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Document Title:

**Total Gastrectomy**

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## What is stomach cancer?

Stomach cancer is a malignant growth that starts in the wall of your stomach, often causing difficulty in eating, weight loss and abdominal pain. About 2,000 people develop stomach cancer every year in Australia.

## What is a total gastrectomy?

A total gastrectomy involves removing the cancer along with all your stomach (see figure 1).

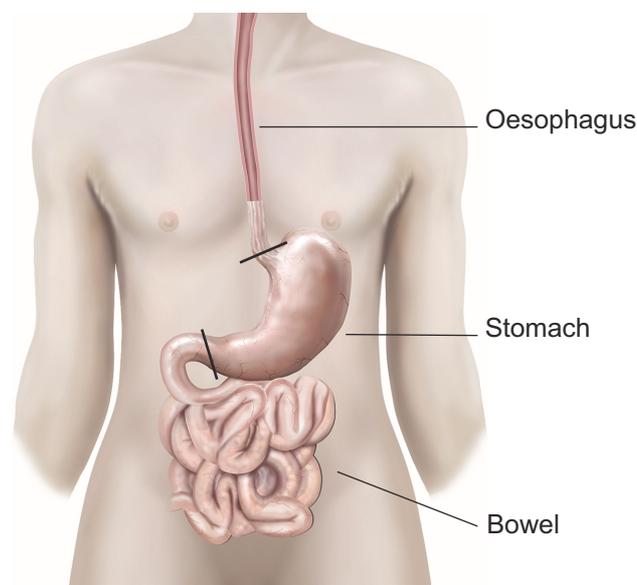


Figure 1  
A total gastrectomy

Your tests have shown that a total gastrectomy offers the best chance of you being free of stomach cancer. You may be recommended chemotherapy before surgery to increase the chance of you being free of stomach cancer. (You may already have had chemotherapy.) You may still need to have a staging laparoscopy to confirm that surgery is likely to help you.

A gastrectomy involves significant risks. It is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

## What are the benefits of surgery?

The aim is to remove all the cancer and your eating should improve.

## Are there any alternatives to surgery?

Removing the cancer by surgery gives the best chance of you being free of stomach cancer. Chemotherapy or radiotherapy on their own will not lead to you being cured but can be used to shrink the cancer and so improve your quality of life.

It is possible to have procedures to improve swallowing without treating the underlying cancer. These include inserting a stent (metal mesh tube) across the cancer to hold your oesophagus (gullet) or stomach open, and laser treatment to make a hole in the cancer. You should discuss the options carefully with your surgeon.

## What will happen if I decide not to have the operation?

The healthcare team will arrange for you to have non-surgical treatment and will continue to be involved in your care.

## What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is performed under a general anaesthetic and usually takes three to four hours. You may be given antibiotics during the operation to reduce the risk of infection.

Your surgeon will make a cut on your abdomen (laparotomy) to allow access to perform the following main steps.

- Freeing up and removing the cancer and all your stomach.
- Removing the surrounding lymph nodes (glands) that may have cancer in them.
- Bringing some of your small bowel up to the end of your oesophagus and joining the ends together (see figure 2).
- Inserting a temporary feeding tube into your abdomen, if you need one.
- Inserting a temporary drain (tube).

Sometimes the operation can be performed using keyhole surgery. Your surgeon will tell you if this is likely.

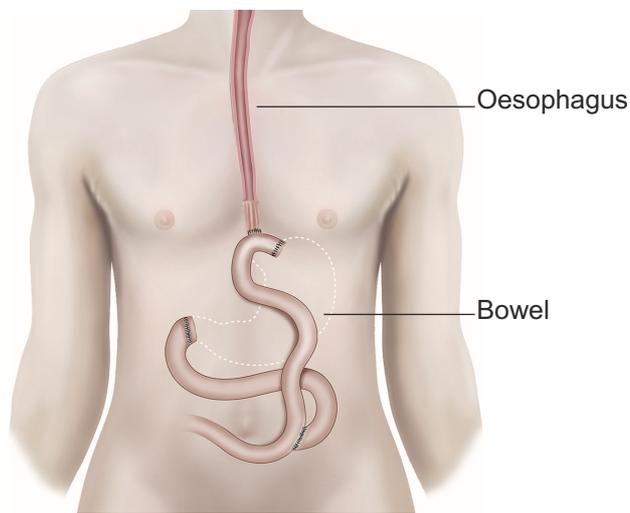


Figure 2  
A total gastrectomy

The healthcare team will place a small tube in a vein in your arm (drip) and in your neck (called a central line). They will also place a catheter (tube) in your bladder to help you to pass urine. All organs and tissues removed will be examined carefully for evidence of cancer and will be stored. They may be used in the future to help find new treatments for cancer. Let your surgeon know if you do not want your organs and tissues used in this way.

### Will I need more treatment?

All the tissue and lymph nodes removed will be examined under a microscope. Your surgeon will know the results a few days later. Lymph nodes filter abnormal cells and can show if the cancer has spread. Your surgeon may recommend combining surgery with chemotherapy to give the best chance of you being free of stomach cancer. Chemotherapy also has side effects and complications. Your surgeon and oncologist (doctor who specialises in treating cancer with medication and radiotherapy) will discuss the options with you and recommend the best treatment for you. It is your decision to have chemotherapy as well as surgery.

### What should I do about my medication?

Let your doctor know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

### What can I do to help make the operation a success?

If you smoke, stopping smoking several weeks or more before the operation may reduce your risk of developing complications and will improve your long-term health.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

### What complications can happen?

The healthcare team will try to make the operation as safe as possible. A team of doctors and nurses, who perform this operation regularly, will look after you. However, complications can happen. Some of these can be serious. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

#### 1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

#### 2 General complications of any operation

- Pain can be severe with this operation. The healthcare team will give you strong painkillers either by an epidural or through the drip. It is important that you take the medication as you are told so you can move about and cough freely.
- Bleeding during or after the operation. This often needs a blood transfusion. You may need another operation to stop the bleeding.

- Infection of the surgical site (wound) (risk: 5 in 100). It is usually safe to shower after two days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need another operation.
- Unsightly scarring of your skin.
- Developing a hernia in the scar caused by the deep muscle layers failing to heal. This appears as a bulge or rupture called an incisional hernia. If this causes problems, you may need another operation.
- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straightaway if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

### 3 Specific complications of this operation

- Chest infection or fluid collecting in your chest (risk: 1 in 10). This can usually be treated with antibiotics or a procedure to drain the fluid. The healthcare team will give you exercises to help reduce this risk.
- Damage to structures in your abdomen. Your spleen is particularly at risk and sometimes has to be removed.
- Anastomotic leak (risk: 6 in 100). This is a serious complication that may happen if the join (anastomosis) between your small bowel and your oesophagus fails to heal, leaving a hole. This often involves a long time without food by mouth. You may need another operation.
- Continued bowel paralysis (ileus), where your bowel stops working for more than a few days, causing you to become bloated and to be sick.
- Heart problems such as a heart attack (where part of the heart muscle dies) or abnormal heart rhythm (risk: 7 in 100). You may need treatment with medication.

- Failure to remove the cancer (risk: 7 in 100). The cancer may be too far advanced for your surgeon to remove it safely. A bypass procedure to improve eating may be possible. After the operation your surgeon will discuss with you other ways of treating the cancer.
- Death sometimes happens with a total gastrectomy (risk: 7 in 100). The risk is less the fitter you are.

### Long-term problems

- Diarrhoea, which can usually be controlled with medication.
- Dizziness soon after a meal. You can usually avoid this if you change your diet. Always let the healthcare team know about the above symptoms, as treatment may be able to improve them.
- Weight loss is common. You will be able to eat only small meals and should eat more often than before to try to keep your weight up. Sit upright when you eat and take a drink with your meal to help the food go down. A dietician will monitor your progress. If you have any concerns about your diet, ask the dietician.
- Vitamin deficiencies. You may need supplements or injections.
- Narrowing of the join (stricture). This is usually obvious about three months after the operation and makes it difficult for you to swallow. It does not mean the cancer has come back. If you have difficulty swallowing, let your surgeon know. You may need a dilatation, where the join is stretched using a flexible telescope (endoscope).
- Tissues can join together in an abnormal way (adhesions) when scar tissue develops inside your abdomen. Adhesions do not usually cause any serious problems but can lead to bowel obstruction. You may need another operation.

### How soon will I recover?

#### • In hospital

After the operation you will be transferred to the recovery area and then to the ward. Sometimes you may go to the intensive care unit or high dependency unit for one to two days so the healthcare team can monitor you more closely. You will usually not be able to eat and drink for at least 5 days. During this time you will be fed through the feeding tube, if this was fitted during the operation.

You will be given fluid through the drip. The healthcare team will use the central line to monitor the pressure of blood returning to your heart. This will help your doctor to know how much fluid to give you.

Your surgeon may recommend that you have an x-ray or an endoscopy to find out how well the join is healing, before allowing you to have food. You may be fed through the tube for a few weeks if you are having difficulty getting enough food by mouth.

The drains, drips and catheter will usually be removed after 2 to 5 days.

You should be able to go home after 8 to 12 days. However, your doctor may recommend that you stay a little longer.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

#### • **Returning to normal activities**

To reduce the risk of a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been given medication or need to wear special stockings.

A total gastrectomy is a major operation and it will take you 3 to 6 months to recover fully.

You can expect to feel tired once you return home but you should gradually feel stronger and be able to do a bit more week by week.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

#### • **The future**

Unfortunately, the healthcare team cannot guarantee you will be cured even after the cancer is removed by surgery. Overall about 1 in 3 people will be cured.

Your doctor will be able to give you a better idea of your chance of being cured once the cancer has been examined under a microscope. If the cancer is at an early stage with no lymph nodes affected, there is a higher chance of you being cured. An advanced cancer is likely to come back despite the best available treatment.

Even if surgery does not lead to you being cured, you should survive longer and have a better quality of life than if you did not have surgery.

## **Summary**

Stomach cancer is a serious condition. Your tests have shown that there is a good chance of you being free of stomach cancer if you have surgery. However, a total gastrectomy is a major operation and serious complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

**Keep this information leaflet. Use it to help you if you need to talk to the healthcare team.**

## **Acknowledgements**

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