INFORMATION FOR SUB-TOTAL GASTRECTOMY

You will have an operation to remove almost 80% of stomach along with the related lymph nodes through a midline incision in the abdomen. Following the removal of part of the stomach your small bowel (jejunum) will be anastomosed to the remaining part of stomach.

The operation may also be performed laparoscopically with the aid of 5-6 keyholes and a cut of about 5 cm under the rib-cage. There is about 10% chance of converting the laparoscopic operation to the standard open operation. Your surgeon will discuss the options.

The operation usually takes about 3- 4 hours. After the operation you might be nursed in the High Dependency / Intensive Care Unit for a few days

You may find some (tubes) drains coming out and also a fine bore feeding tube. Through this feeding tube you may be provided nutrition in the early post-operative stage. There will be a tube through the nose, which shall remain in place for a few days.

You will be completely fasting for about 3 to 5 days. After that period an X-Ray (Gastrograffin Swallow) will be performed whereby we will test that there is no leakage at the anastomosis. Following this X-Ray being satisfactory you will be commenced on sips of water and gradually progress to normal diet. All being well you will be able to get home in around 2 weeks after surgery.

There is a risk of dying from the operation is about 5%. This obviously varies with patient's general health and age before surgery, amongst other factors.

The common early complication are bleeding, pain, infection (deep and skin), respiratory complications (you will be advised active, regular physiotherapy after the operation), cardiac complications, anastomotic leakage and duodenal stump leakage. Sometimes these may necessitate a re-operation.

Sometimes, the spleen also needs to be removed which can reduce your immunity towards infection. You will hence be provided with appropriate immunisations afterward and also need to stay on penicillin for at least 5 years.

Some late effects of the operation include early fullness (you will gradually learn to eat small frequent meals and will be seen by a dietician during your stay in the hospital), diarrhoea, dumping (sense of light-headedness, blackout, pain), bile reflux, vitamin and iron deficiency. Most of these can be helped with dietary modifications. Most patients continue to lose weight initially and it may be a few months before the weight starts stabilising. Patients also suffer from a loss of energy levels in general and this may take a few months to recover. Sometimes there is a narrowing at the site of the anastomosis and this may need stretched with the help of endoscopy. Unfortunately, any cancer can recur and requires active follow-up.

Also, in spite of all staging investigations, it may be found during the cancer operation that further extensive procedure may not be feasible. In this rare scenario, further oncological treatment options will be discussed with you on recovery.