

Gastrectomy

Your Stomach Operation - Some Information

These notes give a guide to your stay in hospital. They also give an idea about what it will be like afterwards. They do not cover everything. If you want to know more, please ask.

What is the problem?

Removal of part of the stomach can be needed for several reasons.

In your case

- You have an ulcer which will not get better with drugs.
- You have an ulcer which has not healed with drugs.
- Your ulcer has come back.
- You are bleeding from part of your stomach.
- Your stomach is narrowed by an ulcer.

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What does the operation consist of?

A cut is made in your tummy above your navel. Inside, part of the stomach is taken out and the ends are joined up. The wound is then closed.

Are there any alternatives?

For you, just waiting and seeing if the condition will get better is not a good plan. Any troubles you have noticed will get worse. Other serious problems may well crop up.

Medicines and tablets will not be helpful, neither would x-ray or laser treatment.

An operation to cut the acid nerve to the stomach would not be helpful.

Sometimes an operation to bypass the diseased part in the stomach is better than cutting the stomach out. We can only decide an alternative like this during the operation.

I am sure the best plan for you is to prepare to have the stomach operation.

What happens before the operation?

Welcome to the ward

You will be welcomed to the ward by the nurses or the receptionist. You will have your details checked. You will be shown to your bed and will be asked to change into your nightwear. You will have some basic tests done, such as pulse, temperature, blood pressure and urine examination.

You will be asked to hand in any medicines or drugs you may be taking, so that the your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings.

Visits by the surgical team

You will be seen first by the House Surgeon, who will interview you. If you are not clear about any part of the operation, ask for more details from the doctors or from the nurses. They are never too busy to do this.

You will be seen by the Surgeon who will be doing the operation. He will check that all the necessary preparations have been made.

Visits by the anaesthetic team

One or more anaesthetists who will be giving your anaesthetic will interview and examine you. They will be especially interested in chest troubles, dental treatment and any previous anaesthetics you have had, plus any anaesthetic problems in the family.

Visit by the physiotherapist

The physiotherapist will show you how to keep your chest clear after the operation and how to keep moving about. You should not smoke.

Shaving

Excess hair will be shaved when you are asleep from your tummy.

Periods

The periods do not affect the operation.

Diet

You will have your usual diet until 6-12 hours before the operation when you will be asked to take nothing by mouth. This will let your stomach empty to prevent vomiting during the operation.

Timing of the operation

The timing of your operation is usually arranged the day before. The nurses will tell you when to expect to go to the operating theatre. Do not be surprised, however, if there are changes to the exact timing.

Premedication

You may be given a sedative or tablets about 1 hour before the operation.

Transfer to theatre

You will be taken on a trolley to the operating suite by a ward nurse and a theatre porter. You will be wearing a cotton gown. Wedding rings will be fastened with tape. Removable dentures will be left on the ward. There will be several checks on your details on the way to the anaesthetic room where your anaesthetic will begin. You will go to sleep.

The operation is then performed.

What happens after the operation?

Coming round after the anaesthetic

You will be transferred to the High Dependency Unit. Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward. Some patients feel a bit sick for up to 24 hours after operation, but this passes off. You will be given some treatment for sickness if necessary.

You may be given oxygen from a face mask for a few hours if you have had chest problems in the past.

You will have a plastic tube in an arm vein to give you a blood transfusion or salt solutions.

You will have a fine plastic tube down the back of your nose for a few days to keep your stomach empty.

There may be a rubber drainage tube coming out of the skin near the wound to drain any discharges from your tummy.

Warning after a General Anaesthetic

The drugs we give for a general anaesthetic will make you clumsy, slow and forgetful for about 24 hours. This happens even if you feel quite alright.

For 24 hours after your general anaesthetic:

Do not make any important decisions.

Will it hurt?

There is some discomfort on moving rather than severe pain. You will be given injections or tablets to control this as required. Ask for more if the pain is still unpleasant.

You will be expected to get out of bed the day after operation despite the discomfort. You will not do the wound any harm, and the exercise is very helpful for you.

After 3 days you should be able to walk slowly along the corridor.

By 10 days the wound should be virtually pain-free.

Drinking and eating

You will be able to start drinking small amounts of water after five days. This will be increased when it is clear that liquids will pass through the operation area down into the gut.

You should be moving to a normal diet in 5 days or so after this.

The narrow outlet of the stomach has been lost in the operation. You should avoid stringy foods such as fruit pith and nuts which may lodge further down the gut.

You will be able to eat any other food. Small meals 4 or 5 times a day are probably best to stop you feeling over-full. You will probably need to eat as often as you can to keep your weight up.

Opening bowels

It is quite normal for the bowels not to open for a day or so after operation.

If you have not opened your bowels after 2 days and you feel uncomfortable, ask the nurses for a laxative.

Sometimes diarrhoea follows the operation at first, but this settles down in time. Ask the surgeon if you are troubled by it.

Passing urine

It is important that you pass urine and empty your bladder within 6-12 hours of the operation. If you find using a bed pan or a bottle difficult, the nurses will assist you to a commode or the toilet.

If you still cannot pass urine let the nurses know and steps will be taken to correct the problem.

Sometimes a tube (catheter) is passed into the bladder to drain urine out into a bag at operation. This tube is taken out 3 or 4 days after operation.

Sleeping

You will be offered painkillers rather than sleeping pills to help you to sleep. If you cannot sleep despite the painkillers please let the nurses know.

Physiotherapy

The physiotherapist will check that you are clearing your lungs of phlegm by coughing. You can help your circulation by continuous movement of body and limbs.

The wound and stitches

The wound has a dressing which may show some staining with old blood in the first 24 hours. The dressing will be removed and the wound will be sprayed with a cellulose varnish similar to nail varnish. You can take the dressing off after 48 hours. There is no need for a dressing after this unless the wound is painful when rubbed by clothing.

There are no stitches in the skin. The wound is held together underneath the skin and does not need further attention.

There may be some purple bruising around the wound which spreads downward by gravity and fades to a yellow colour after 2 to 3 days. It is not important.

There may be some swelling of the surrounding skin which also improves in 2 to 3 days.

After 7 to 10 days, slight crusts on the wound will fall off. The cellulose varnish will peel off and can be assisted with nail varnish remover.

Occasionally minor matchhead sized blebs form on the wound line. These settle down after discharging a blob of yellow fluid for a day or so.

Injections

You will be given tiny injections into the skin of the tummy to keep the circulation going.

Washing

You can wash the wound area as soon as the dressing has been removed. Soap and warm tap water are entirely adequate. Salted water is not necessary. You can shower or take a bath as often as you want.

What about informing my relatives and contacts?

With your permission, the nurses and doctors will keep your relatives and contacts up to date with your progress.

How long in hospital?

Usually after 10 days you will feel fit enough to leave hospital, provided there is someone to look after you.

The nurses will talk to you about your home arrangements so that a proper time for you to leave hospital can be arranged.

You will be given an appointment to visit the Out Patient Department for a check up about one month after you leave hospital.

Sick notes

Please ask the nurses for sick notes, certificates etc.

After you leave hospital

You are likely to feel tired and need rests 2 to 3 times a day for a month or more. You should be back to normal activity within 2 months.

Lifting

At first discomfort in the wound will prevent you from harming yourself by too heavy lifting. After 3 months you can lift whatever you like.

Driving

You can drive as soon as you can make an emergency stop without discomfort in the wound, i.e. after about 4 weeks.

What about sex?

You can restart sexual relations within 2 to 3 weeks, when the wound is comfortable enough.

Work

You should be able to return to a light job after about 6 weeks, and any heavy job within 3 months.

Complications

Sometimes there is a delay in the recovery of the gut after the operation which means that you do not start drinking so soon. This settles down.

Sometimes there is infection in the wound. You are given antibiotics to prevent this.

Sometimes the loss of part of the stomach causes problems with eating and digestion. This will be discussed with you.

Sometimes vitamins are needed in the years following the operation. You will need blood checks each year for this.

If you notice other problems, please tell the surgeon.

General advice

The operation is a major one, but you may well be surprised how quickly you get over the effects.

If you have any problems or queries, please ask the nurses or doctors.

Any Questions?

If you have any questions, jot them down here and ask the doctors or nurses for answers.

If your stay has been pleasant or you have any suggestions to improve the experience in Hospital please write to me at the address below. If any member of staff has stood out in your care again write to me. Positive feedback is always appreciated. Use the form overleaf to help with this.

Any complaints?

If you have any complaints, please contact the doctors or nurses straight away. If this does not solve the problem, please write to me at Surgical Unit, Causeway Hospital, 4 Newbridge Road, Coleraine. BT52 1HS.

Mr M G Brown, MD FRCS
Consultant Surgeon & Vascular Surgeon.

Have you any comments?

We welcome your comments and suggestions covering your illness, your treatment in hospital, and your recovery. Please write below any points you would like to make. If you prefer, you need not give your name.

Full name:

Hospital:

Ward:

Date of stay in hospital:

Operation:

Out patients department:

Your admission arrangements:

Your welcome on the ward:

Nursing staff:

General ward atmosphere:

Medical staff:

Ward orderlies:

Portering staff:

X-ray staff:

ECG staff:

Did you know who was who?:

Bedding:

Food and drink:

Privacy:

Locker space:

Toilets:

Bathrooms:

Other patients:

Noise:

Information:

Telephone/TV/radio/newspapers:

Timing of operation:

Preparations for your operation:

Going into the theatre:

In the operating theatre:

In the recovery room:

Coming back from theatre:

Intensive Care ward:

Recovery on the ward:

Pain control:

Sleeping:

Wound dressings:

Stitches, clips:

Progress reports:

Visiting hours:

Rest room:

Tablets, medicines, injections:

Going-home arrangements:

Out-patient follow up:

Anything else?

Please send this questionnaire to Mr M G Brown, Surgical Unit, Causeway Hospital, 4 Newbridge Road, Coleraine. BT52 1HS