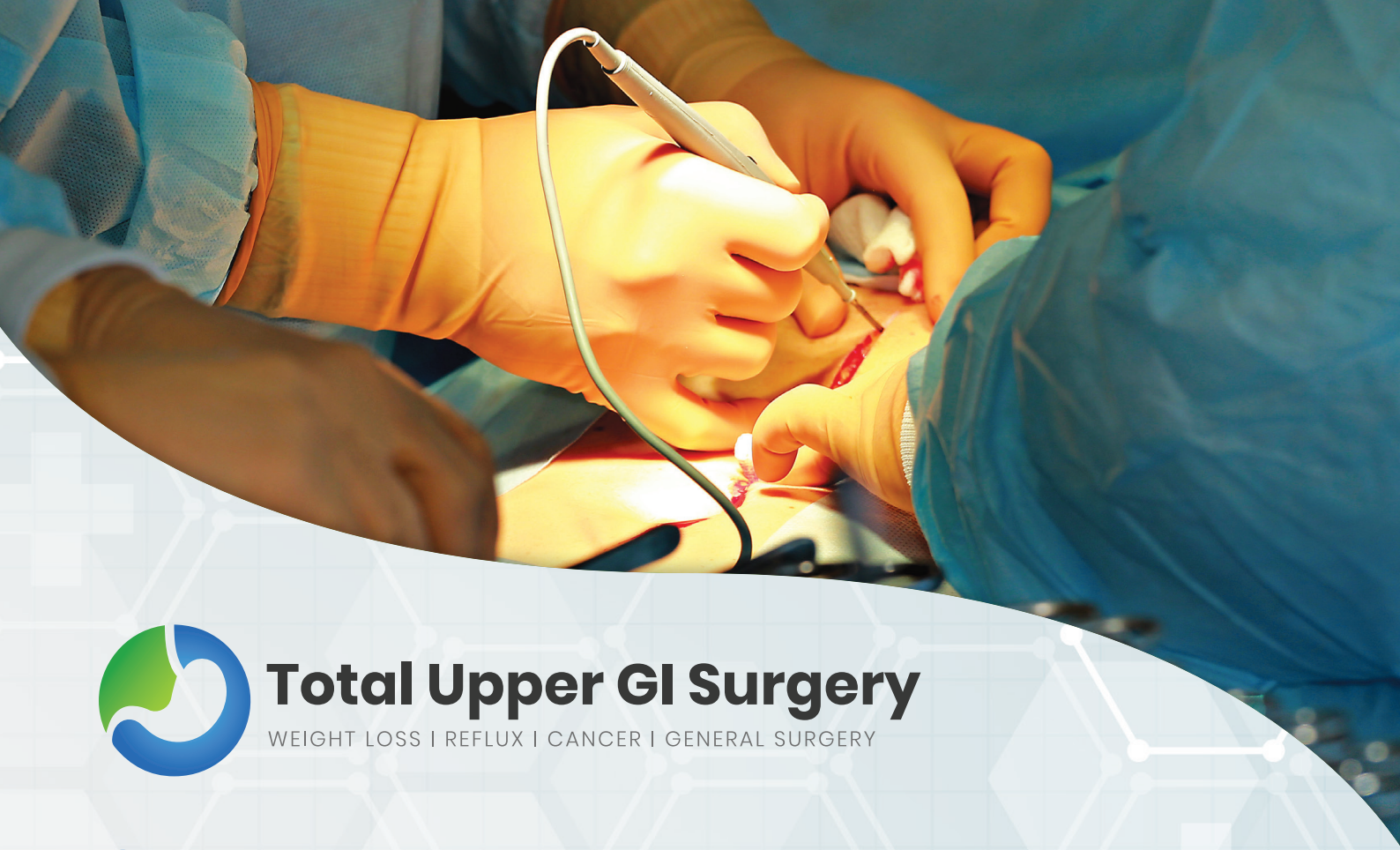


Total Upper GI Surgery

WEIGHT LOSS I REFLUX I CANCER I GENERAL SURGERY

Gastrectomy

Gastrectomy is an operation to remove all or part of the stomach. Typically it will be performed for patients who have gastric cancer, but is occasionally performed for patients who have benign lesions (ulcers, bleeding, obstructing lesions). Gastrectomy is an operation which can be performed both laparoscopically or open. For cancer patients, it is generally performed following pre-operative treatment with chemotherapy.

What are the advantages of surgery?

Advantages include:

- ✓ **Removal of the tumour**
- ✓ **Improvement in symptoms** (bleeding, obstruction)
- ✓ **Improved survival**

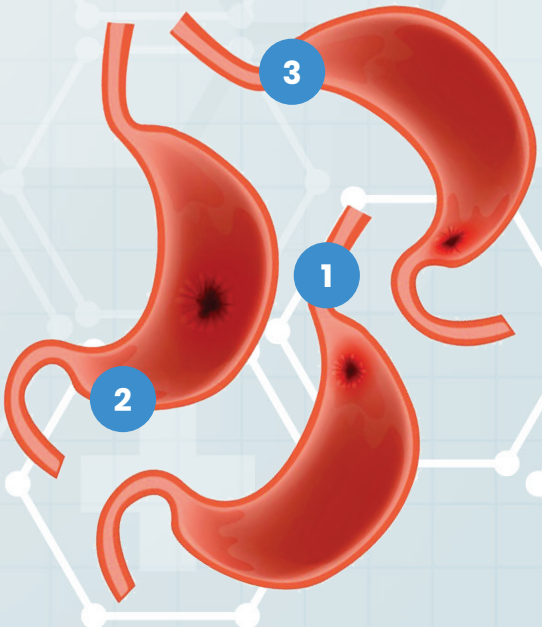
What are the options for surgery?

There are generally 3 types of surgery offered depending on the location of the tumour or ulcer:

1. **A subtotal gastrectomy which is offered for patients with a lesion at the distal (bottom end) of the stomach. Involves removing 80% of the stomach**

2. **A total gastrectomy which is offered for patients with a lesion at the proximal (top end) of the stomach. Involves removing all (100%) of the stomach**

3. **A local resection where only the tumour and surrounding stomach is removed** (this is typically performed for benign conditions – GIST/ulcer)



1. **Cancer of the gastric cardia**
2. **Cancer of body of stomach department**
3. **Cancer of the pyloric part of the stomach**

Surgery can be performed either laparoscopically (keyhole) or open (large incision) depending on the tumour and your previous surgical history. Your surgeon will recommend one operative approach based on your clinical symptoms, previous surgery and medical problems. It is your decision to proceed with surgery.

What if I don't have surgery?

Surgery is the recommended standard of care in the management of gastric cancers unless the lesion has spread to other organs. In this circumstance other interventional (endoscopic) or medical (chemotherapy options) will be recommended by our Multi-Disciplinary Team.

What does the surgery involve?

The surgery usually involves admission to the hospital on the day of surgery. The surgery will be performed under General Anaesthesia. Occasionally if open surgery is performed then an epidural will be placed for pain relief post-operatively. Local anaesthetic and intravenous antibiotics will be administered during the procedure.

Laparoscopic surgery involves 5 small incisions in the abdomen. The abdomen will be inflated with gas to create space for your surgery to be performed. Surgical instruments will be introduced to assist in removing your tumour. Your surgeon will then utilise medical stapling devices to remove the stomach (and tumour) with a margin of healthy tissue. Your surgeon will then join bowel together to allow passage of food. Your surgeon will close the small cuts with sutures. If an open operation is performed because of the location of the tumour or medical history, then an upper abdominal incision will be performed. The operation is otherwise the same as laparoscopic (keyhole) surgery.
The incision will be closed.

Things to know?

Fasting

Generally, you will need to fast for 6 hours prior to surgery. Your surgeon will provide instructions when booking your surgery. If you are unsure or have any concerns please contact our team.

Medications

Discuss with your surgeon/anaesthetist all the medications you take, particularly any blood thinning (warfarin, aspirin, clopidogrel, Xarelto, Eliquis, Pradaxa) or herbal medications. Your surgeon will advise which medications need to be ceased prior to surgery.

Smoking

Your surgeon will advise you to stop smoking prior to surgery. Smoking increases the risk of developing complications post-operatively.

Weight

Any weight you can lose prior to surgery will improve the outcomes following surgery. Overweight patients have a higher risk of developing complications following surgery.

Exercise

Regular exercise improves lung and heart function which improves recovery following surgery. Following surgery, avoid heavy lifting and exercise as it increases the risk of hernias. Seek the advice of your surgeon or GP prior to surgery.

General information

Pregnancy - please advise your surgeon if there is any possibility you are pregnant.

Hair removal - in the week prior to the procedure do not shave/wax in the region of your surgery.

Hygiene - have a shower the day before or day of surgery.

Please discuss any other questions with Total Upper GI Surgery.

Complications

Your surgeon and their team will make your surgery as safe as possible, however complications do occur. Some of these can be serious and even cause death.

Common risks and complications

Pain – can occur following surgery. Local anaesthesia and oral analgesia will be given to help you move about freely and cough. There is a low risk of chronic pain at the site of surgery. This is usually secondary to nerve entrapment and can be permanent in a small percentage of patients.

Bleeding – can occur and may require a return to the operating theatre. Bleeding is more common if you take blood thinning medications.

Infection – can occur within the surgical site. It is important to leave the dressings intact as guided by the surgical team. If your wound develops redness or discharge please advise your surgeon as soon as possible.

Urinary retention (1 in 100) - following surgery you may have difficulty passing urine. Occasionally a urinary catheter will need to be placed.

Wound - thickened scarring of the skin may occur. Small pockets of fluid (seroma) can develop and usually resolve without treatment.

Lungs - small areas of lung can collapse and pneumonia develop. Antibiotics and physiotherapy may be required.

Clots - a blood clot in the leg (deep vein thrombosis DVT) or lung (pulmonary embolism – PE) can develop following surgery. DVT may present with swelling, pain or redness in the leg. PE can present with shortness of breath, chest pain or bloody cough. Further treatment with blood thinners may be required if these develop.

Wound infection, chest infection, heart and lung complications and blood clots are more common in people who are overweight, smoking or have a history of diabetes. Emergency surgery increases the risk of these complications.

Uncommon risks and complications

Include:

Conversion to open surgery - laparoscopic technique may not be possible and your surgeon may need to convert to open surgery.

Damage to surrounding structures - damage to large blood vessels, testicle, gut and bladder may occur during surgery.

Anastomotic leak – is a very serious problem when the anastomosis breaks down leading to leakage of bowel content into the chest or neck. Occasionally it requires further surgery or interventional (endoscopic) procedures.

Nutritional concerns – anorexia, low iron, loss of weight or recurrent vomiting may occur

Dumping – usually occurs following surgery secondary to consumption of foods high in fats or

carbohydrates. Can be early (1/2hr) or late (2hrs) after a meal. Early refers to symptoms of nausea, bloating, abdominal cramps or diarrhoea. Late refers to dizziness, palpitations, sweating/flushing and are secondary to hypoglycaemia. Symptoms are generally improved with dietary changes.

Heart and lung complications - rarely gas used to inflate the abdomen can cause heart and lung complications. Heart attack or stroke can occur due to strain on the heart.

Adhesions - scar tissue may form leading to a bowel obstruction.

Anaesthetic risks are uncommon however you should discuss these risks with your anaesthetist. Death as a result of this procedure is rare.

What to expect following surgery

The majority of patients make a full recovery following gastrectomy. Following the operation you will be transferred to the recovery area and then to the ward. You will generally be admitted for 7-10 days following surgery. You should discuss this with your surgeon. Post-operatively you will be placed on a fluid diet and progressed to a soft diet before discharge.

You should talk to your surgeon if you develop any of the following:

- **Worsening pain, especially with walking or coughing**
- **A high temperature or fever**
- **Dizziness or shortness of breath**
- **Swelling of the abdomen or wound**
- **Not opening bowels or passing wind**
- **Difficulty passing urine.**

If you do not improve over the week following surgery, please contact your surgeon or GP.
Do not drive following surgery until you have complete movement, sensation and function.

Do not drive if taking opiate analgesia. Do not drive until you feel you can safely control your vehicle.
Do not consume alcohol for 24hrs following general anaesthesia.

You can usually return to normal activities one week following surgery. Do not do any strenuous activities or heavy lifting for 4-6 weeks following surgery. Please discuss with your surgeon prior to commencing strenuous exercise.

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