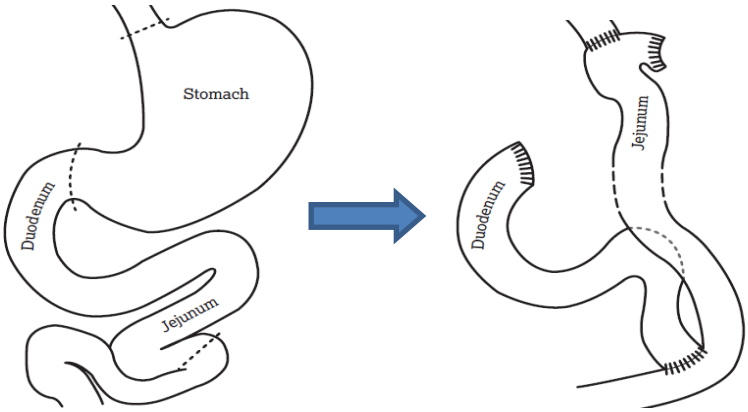
Surgery for stomach cancer

Your doctor has recommended that you have an operation to try to cure your stomach cancer. You will have all or part of your stomach removed, depending on where in the stomach the tumour is. This information explains your operation and answers some common questions you may have.

What operation will I have?

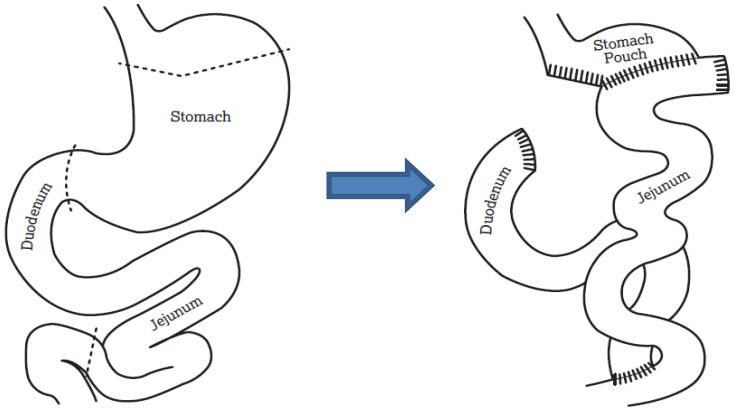
Which operation you have will depend on where the tumour is and how much cancer is in the surrounding tissue. There are two main operations, which are described below. Your surgeon will discuss with you in more detail, what your operation will involve.

Total gastrectomy – the whole of the stomach and surrounding glands are removed and the oesophagus is joined to the small bowel.



Before surgery ***After surgery***

Subtotal (partial) gastrectomy - the lower part of the stomach and the surrounding glands are removed and the remaining stomach is joined to the small bowel.



Before surgery ***After surgery***

Revised: February 2021 Planned review: February 2024

The surgeon will try to take a margin of healthy looking tissue surrounding the tumour, to ensure that all the visible cancer has been removed. Other organs or structures, which lie close to the stomach, may need to be removed if they are affected by the cancer such as:

- lymph glands
- the omentum (an area of fatty tissue near the stomach and intestines)
- the spleen (an organ made up of a collection of immune system cells and tissues that filter the blood to remove worn-out blood cells)
- the distal pancreas (part of an organ that helps control sugar levels and digestion of fats)
- part of the duodenum (the small bowel).

All the tissue is looked at under a microscope to check that the cancer has been completely removed. You will receive the result of this test (histology) at your first outpatient appointment after surgery.

What happens before my operation?

You will attend a pre-assessment clinic, which will include undergoing an exercise test (CPET), to check that you are fit enough to have a general anaesthetic and operation. This may include further tests such as heart and lung tests, and you are likely to be at the hospital for most of the day. If you have a history of heart problems, you may need to see a cardiologist (heart specialist) for assessment.

You will meet members of the team looking after you, including an anaesthetist, a clinical nurse specialist (CNS) and a dietitian. You will see a physiotherapist either here or when you are madmitted to the ward. The physiotherapist will talk to you about your general health and level of activity, and will assess your breathing and mobility. You will also be offered a visit to the Critical Care Unit (CCU) and the ward.

What are the risks and complications of surgery?

Any surgical operation on the stomach is a major procedure. Complications can happen which will slow down recovery and if they become serious, can carry a small risk of death. As with any major surgery, there are also risks related to having a general anaesthetic. You will meet an anaesthetist before your operation to discuss your general health. Your surgeon will discuss other possible risks with you.

The enhanced recovery programme will also be discussed with you supported by written information. This programme aims to improve your physical and psychological capacity for recovery.

These are the most common complications:

- **Bleeding (haemorrhage)**

  You may lose some blood during the operation. Sometimes bleeding can happen in the days after surgery. We will watch you very carefully and when necessary, give you a blood transfusion.

- **Infection**

  There is an increased risk of developing an infection after the operation. This can affect your chest, urinary tract, bowel or your wound. If you do develop an infection, we will treat it quickly, often by giving you antibiotics.

- **Leakage at the anastomosis (join)**

  When the surgeon re-joins together your stomach or oesophagus to your bowel, we need to give this join time to heal. Immediately after the operation, you can drink but not eat, to allow the join to heal up. A **naso-gastric tube** will be in place to drain away any secretions (page 4).

- **Blood clot (thrombosis)**

  The risk of developing a deep vein thrombosis (DVT), a blood clot in the leg, or a pulmonary embolism, a blood clot in the lung, increases after any surgery. To prevent this happening, you will be asked to wear special stockings while you are in hospital. We will also give you a small daily injection of an anticoagulant, which reduces the body's ability to form a DVT.

- **Organ failure**

  There is a risk that a major organ in the body, such as the kidneys, heart, lungs or liver, may not be able to work adequately because of the effects surgery or post-operative complications. The team will watch you very carefully and if this does happen, you will be treated promptly.

What happens immediately after the operation?

You will be taken to the CCU where nursing staff will watch you closely for several days and try to make you as comfortable as possible. During your stay on CCU, only two visitors are allowed at any one time. This is to allow both you and other patients time to recover from surgery. Visiting times for CCU are not restricted but it is very busy between 8am and 10.30am. You may prefer not to have visitors until after this time. Unfortunately, flowers are not allowed on the unit (for infection control purposes). However, they can be kept on the ward for you to enjoy when you return there.

Good pain relief after surgery is important. It prevents discomfort and helps you recover more quickly. Normally before the operation, an anaesthetist will discuss with you the different ways your pain can be controlled. More information on pain relief after surgery is available in The Royal Marsden booklet *Your operation and anaesthetic.*

When you wake up after the operation, you may be aware of several tubes coming out of your body. Some of them may provide fluid or nutrition and medication. Some of these tubes may be attached to monitors. These help the staff check your progress and provide you with fluids and medication. Some of the monitors and pumps may alarm at regular intervals - this does not necessarily mean something is wrong. Other tubes will drain away fluids.

You may notice the following tubes:

- **Intravenous cannulae**

  These allow fluids and medication to be given directly into a vein. Usually one is inserted into the side of your neck and one into your arm.

- **Naso-gastric tube**

  This tube (placed during the operation) passes through the nose into the stomach. It is used to drain away secretions from the stomach. It can also prevent nausea and vomiting.

- **Feeding jejunostomy tube**

  This small tube may be put directly into part of your small bowel (jejunum) during the operation. It is only used if patients are malnourished before surgery. This will be discussed with you before your operation. You can be fed through this until you are able to drink and eat.

- **Epidural catheter**

  An epidural catheter is a small plastic tube placed into the epidural space (in your back). Pain relief (analgesia) is slowly and continuously pumped through it. It will remain in place until you can take pain relief by mouth.

- **Urinary catheter**

  During and immediately after the operation, it can be difficult to pass urine while lying in bed. This tube goes into your bladder and automatically drains the urine into a bag.

- **Wound drains**

  These are put in to drain away any blood or fluid that collects around the operation site.

All these catheters and tubes are easily removed and most of them will be taken out before you go home. The feeding jejunostomy tube, if used, may remain in place until you return to the outpatient clinic.

You will be seen every day by the anaesthetist and surgical team during your stay on CCU. You will also see the physiotherapist who will advise you with your breathing, your position in bed or in a chair, and moving your arms and legs. This will prevent you from becoming stiff and weak, and keep your circulation moving to prevent blood clots forming. When you first get out of bed after your operation, the physiotherapist will help you and check how you are coping with the exercises to regain muscle strength and joint mobility. The pain control team will visit you regularly to make sure your pain is under control.

Physiotherapy

Physiotherapy is an important part of your recovery and helps to reduce the risk of some complications. Your physiotherapist will visit you from the first day after your operation to help you with your breathing and moving about. You will usually be helped to sit out of bed from the first day after your operation. After that, you will gradually begin to increase your level of activity each day with the help of the physiotherapist and nursing staff. They will also show you exercises that will help you regain muscle strength and joint mobility.

Contact details

Often you may have questions you wish to ask. Writing these down beforehand may help you to remember them. You are also welcome to bring someone with you to your appointments.

Consultant

Name..... Number.....

Clinical Nurse Specialist (CNS)

Name..... ..... Number.....

If you need advice outside normal working hours (Monday to Friday, 9am – 5pm) you can phone the main hospital switchboard and ask to speak to the on-call Surgical SHO.

The Royal Marsden switchboard **020 7352 8171**

Alternatively, please call:

The Royal Marsden Macmillan Hotline: 020 8915 6899
(available 24 hours a day, 7 days a week)