聖保祿醫院
St. Paul's Hospital

ZNAG_PIS213_P	(V1) Jun 2022

Procedure Information – Gastrectomy

Visit No.:	Dept.:
Name:	Sex/Age:
Doc. No.:	Adm. Date:
Attn. Dr.:	
Patient No.: PN	*Please fill in / affix patient's label*

Introduction

Surgical resection of the stomach is most commonly performed as treatment for malignancy. It is also sometimes indicated for benign pathology in the stomach such as gastrointestinal stromal tumor or ulcers. An adequate surgical resection remains the only effective treatment which offers a change of cure or long-term survival in cancer of the stomach. Furthermore, a palliative resection whenever feasible is also more effective in relieving symptoms such as obstruction, bleeding and perforation.

The Procedure

1. Gastrectomy is performed under general anesthesia. Very often, epidural anesthesia or patient-control-anesthesia is added to reduce post-operative pain.
2. Surgical approach may include conventional open or minimally invasive techniques:
   - *Conventional open gastrectomy* is suitable for all operable gastric cancers and generally involves a midline incision in the upper abdomen and follows all the surgical principle listed below.
   - *Minimally invasive gastrectomy* is suitable for most operable gastric cancers and generally involves five or six 1 to 4 cm incisions in the upper abdomen and the procedure is carried out laparoscopically. This approach requires pneumoperitoneum, which is gas insufflated abdomen. It is therefore not suitable for patients whom have poor physiological tolerance to an insufflated abdomen such as severe respiratory and kidney diseases. This approach may induces less post-operative pain, shortens the hospital stay and hastens patient recovery due to less access trauma compared with conventional open approach. However, surgery may be converted from minimal invasive approach to conventional open approach if laparoscopic dissection is considered to be too difficult or unsafe.

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

1. Adequate tumour free margins.
2. A partial, subtotal or total gastrectomy can be performed depending on the location of the primary tumor.
3. Resection of the esophagus may be performed for tumor around esophagogastric junction.
4. Extensive loco-regional lymph nodes clearance around the tumor and its vascular supply.
5. Safe and well-functioning reconstruction.

Risks and Complications

Surgical risks associated with gastrectomy occur in 1-5% and include ;

1. Intra-operative/ post-operative bleeding in view of the extensive field of dissection.
2. Anastomotic leakage.
3. Intra-abdominal collection and abscess.
4. Fistulation – e.g. pancreatic fistula
5. Chest complications such infection and pneumonia, pleural fluid collection.
6. Late complication – Anastomotic stricture/ anastomotic ulcer/ internal herniation.
7. Late sequelae – bowel disturbance, dumping, mal-nutrition, anaemia etc.
8. Mortality from gastrectomy occurs in less than 1% of cases.

Peri-operative Care

1. Your doctor will explain to you the reason, procedure and possible complications. You will need to sign a consent form.
2. Nasogastric tube and foley's catheter are inserted with purpose to empty the stomach and bladder for the surgery and post-operative monitoring.
3. One to two tubal drains with the abdominal cavity to avoid intra-abdominal collection following extensive dissection for lymphatic clearance.
4. Pain relief is usually well managed with the epidural anesthesia or patient-control-anesthesia.
5. Early ambulation, vigorous breathing and coughing exercise are encouraged to reduce the chance of chest infection, urinary retention as well as venous thrombosis.

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Page No:	01	02	03	04	05	06	07	08	09
	+10	+20	+30	+40	+50	+60	+70	+80	+90

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After the procedure

1. Patient undergoing total resection of stomach are prone to anaemis dur to impaired vitamin B12 absorption. Hence, supplement in form of regular intra-muscular injection is required.
2. According to individual's tolerance, some form of dietary adjustment is likely especially in the early post-operative period.
3. Post-operative adjuvant treatment, such as chemotherapy and radiotherapy, may be considered in selected cases.
4. See the doctor as scheduled.
5. In case there are any serious conditions such as severe wound pain, passage of large amount of blood, fever, etc., you should seek medical attention at the Accident and Emergency Department of a nearby hospital.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. Should a complication occur, another life-saving procedure or treatment may be required immediately. For further information please contact your doctor.

Reference

Hospital Authority – Smart Patient Website

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.

_____	_____	_____	_____
Patient / Relative Name	Signature	Relationship (if any)	Date