

INFORMATION FOR TOTAL GASTRECTOMY

You will have an operation to remove the whole of the stomach along with the related lymph nodes through a mid-line incision on the abdomen. Following the removal of the stomach your small bowel (jejunum) will be anastomosed to the lower part of the gullet (oesophagus).

The operation usually takes about 4-5 hours. After the operation you will be nursed in the Intensive Care or High Dependency Unit for a few days

You will find some (tubes) drains coming out of the abdomen and may also have a fine bore feeding tube. Through this feeding tube you will 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 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 complex major procedure and there is a risk of about 5 to 10% death rate from the operation.

The common early complications are bleeding, pain, infection (deep and skin), sepsis, respiratory complications (you will be advised active, regular physiotherapy after the operation), cardiac complications, deep vein thrombosis and pulmonary embolism (clot in the lungs), anastomotic leakage, duodenal stump leakage, bowel or other visceral injury, falling out or blockage of feeding

tube, small bowel obstruction and wound healing problem. Sometimes these may necessitate a re-operation.

Sometimes, the spleen also needs to be removed which can reduce your immunity towards infection. You will then 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. Usually, it will be possible to complete the operation through the abdomen but at times it may not be technically feasible. This rare scenario will require an incision on the chest and the operation completed through the chest. This obviously increases the duration of the operation and risk of cardio-respiratory complications, though in general the other complications are similar.