



University Hospitals Birmingham
NHS Foundation Trust



Preparation for Gastrectomy

Building healthier lives

UHB is a no smoking Trust

Introduction

This leaflet has been written to help you understand the operation you are about to have. It does not replace the discussion between you and your doctor but has been created to provide you with a greater understanding of what will be discussed.

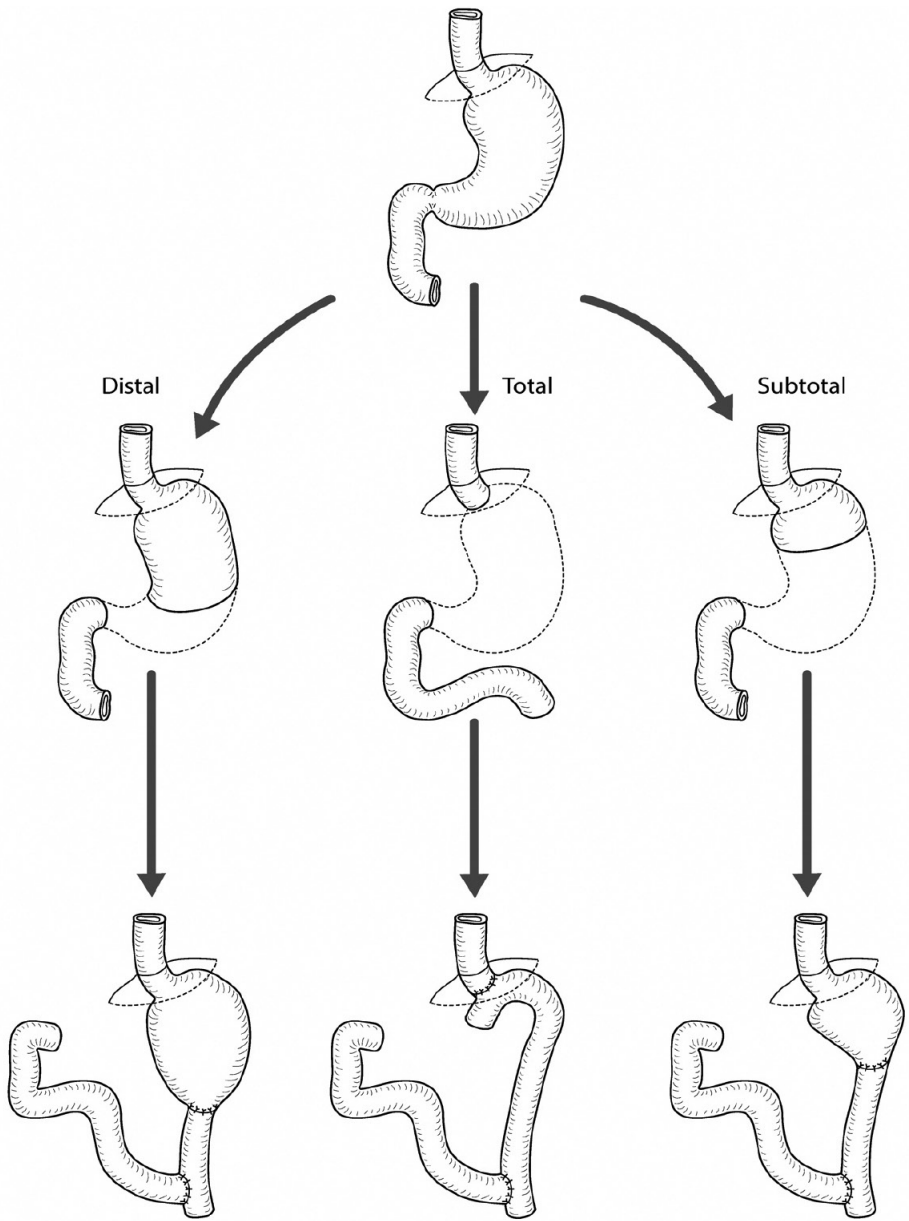
You have been advised that an operation to remove the cancer in your stomach may be possible. You might need chemotherapy before surgery.

During the operation

The operation can be performed with an open cut or by laparoscopic (keyhole) surgery. Your surgeon will decide on the most appropriate approach to remove your particular cancer. The operation may involve removing part or all of your stomach (see diagrams below), depending on the location, size and extent of your tumour. Some or all of the draining lymph nodes and sometimes part of the lower oesophagus (gullet) will be removed.

Stomach surgery

Occasionally other organs near the tumour may also need to be removed, such as the spleen (an organ that filters blood and removes old blood cells) or bowel. The oesophagus or remaining stomach is then connected to the small intestine, so that you can continue to eat and drink.



Stomach surgery

What are the benefits?

Gastrectomy is presently the best treatment for potentially curable stomach cancer. It gives good symptom relief and offers the best chance of a long-term cure.

What are the risks?

This operation is major surgery and there are risks attached to it. Make sure you discuss the potential complications with your surgeon and ask all the questions you need to. You will have a chance to ask more questions before the operation and will be asked to sign a consent form.

Possible risks are:

- Death. There is around a 5% risk of death from this procedure (around 1 in 20 patients die)
- Chest infections and pneumonia (these are common complications that occur after many operations). There are breathing exercises that you can do before and after surgery to reduce risk. If you currently smoke, stopping can significantly reduce these risks
- Heart problems, including heart attack or abnormal heart rhythms. This is due to the strain that the operation puts on the heart. You will receive heart tests before your surgery to assess your fitness for the operation
- A leak where the stomach and bowel (or gullet and bowel) are stitched together
- Infection of your wounds or drain sites
- Blood clot in your legs (called deep vein thrombosis) and/or in your lung (called pulmonary embolus)
- Delayed emptying of the remaining stomach. This can lead to vomiting, a feeling of fullness and loss of appetite. The stomach usually recovers within days to weeks, but this problem can occasionally persist
- Dumping syndrome. After eating a fatty or high sugar containing meal, some patients can experience diarrhoea as the food enters the bowel very quickly. The dietitian will provide you with information and advise you on this

Complications can be serious and result in a delayed recovery and longer hospital stay. Also, it may not be possible to remove the cancer if it is more advanced than the staging investigations suggested. If the cancer cannot be removed, other procedures including a bypass operation may be performed, to help improve your symptoms.

Is there an alternative?

Chemotherapy or endoscopic procedures are potential alternatives but are considered palliative (non-curative) only.

What happens before the operation?

You will have a chance to discuss any further concerns with the medical and nursing staff at the pre-clerking/pre-operative assessment clinic. There will also be the opportunity to carry out any further tests that are necessary.

What can I do to get ready for my operation?

- **Stop smoking** – to help reduce the risks of breathing problems during and after your operation
- **Try to eat a well balanced diet** – to aid healing after your operation. The dietitian will advise you on this
- Try to limit your alcohol intake
- **Take some gentle exercise** – to improve your general fitness

It is important to telephone your Clinical Nurse Specialist or ward if you develop an infection, such as a cold, in the week before the operation.

How long will I be in hospital?

You will generally come into hospital the day before your operation or on the morning of your operation and remain in hospital for approximately 10 days. For some of this time you will be less mobile than usual. You may find it helpful to bring in several books, magazines or a personal stereo to avoid boredom.

Can I eat and drink?

If you are in the hospital the day before surgery, the nurses on the ward will advise you what you can eat and drink. An intravenous infusion (drip) may be started after your evening meal. You will be kept fasting from midnight to ensure your stomach is empty at the time of surgery. If you are coming in on the day of your surgery, you will be told when to start fasting when you come to your pre-operative assessment.

Will I go back to the ward after the operation?

After the operation you may be admitted to the intensive care/high dependency unit, where your initial recovery will be closely monitored. If the intensive care/high dependency unit bed is not available, the operation may not go ahead that day. Most patients will be awake and able to breathe for themselves within hours of the surgery. You will have an oxygen mask over your nose and mouth to support your breathing.

Who will be looking after me?

There will be a large team looking after you. The doctors and nurses will be supervising your progress. The physiotherapist will help with your breathing and mobility. You will be expected to sit out in a chair within 6 to 12 hours of your surgery, walk around your bed on day 1 after surgery, and gradually increase your mobility, so that you can walk assisted along the ward corridor, within two to three days. The dietitian will advise you on what to drink and eat.

Will it hurt?

The anaesthetist will see you before your operation. Together you can discuss an epidural or patient controlled pain relief. As you recover, you will be given tablet painkillers once you are eating and drinking. If at any time you experience any pain or discomfort, let the nurses looking after you know.

After the operation: will I be attached to any tubes?

We will use tubes and machines to monitor you closely and promote a safe, quick recovery. These are routine, so try not to be alarmed by their appearance. The following tubes may be used:

- A (central line) tube , to give you fluids and allow us to monitor your fluid needs
- A tube up your nose (nasogastric tube) going into your stomach to drain it and to stop you feeling sick
- A tube going into your abdomen (jejunostomy) which will feed you.
- One or more tubes (wound drains) in the abdomen. These drains stop blood, bile and tissue fluids collecting around the site of surgery
- A tube (catheter) into your bladder, to monitor the amount of urine you are passing

Once the doctors are satisfied with your progress, these tubes will be removed.

When can I eat and drink again?

Initially after your operation you will not be able to take anything by mouth for up to five days, not even water. This allows the join (anastomosis) to heal with fewer risks of complications. If the surgeon has inserted a feeding tube into your jejunum (part of your small intestine) during the operation, you will be fed through this tube from the day after the operation.

You may have a contrast swallow (X-ray) to make sure the join has healed. You will be asked to swallow liquid barium and the radiologist will take a series of X-ray pictures to check whether the join is intact. If the X-ray shows the join is intact, the nasogastric tube will be taken out and you will be allowed to start drinking (small amounts at first). You will be given advice on when and what to start eating. It is not unusual to experience diarrhoea. If the join has not healed completely, you will have to continue fasting and we will feed you via the feeding jejunostomy.

What about my family?

This is a stressful time for both you and your family. We will keep you informed as to what is happening. Your family will be able to visit you, although it is worth remembering that you will need lots of rest after the operation.

Here are some important tips for you to pass on to your family and friends:

- Only two visitors are allowed per bed space whilst you are in the intensive care/high dependency unit and on the ward
- Keep visiting time short – this enables you to get rest and treatment
- Whilst the team are happy to keep family and friends informed about your progress, their main responsibility is the care and safety of the patient. To assist them as much as possible, please nominate one family member to ask questions and then relay progress reports back to the family
- Do not bring flowers as a gift, as they are not allowed due to the infection risk
- Visitors should use the alcohol hand wash rub before entering the ward areas to reduce infection risks and should not visit the hospital if they have a cough, a cold or any recent diarrhoea or vomiting

The Specialist Nursing team are always available for questions. During your inpatient stay you can ask the ward staff to contact them. Please see contact details below:

Upper GI/Hepatobiliary Nurses

Birmingham Heartlands Hospital, Good Hope Hospital and Solihull (HGS) Hospital

Tel: **0121 424 0570**

HGSuppergicns@nhs.net

Queen Elizabeth Hospital UGI Clinical Nurse

Tel: **0121 371 6650**

Macmillan.ugi@nhs.net

This leaflet was originally developed by a range of health care professionals and the copyright was through the former Pan Birmingham Cancer Network. The leaflet has now been adopted by University Hospitals Birmingham. The leaflet has now been reviewed and revised in line with trust policy.

Our commitment to confidentiality

We keep personal and clinical information about you to ensure you receive appropriate care and treatment. Everyone working in the NHS has a legal duty to keep information about you confidential.

We will share information with other parts of the NHS to support your healthcare needs, and we will inform your GP of your progress unless you ask us not to. If we need to share information that identifies you with other organisations, we will ask for your consent. You can help us by pointing out any information in your records which is wrong or needs updating.

Additional sources of information:

Go online and view NHS Choices website for more information about a wide range of health topics:

<http://www.nhs.uk/Pages/HomePage.aspx>

You may want to visit one of our Health Information Centres located in:

- Main entrance at Birmingham Heartlands Hospital.
Tel: **0121 424 2280**
- Treatment centre at Good Hope Hospital. Tel: **0121 424 9946**
- Clinic entrance Solihull Hospital. Tel: **0121 424 5616** or contact us by email: **healthinfo.centre@uhb.nhs.uk**
- The Patrick Centre, in the Cancer Centre, Queen Elizabeth Hospital Birmingham Tel: **0121 371 3537, 0121 371 3539**
or via email on **cancerinfo@uhb.nhs.uk**

Dear Patient

We welcome your views on what you thought of this patient information leaflet and also any suggestions on how you feel we can improve. Please send your feedback through to:
patientinformationleafletfeedback@uhb.nhs.uk

If you would like to contact the PALS Team at the Queen Elizabeth Hospital Birmingham (QEHb), please call: **0121 371 2000**.

If you wish to make any other comments, this can be done through the links listed below:

- Patient opinion: **www.patientopinion.org.uk**
- I want great care: **www.iwantgreatcare.org** (here you can leave feedback about your doctor)

Be helpful and respectful: think about what people might want to know about our patient information and this hospital and how your experiences might benefit others. Remember your words must be polite and respectful, and you cannot name individuals on the sites.

If you have any questions you may want to ask about your condition or your treatment or if there is anything you do not understand and you wish to know more about, please write them down and your doctor will be more than happy to try and answer them for you.

Please use the space below to write down any questions you may have and bring this with you to your next appointment.

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Upper GI/Sarcoma

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