



# GASTRECTOMY

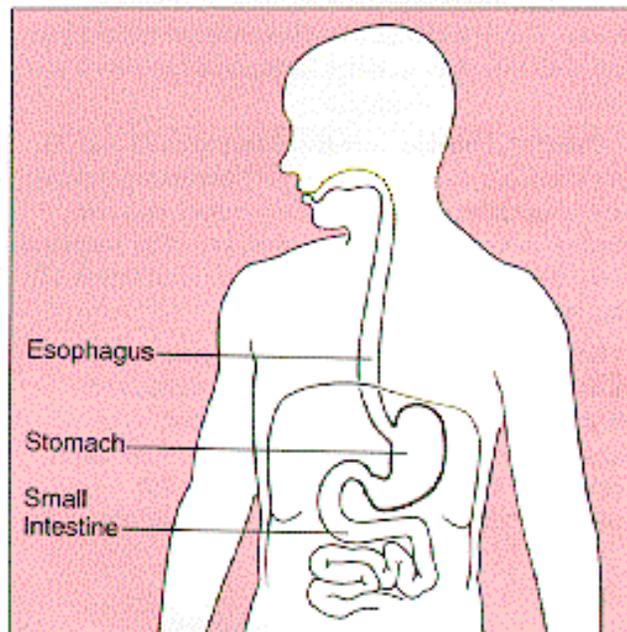
*Date of Surgery* \_\_\_\_\_

**Please bring this booklet the day of your surgery.**

QHC#34

## What is a Gastrectomy?

A Gastrectomy is the surgical removal of all or part of the stomach. The stomach is the digestion organ that is between the esophagus (swallowing tube) and the small intestine. If a partial gastrectomy is performed, only a portion of the stomach is removed. If the entire stomach is removed, the esophagus (swallowing tube) is connected directly to the small intestine (bowel).



The usual length of stay is 7-10 days.

## **Day of Surgery**

Arrive at the hospital at your scheduled time. After admission and preparation for surgery by the nursing staff, you will go to the operating room.

The Anaesthetist will administer a general anaesthetic (which puts you to sleep). The surgery takes approximately 2-3 hours.

## **After Surgery**

You will remain in the recovery room for 1-2 hours while recovery from anaesthesia is monitored. You will then be taken to your hospital room. Patients often return from surgery with a variety of tubes. Intravenous is given for fluids and/or medications. You may have an oxygen tube on your nose, which is common after surgery. Deep breathing will help bring your oxygen level back to normal. You may have a catheter in your bladder to drain your urine.

A tube may be placed in your nose and down to your stomach during the surgery. It is attached to suction to keep your stomach empty. It is usually removed when bowel function returns to normal.

The first few days you will feel tired and may want to request that only close family members and friends visit and to keep visits quite short.

## **Nutrition**

After surgery, you may have nausea and/or vomiting. Anti-nausea medication will be given to control this. An intravenous (IV) usually is left in place until you are drinking fluids well with no nausea. The IV may be changed to a saline lock (a small short tube used for medications as ordered).

The tube in your nose will be removed when bowel function returns. This is determined by listening to the abdomen with a stethoscope to hear bowel sounds (the passage of gas) or asking if you have passed wind.

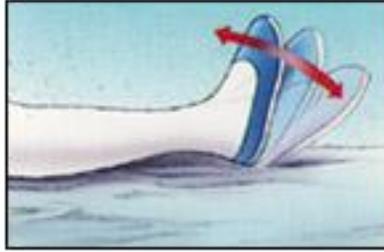
Your diet will be increased very slowly starting with ice chips and clear fluids and progressing to a diet as tolerated. Your Surgeon may have a Dietitian see you while you are in the hospital.

## **Activity**

Deep breathing and coughing is important to help prevent lung congestion or pneumonia. Inhale deeply through your nose and then slowly exhale through your mouth. Do this twice and then cough. Support your incision with your hands or a pillow. Do this 10 times per hour while awake. A breathing device called an incentive spirometer may also be taught and used.

## Activity

Leg and foot exercises (ie. moving your feet up and down) are encouraged 10 times per hour to promote good blood flow and decrease the chance of blood clots.



Your Surgeon may want you to wear support stockings (Anti-embolic/TEDS) for several days to also help with the circulation of blood.

The day after the surgery, you will sit up on the side of the bed and take a few steps with assistance. Your activity will increase as you recover.

As your strength returns, you will be able to get up on your own. Ask for help as needed.

## Wound

After surgery, the wound is covered with a sterile dressing. It is important to keep the dressing clean and dry until the incision is well healed. It will be changed as needed. The stitches are usually removed in 7-10 days.

## **Pain**

Your Surgeon will decide what medication will be used to keep you comfortable. The pain medication may be given by injection, or by patient-controlled analgesic pump (PCA). (Instructions will be given on its use). Please let your nurse know if you are uncomfortable.

## **Guidelines at Home**

It may take awhile for your appetite to return to normal. Follow the special diet that you discussed with your Surgeon and/or dietitian. Eating small meals frequently may be tolerated easier. Eat slowly and chew well. Try not to lay down for at least an hour after eating. During meals, limit fluids. Taking fluids 1 hour before or after meals will help slow down the passage of food from your stomach. Milk should be taken in small amounts to lessen gas or bloating.

It is normal to lose some weight after the surgery. Soon it will level off and slowly you will start to regain the weight that you lost. Try to have a good calorie intake to keep up your energy.

You may require a mild stool softener to keep from straining with bowel movements. Ask your surgeon.

Take pain medication as needed and any other prescribed medications as directed.

## Guidelines at Home

Slowly increase your activity being careful not to overdo it. If you are tired or have discomfort, stop what you are doing and rest. A daily activity, such as a walk is recommended as tolerated. Try and get a good night's sleep. Taking pain medication at bedtime may help.

Do not lift anything over 10 lbs. Heavy lifting places a strain on your incision. Your Surgeon will advise you when you can resume your normal activities.

You may shower and bathe as long as your incision edges are not open.

Use a mild soap to gently clean your incision and carefully pat it dry. If your clothing irritates your incision, then cover it with a loose piece of gauze.

Having an operation can be a stressful experience physically and emotionally.

The length of recovery varies with each individual (usually 6-12 weeks).

It is recommended that you do not drive until after your first checkup after surgery. You should not drive until you feel confident that you can manage an emergency stop. Do not drive after taking narcotic pain medications or sleeping pills.

Your general health, recovery and type of work will determine when you can return to work. Your surgeon will advise you.



**Call your Surgeon or go the nearest Emergency Department if you experience:**

- Increased pain not relieved by pain medication
- Signs of infection – fever, increased redness or swelling along the incision
- Bleeding or drainage from your incision
- Unable to pass urine, or a feeling of fullness in the bladder
- Unusual cough, shortness of breath or chest pain
- Leg tenderness, swelling or redness in the calf

## **Appointment**

Call your Surgeon's office to arrange a follow-up appointment.

## **Special Instructions**

## **Questions?**

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