • Potatoes • Enriched rice • Barley • Noodles, spaghetti, macaroni, other pasta 	<ul style="list-style-type: none"> • Any to which sugar has been added such as candied sweet potatoes
Soup	<ul style="list-style-type: none"> • Soup made with allowed food • Spicy soup as tolerated 	<ul style="list-style-type: none"> • Soup made with heavy cream or high-fat food
Sweets	<ul style="list-style-type: none"> • Sugar substitutes and sweets made with sugar substitutes • No sugar added jam 	<ul style="list-style-type: none"> • Sugar, syrup • Honey, jelly, jam • Molasses • Marshmallows
Extras	<ul style="list-style-type: none"> • Iodized salt, pepper • Mildly flavoured sauces and gravies • Strongly flavoured seasonings as tolerated 	<ul style="list-style-type: none"> • None

Remember:

- **All drinks should be taken 30 to 60 minutes before or after eating solid food.**