

Procedure Information Sheet - Gastrectomy

Introduction

Surgical resection of the stomach is most commonly performed as treatment for malignancy. An adequate surgical resection offers a chance of cure of long term survival.

Indications

Bleeding, benign/malignancy of stomach.

Procedure

The principle underlying a potentially curative resection of gastric cancer are:

1. General anaesthesia, very often, epidural anesthesia or patient-control-anesthesia is added to reduce post-operative pain.
2. Adequate tumor free margins.
3. Hence, 3/4 resection or total gastrectomy can be performed depending on the location of the primary tumor.
4. Extensive loco-regional lymph nodes clearance as related to the cancer in the stomach.
5. One to two tubal drains within the abdominal cavity are inserted for drainage.
6. Safe and well functioning reconstruction.
7. Wound is closed in with sutures.

Pre-operative preparation

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. No food or drink is allowed 6 to 8 hours before operation.
3. A nasogastric tube and foley's catheters are inserted with the purpose to empty the stomach and bladder for the surgery and post-operative monitoring.

Possible risks and complications

- Intra-operative/post-operative bleeding in view of the extensive field of dissection.
- Anastomotic leakage.
- Intra-abdominal collection and abscess.
- Fistulation: pancreatic fistula.
- Chest complications such as infection, pneumonia, pleural fluid collection.

Procedure Information Sheet - Gastrectomy

Post-operative information

1. A naso-gastric tube and foley's catheters are inserted with the purpose to empty the stomach and bladder for the surgery and post-operative monitoring.
2. One or two tubal drains within the abdominal cavity to avoid intra-abdominal collection following extensive dissection.
3. Pain relief is usually well managed with epidural anesthesia or patient-control-anesthesia.
4. Early ambulation, vigorous breathing and coughing exercise are much encouraged. These help to reduce the chance of chest infection, urinary retention as well as venous thrombosis.
5. Patients undergo total resection of stomach are prone to anemia due to impaired vitamin B12 absorption. Hence, supplement in form of regular intra-muscular injection is required.
6. According to individual's tolerance, some form of dietary adjustment is likely taken place especially in the early post-operative period.
7. Post-operative adjuvant treatment such as chemotherapy and radiotherapy may be considered in selected cases.

Remark

The above mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

Reference: http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name: _____

Pt No.: _____ Case No.: _____

Sex/Age: _____ Unit Bed No: _____

Case Reg Date & Time: _____

Attn Dr: _____

Patient / Relative Signature: _____

Patient / Relative Name: _____

Relationship (if any): _____

Date: _____