

General Surgery & Surgical Oncology

Gastrectomy

Gastrectomy is the removal of part or all of the stomach.

There are three main types of gastrectomy:

- partial gastrectomy, removal of the lower half of the stomach
- full gastrectomy, removal of the entire stomach
- sleeve gastrectomy, removal of the left side of the stomach

Removing the stomach doesn't remove the body's ability to digest liquids and foods. However, a few lifestyle changes after the procedure may be needed.

Why You May Need a Gastrectomy

Gastrectomy is used to treat stomach problems that are not helped by other treatments. Your doctor may recommend a gastrectomy to treat:

- benign (non-cancerous) tumors
- bleeding
- inflammation
- perforations in the stomach wall
- polyps (growths inside your stomach)
- stomach cancer
- ulcers (open sores in your stomach)

Some types of gastrectomy can also be used to treat uncontrolled obesity. By making the stomach smaller, it fills more quickly. This may help you eat less. However, gastrectomy is only an appropriate obesity treatment when other options have failed. Less invasive treatments include:

- diet
- exercise
- medication

- counseling

The Risks of Gastrectomy

All surgeries have risks. These include:

- bleeding
- infection
- allergic reactions to medications

To reduce these risks, answer your doctors' questions fully, prior to surgery.

Gastrectomy also has its own particular risks. These include:

- acid reflux
- diarrhea
- infection of the incision wound
- infection in the chest
- internal bleeding
- leaking from the stomach at the operation site
- nausea and vomiting
- stomach acid leaking into your esophagus, causing scarring, narrowing, or constriction (stricture)
- small bowel blockage
- vitamin deficiency
- weight loss

Complications are typically minor. They can usually be fixed with medications or further surgery.

Major complications are more common in those undergoing gastrectomy for cancer. According to the National Health Service (NHS), this is because they are typically elderly and in poor health (NHS , 2011).

How to Prepare for Gastrectomy

Prior to surgery, you'll undergo several tests. These will ensure you are healthy enough for the procedure. You will undergo:

- blood tests
- imaging of your stomach
- a complete physical
- a review of your complete medical history

During these appointments, tell your doctor if you are taking any medications. Be certain to include over-the-counter medicines and supplements. You may have to stop taking certain drugs prior to surgery.

You should also tell your doctor if you are pregnant, believe you could be pregnant, or have other medical conditions, such as diabetes.

If you smoke, you should quit. Smoking adds extra time to recovery. It can also create more complications.

How Gastrectomy Is Performed

There are two different ways to perform gastrectomy. All are performed under general anesthesia. This means you will be in a painless sleep during the operation.

Open Surgery

This involves a single large incision. Your surgeon will pull back skin, muscle, and tissue to access your stomach

Laparoscopic Surgery

This is a minimally-invasive surgery. It uses small incisions and specialized tools. It involves less pain and a quicker recovery time. It is also known as “keyhole surgery” or laparoscopically assisted gastrectomy (LAG)

Laparoscopic gastrectomy is usually preferred to open surgery. It is a more advanced surgery with a lower rate of complications. However, according to the NHS, open surgery is more effective at treating stomach cancer and removing affected lymph nodes. (NHS , 2011)

Types of Gastrectomy

There are three major types of gastrectomy.

Partial Gastrectomy

Your surgeon removes the lower half of your stomach. If cancer cells are present, your surgeon may also remove the nearby lymph nodes.

In this surgery, your **duodenum** will be closed off. Then the remaining part of your stomach will be brought down and connected to your bowel. The duodenum is the first part of the stomach.

Complete Gastrectomy

Also called total gastrectomy, this procedure completely removes the stomach. Your doctor will connect your **esophagus** directly to your small intestine. The esophagus normally connects your throat to your stomach.

Sleeve Gastrectomy

Up to three-quarters of your stomach may be removed during a sleeve gastrectomy. The remaining portion is pulled up and stitched. This creates a smaller, longer stomach.

After Gastrectomy

No matter what type of gastrectomy you undergo, the same thing happens after the procedure. You will be stitched up, bandaged, and brought to a hospital room to recover. Nurses will monitor your vital signs the whole time.

You can expect to stay in the hospital for one to two weeks after the surgery. During this period, you'll likely have a tube running from your nose to your stomach. This allows doctors to remove any stomach contents. It helps keep you from feeling nauseated.

You will be fed through a tube in your vein until you are ready to eat and drink normally.

Tell your doctor immediately, if you have any adverse symptoms or pain that is not controlled with medication.

Lifestyle Changes

Once you go home, you may have to adjust your eating habits. Some changes may include:

- eating smaller meals throughout the day
- avoiding high fiber foods
- eating foods rich in calcium, iron, and vitamins C and D

You may also need regular injections of vitamin B-12.