

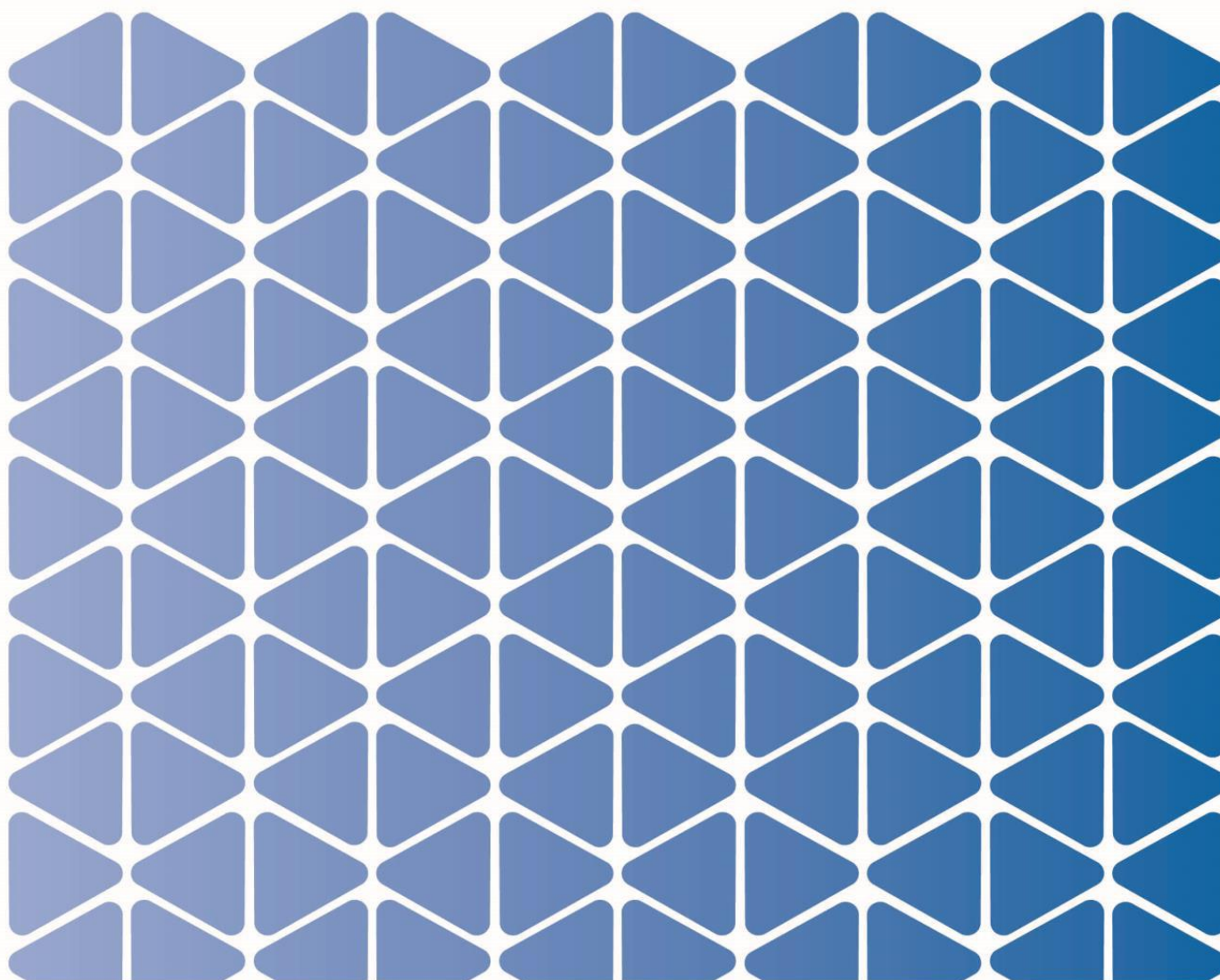


**NHS**

**Worcestershire  
Acute Hospitals**  
NHS Trust

PATIENT INFORMATION

# SURGERY FOR CANCER OF THE STOMACH



 [www.worcsacute.nhs.uk](http://www.worcsacute.nhs.uk)

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## **Introduction**

Your consultant and specialist nurse have explained to you that you have a cancer growth in your stomach. Treatment for cancer of the stomach will depend on the extent of the tumour, the stage of the disease, your general health and other factors.

The information included is relevant to most patients undergoing a gastrectomy or partial gastrectomy, but not necessarily to all. Every patient is slightly different and treatment is tailored to suit the individual.

Surgery is the most suitable treatment for your cancer and is performed at the Regional Surgical Centre in Gloucester which specialises in this type of surgery.

Your surgeon is:

.....

## **What type of operation is it?**

Surgery is the most common treatment for stomach cancer. The operation is called a **gastrectomy**. Depending on the site of your cancer the surgeon will recommend removing all of your stomach, this is called a total gastrectomy, or removing part of your stomach, this is called a subtotal or partial gastrectomy. If your surgeon has recommended a partial gastrectomy how much stomach he removes will depend on the position of the tumour. With either operation the surgeon will also remove the lymph nodes around your stomach.

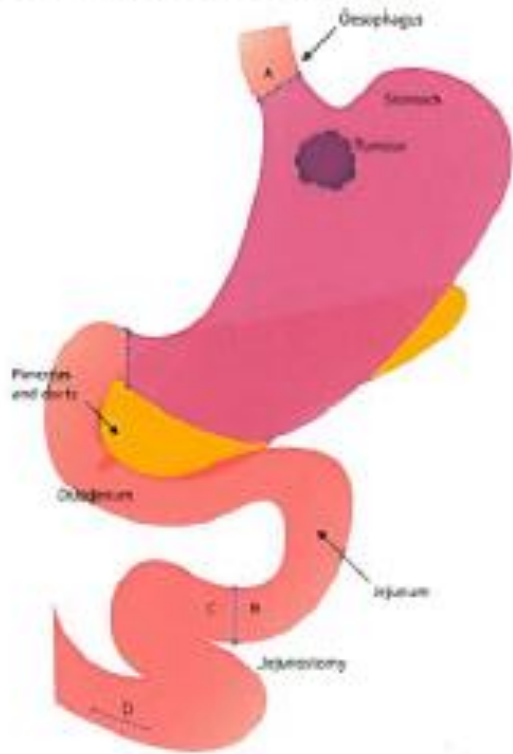
## **Why are the benefits of the operation?**

The purpose of the operation is to remove all of the cancer. Therefore surgery is only considered if the surgeon feels this can be achieved. However, it is important to stress that the final assessment can only be made by your surgeon during the operation.

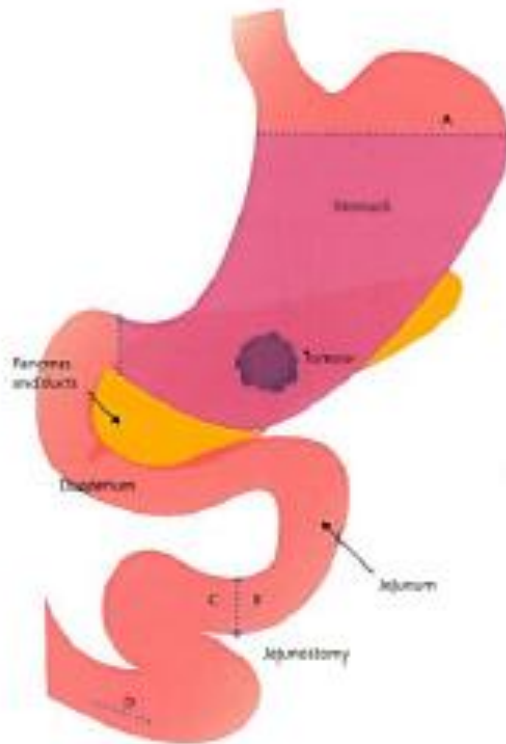
## **Are there any other treatment choices?**

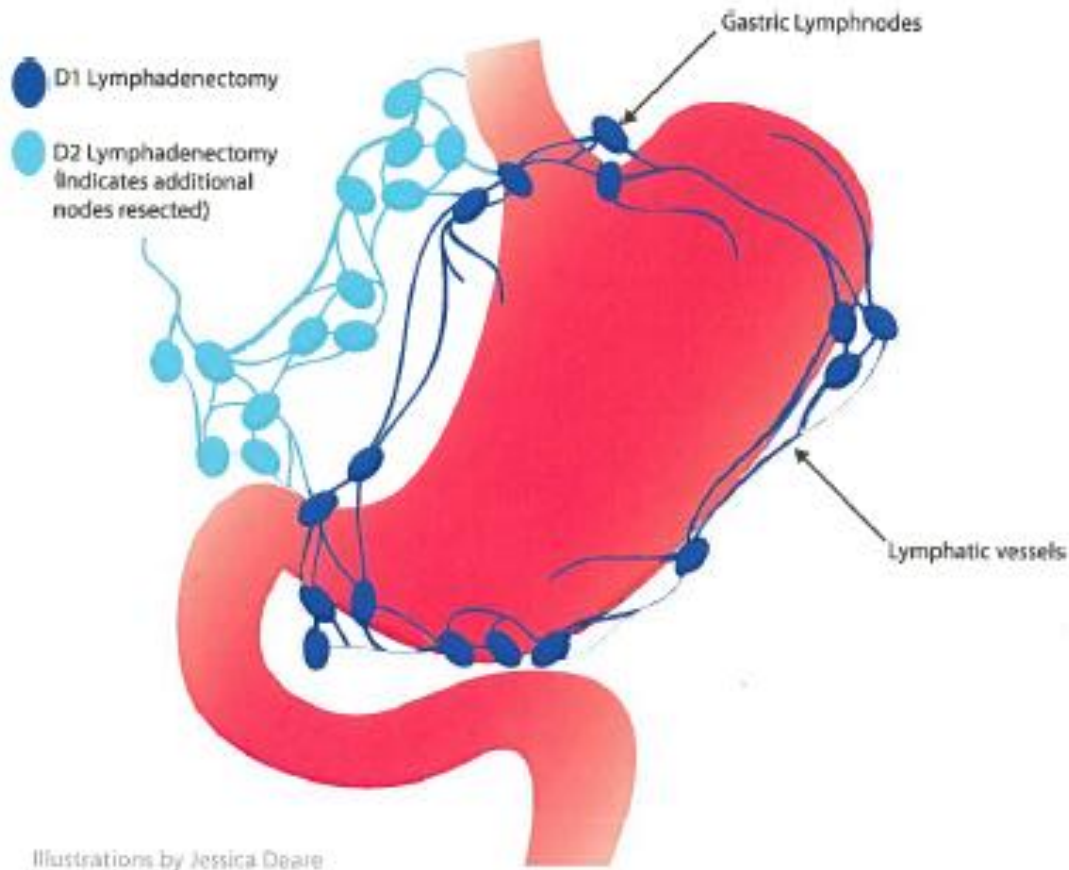
Currently the only way of potentially curing stomach cancer is surgery or surgery combined with chemotherapy.

## Total gastrectomy



## Subtotal (partial) gastrectomy





### **What are the risks involved with this type of surgery?**

As with any type of surgery there are some significant risks involved which the surgeon and specialist nurse will discuss with you.

**It is important that you understand about the operation the risks involved and we encourage you to ask questions and obtain as much information as possible from your surgeon and specialist nurse.**

Some of the risks of the operation are:

- The most common complications are those affecting the lungs. You will be advised about breathing exercises by the physiotherapist who will work closely with you before and after the operation.
- The most serious risk is an 'anastomotic' leak. This is when the join between the stomach and oesophagus or stomach and bowel fail to heal. If this happens you may need to continue to be fed through your feeding tube until it resolves. In some circumstances you may need to have another operation.
- Bleeding- bleeding is a serious risk with any kind of surgery and every effort will be taken to reduce this risk. Prior to the operation a sample of blood will be taken to check which blood group you are and some blood will be ordered for the day of surgery in case a transfusion is required. If you have any beliefs that prevent you receiving blood products you should make it known to your consultant or specialist nurse.

- Damage to other structures in the abdomen (near the stomach) – the spleen is particularly at risk and sometimes needs to be removed.
- Wound infections – these usually only require simple wound care and antibiotics.

### **Why do I need chemotherapy before my operation?**

Recent evidence has shown that for many patients having chemotherapy drug treatment before surgery can improve the overall outcome of the surgery. The oncologist (cancer doctor) will discuss with you an appropriate regime. This will happen before your surgery.

### **Why do I need chemotherapy after my operation?**

Clinical trials have shown that for some patients, having chemotherapy after the operation **may** reduce the risk of the cancer coming back. However it is not suitable for everyone. Your oncologist will discuss what is the right treatment for you.

### **Where will I have my chemotherapy?**

Chemotherapy can be given countywide or sometimes locally to where you live. Further detailed information will be given when you have your appointment with the oncologist (cancer doctor) specialist consultant.

### **Pre-assessment clinic and what will happen before the operation?**

Surgery to your stomach is a major operation and you might need to be physically and psychologically prepared for it. You will be invited to attend two pre-assessment appointments, one at the beginning and one at the end of treatment. This is held at Gloucestershire Royal Hospital or Cheltenham General Hospital. Your operation will take place at Gloucestershire Royal Hospital.

This appointment usually includes:

- A doctor or a nurse practitioner will examine you and ask questions about your illness. They will explain the operation to you.
- An anaesthetist will also see you at this appointment. They will ask you lots of questions about your medical history, they will be especially interested in any heart or lung complaints that you may have. They will also discuss the different types of pain control available.
- A dietitian will provide individual advice on how we will feed you during your stay and give you advice on how to adapt your eating habits after the surgery.
- A heart tracing (ECG) will be performed.
- Blood will be taken for routine testing and group and save.

## Enhanced recovery after surgery (eras)

ERAS is a system of care that has been designed to improve the recovery of patients after major surgery. The aim of the ERAS programme is to reduce complications, reduce the impact of the complications and to get patients home earlier, safer and fitter so their long term recovery can begin before discharge from hospital. Regular exercise from an early stage and good pain control are at the heart of the ERAS and it is very important that you are actively involved in your recovery.

### Can I help prepare for the operation?

There are some things you can do to help prepare yourself for the operation and reduce the chance of difficulties with the anaesthetic.

- If you smoke it is important that you stop before the operation. Smoking reduces the amount of oxygen in your blood and increases the risk of breathing problems during and after the operation.
- Maintaining a healthy diet is important to your overall wellbeing. You may be finding this difficult due to lack of appetite or because of the side effects of chemotherapy. If you can't manage an adequate diet it is important that you talk to your specialist nurse who will arrange an appointment with the dietitian.
- You are encouraged to improve your daily fitness in preparation for surgery.

### Being admitted to the ward

You will be admitted on the morning of your operation, to Gloucestershire Royal Hospital.

### Your anaesthetic

Your operation will be carried out under general anaesthetic. This means you will be asleep and feel nothing during the operation. The anaesthetist is the doctor responsible for putting you to sleep for the operation and taking expert care of you during and immediately after the procedure. The anaesthetist usually visits you the morning of the operation. He/she will also discuss the anaesthetic with you and the pain relief (**see tell me about the tubes and drains that will be attached and how will the pain be controlled**).

### How long will the operation take?

This operation usually takes about 4 hours. Depending on the extent of the surgery performed, you may need to be nursed in the High Dependency Unit (HDU) / Intensive Care Unit (ICU).

### What does the operation involve?

The surgery involves:

- Freeing up and removing the cancer and part or all of your stomach

- Removal of the surrounding tissue (lymph nodes) that may have cancer in them
- Join the small intestine to the oesophagus (gullet) or intestine to the remaining part of the stomach

In some circumstances it may be possible to do the operation 'key hole' (laparoscopically). This means that the surgeon inserts special instruments through small incisions that he makes in the abdominal wall. However, sometimes it is not possible to do the operation this way and it will need to be done making one large incision down the middle of the abdomen. Your surgeon will discuss this further with you.

### **Where will I stay after my operation?**

Immediately following your operation, you will go to the HDU / ICU. When the doctors and nurses are happy with your progress, you will be transferred to the main ward.

### **Tell me about the tubes and drains that will be attached**

- One or two flexible needles will be inserted into your arm/hand to give you fluids (drips).
- A thin tube will be inserted into your back by the anaesthetist, this is called an epidural. This is normally inserted while you are awake and is used to control the pain after this operation.
- A urinary catheter - this tube is in your bladder and urine empties through the tube into a bag. This allows the nurses to accurately measure how much urine you are producing.
- If you have a total gastrectomy the surgeon will place a tube called a feeding jejunostomy into your small bowel through your abdomen. This is done during the operation and allows us to give you nutrition until you are able to eat normally. The tube is removed, painlessly, at an out-patient appointment 2 weeks after you have been discharged.
- A wound drain – this helps prevent the accumulation of fluid or blood at the wound

### **How will my pain be controlled after the operation?**

You will normally have an epidural. This is a fine plastic tube placed in your back through which pain relieving medicines are given. This is usually kept in place for several days. After it is removed your pain will be controlled with a combination of other painkillers.

### **Will I be able to eat and drink after my operation?**

You will start by having sips of water following the operation, this will increase as the days go by and we hope by day 5 after your surgery you will be able to have as many drinks as you want and will start to eat a soft diet. However, the doctors will make the final decision on when you can eat and drink when they see you after the operation.

### **How will my bowels work after the operation?**

Immediately following the operation your bowels will not work properly and you are unlikely to pass wind. **This is normal.** After a few days your bowels will get back to normal. The doctors and nurses will ask if you have passed wind, this means your bowels are well on the way to working properly again. After this operation your bowel motions will be loose to start with, this generally settles down over the next few days. Sometimes it can take a little longer and we give you some medication to help with this.

### **Personal hygiene**

Initially you will need help with your personal hygiene, however, after only a few days you will regain your personal independence.

### **When will I be able to walk about?**

The day after your operation you will be encouraged to get out of bed and sit in the chair. You will be helped by the nurses and the physiotherapist. Over the next few days you will gradually build up to short walks at frequent intervals throughout the day. This will help prevent chest infection, blood clots, stiffness and bedsores; you will also be given an injection in your tummy and be given a pair of elastic stockings to wear to help prevent blood clots forming.

### **How long will I be in hospital?**

Generally, if there are no complications, you will be in hospital for about a week to 10 days.

### **How long does it take to fully recover from the operation?**

How long it takes or you to recover from this operation varied person to person. It can take at least 6-8 weeks for the muscles and tissues to heal sufficiently to allow you to start driving and doing gentle exercise. We advise that you avoid activities that may put a strain on your abdomen as this may delay healing. It can take at least three months before you begin to feel fit again. This is normal following this type of surgery. At first you will feel very tired and need to rest often. Listen to your body! These episodes will become less frequent but it can take up to a year to feel fully recovered (earlier if you have had a sub-total gastrectomy). Simple activities such as climbing the stairs and household chores will be surprisingly tiring. As your energy levels and stamina improve you will be able to resume your normal activities. You should not drive until you feel confident to make an emergency stop; this normally takes about 6 weeks, but can vary from patient to patient. Please consult with your insurance company if in any doubt.

Discharge will be planned specific to your needs to make sure all your requirements are considered and you are sent home safely and well supported.

### **Potential problems:**

One function of the stomach is to absorb vitamins particularly B12, C and D. If you have had your whole stomach removed you will need regular blood tests to check you are getting the correct amount of vitamins and minerals in your diet. We recommend that you take a multi vitamin supplement following surgery, and you will require regular vitamin B12 injections.



**Dumping syndrome** – there are 2 types of dumping syndrome, **early** occurs 15-60 minutes after food. Symptoms include: nausea, vomiting, abdominal cramps, diarrhoea, dizziness and heart palpitations. **Late** occurs between 1 to 3 hours after meals. Symptoms include sweating, hunger, fatigue, dizziness, confusion, fast heart rate and/or fainting.

Symptoms usually settle over time and can be controlled by eating small frequent meals and avoiding foods that are high in refined sugars or dairy. Your specialist nurse will be happy to discuss this further with you.

**Early satiety** – after you have had all or part of your stomach removed you are likely to find that you feel full more quickly than you used to. Your surgeon and specialist nurse will discuss ways to make sure you maintain your nutritional intake. This may include eating 5-6 small meals a day.

**Fatigue** – everyone has good and bad days but due to the operation itself and any treatments you may have had before and after the surgery, fatigue can be a common experience. This can last for several weeks or months following completion of treatment.

**Diarrhoea** - you may experience some changes in bowel habit. Diarrhoea or constipation is not uncommon. If you have severe diarrhoea it can be treated, so be sure to tell your specialist nurse or consultant.

### **How will I know if the surgeon was able to completely remove my tumour?**

Following surgery, the section of the stomach removed is sent to the pathologist to be examined under the microscope. This can take two or three weeks.

The results are sent to your consultant. These results confirm whether the cancer was completely removed and if the cancer had spread to the lymph nodes. This will be discussed with you at your follow up appointment.

### **Your follow up care**

Follow up care is important after treatment to ensure that any changes in health are found. Check-ups may include physical examination and blood tests. **Scans are not done routinely.** Your first appointment is usually 2 or 3 weeks after you are discharged from hospital. If, when you are at home, you develop any problems please contact your specialist nurse or your GP.

### **Further support**

Your consultant has explained that they have found cancer in your stomach which requires an operation to remove it. This can be an extremely worrying and frightening time for you, your family and friends. You may have questions and concerns about the diagnosis and treatment options given to you. The whole team is always willing to answer any questions you have in an open and honest manner and can be contacted on the following telephone numbers

## **Gutsy group**

Oesophageal and gastric cancer support group

*A positive group who find that sharing our experiences of cancer – and ‘hope to cope’ – to be constructive and helpful.*

- Meet every 3-4 months with the Worcestershire venue to be confirmed prior to meeting date.
- Relatives and friends are welcome
- Offer telephone support

For more information, call The Upper GI Clinical Nurse Specialists on 01905 733615

## **Contact numbers**

Worcestershire Royal Hospital Switchboard	01905 763333
Mr Wadley’s Secretary	01905 733022
Upper GI Clinical Nurse Specialist Team	01905 733615

## **Gloucestershire royal hospital**

Hospital Switchboard	0300 422 2222
Upper GI Clinical Nurse Specialist Team	0300 422 6222

## **Other information**

The following internet websites contain information that you may find useful.

- Worcestershire Acute Hospitals NHS Trust  
[www.worcsacute.nhs.uk](http://www.worcsacute.nhs.uk)
- Information fact sheets on health and disease  
[www.patient.co.uk](http://www.patient.co.uk)
- Information leaflets by the Royal College of Anaesthetists about ‘having an anaesthetic’  
[www.rcoa.ac.uk](http://www.rcoa.ac.uk)
- Macmillan Cancer Support  
[www.macmillan.org.uk](http://www.macmillan.org.uk)
- NHS choices  
[www.nhs.uk](http://www.nhs.uk)

**If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.**

### **Patient Experience**

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

### **Feedback**

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

### **Patient Advice and Liaison Service (PALS)**

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

### **How to contact PALS:**

**Telephone Patient Services: 0300 123 1732 or via email at: [wah-tr.PALS@nhs.net](mailto:wah-tr.PALS@nhs.net)**

### **Opening times:**

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.