

Gastrectomy

**(Removal of all or
part of the stomach)**

**Information for
you and your
family**

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Introduction

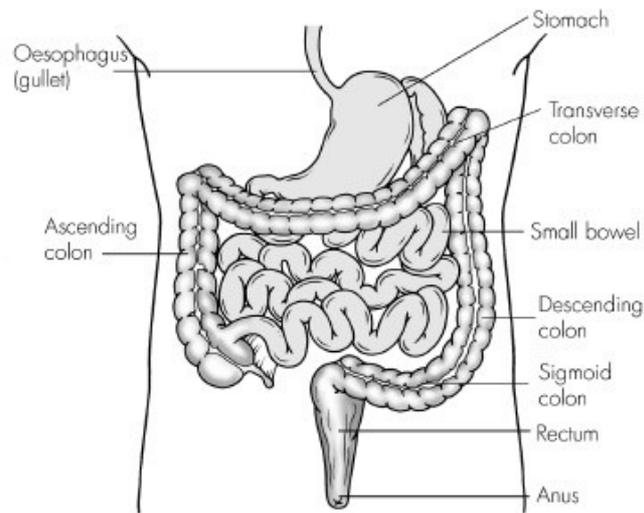
On the advice of your surgeon, you are considering coming into hospital for an operation. The operation is called a Gastrectomy. You may be having this operation due to gastric ulcer disease; however the most common reason for a Gastrectomy is to remove a stomach cancer.

We appreciate that life may feel like an emotional roller coaster at the moment. You may have many questions and anxieties about your operation, hospital stay, and financial concerns.

This booklet has been prepared to answer many of these questions and more. It will supplement the information given to you by your doctors, dietitian, ward nurses and specialist nurses. It may not cover all your concerns so if you have any other questions or worries after reading this booklet, please don't hesitate to contact one of the staff listed on the last page.

This booklet is also meant for your relatives and friends, to answer their questions, and to help them understand the treatment you will be undergoing.

What does the stomach do?



The stomach is a J-shaped organ in the abdomen where the food is broken down (digested). Food reaches the stomach via the oesophagus (gullet); this connects the mouth to the stomach. After leaving the stomach, partially digested food continues its journey into the small intestine and then into the large intestine (colon). All the time this is happening the food continues to be broken down. (See illustration above).

What is cancer of the stomach?

Cancer is a disease of the building blocks (cells) of the body. When cells reproduce they usually do so in a controlled way. If for some reason this process becomes out of control, the cells will continue to divide and develop into a lump, this lump is known as a tumour. Cancer of the stomach is also known as gastric cancer. This is a condition in which cancer cells are

found in the tissues of the stomach.

Tumours can be either benign or malignant. Benign tumours do not spread to other parts of the body, whereas a malignant tumour contains cancer cells that have the ability to invade surrounding tissues and spread to other parts of the body (this is often referred to as a secondary tumour or metastasis).

It is important to understand that there are many different types of cancer, each with its own name and each responds to different forms of treatment.

What are “staging” tests?

To ensure that the tumour is removable you will have had one or more of the following tests, an endoscopy, an endoscopic ultrasound, a body CT scan, and /or a laparoscopy (telescopic examination of your abdomen under an anaesthetic).

What are the treatments for stomach cancer?

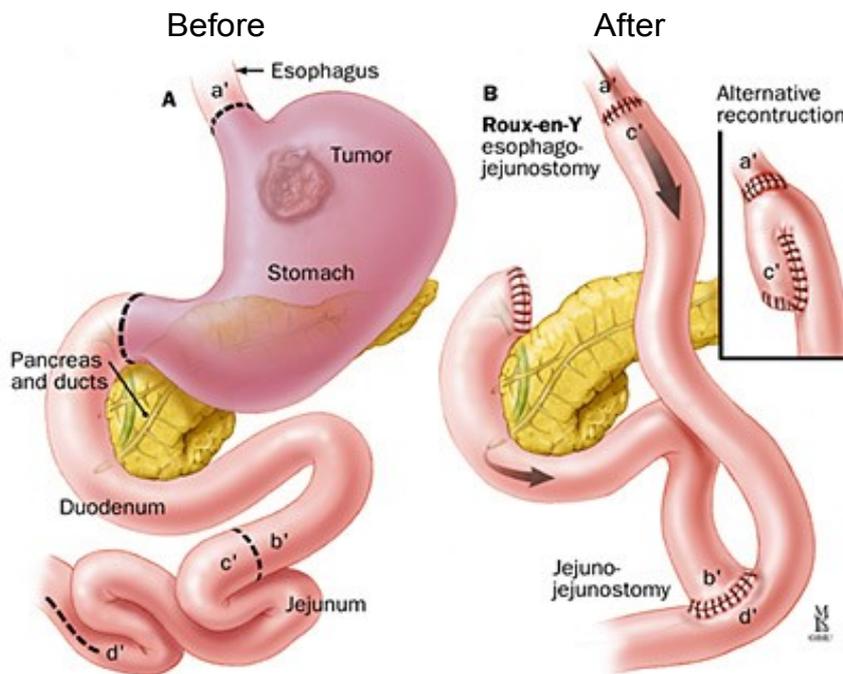
Cancers of the stomach can be very difficult to treat.

The type of treatment you are given will depend on a number of factors, including your age, your general health, the type of tumour you have, what it looks like under the microscope, it's size and how far it has spread (if at all).

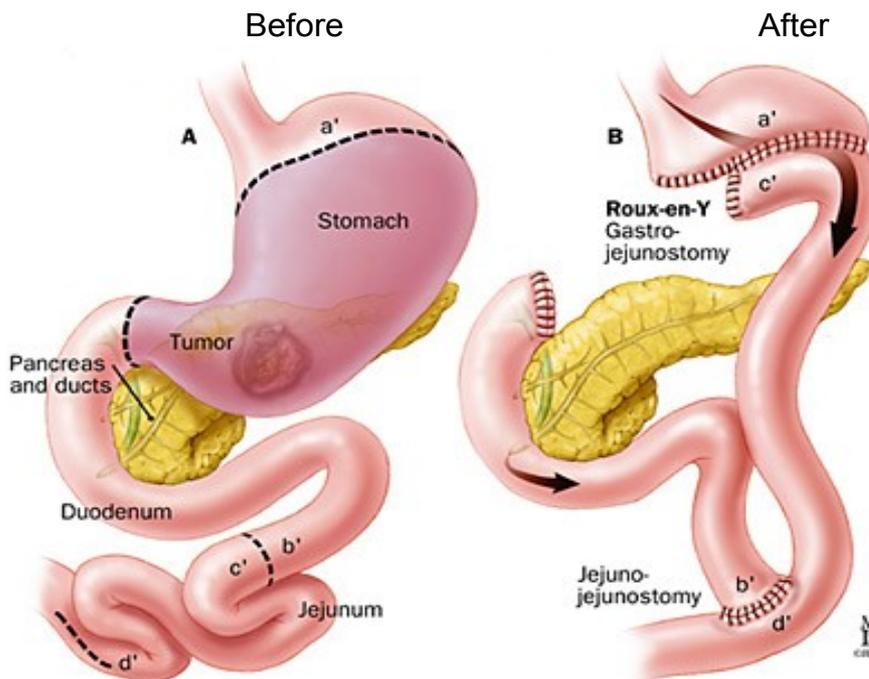
Surgery

Presumed early stage cancer can sometimes be cured with surgery where part or all, of the stomach is removed. This is a major operation and is only suitable for people who are fit. The diagram below illustrates what is involved if all (total) or part (subtotal) gastrectomy is performed:

Total Gastrectomy:



Subtotal Gastrectomy:



If all of your stomach is to be removed we will bring the top part of the small bowel (the jejunum) and join it to the bottom of the gullet (oesophagus). If only part of the stomach is to be removed the small bowel is joined to the remaining part of the stomach. Whichever operation is performed, the food you eat will pass quickly from the gullet into the small bowel.

Unfortunately, sometimes the cancer is too large or has already spread beyond the stomach when it is diagnosed, making this kind of surgery impossible.

Occasionally a bypass operation instead of a curative operation needs to be performed if the cancer is found to be more advanced at the time of surgery than was originally thought.

Chemotherapy

Sometimes Chemotherapy can be used **before and after surgery** to try and reduce the chances of the cancer coming back.

Chemotherapy can also be used to treat cancers that have spread, This would be with the intention of symptom relief and not cure. But for some people the treatment will have no effect on the cancer and they will get the side effects without the benefits. Making decisions about treatment in these circumstances is always difficult and needs to be discussed in detail with your doctor and specialist nurse.

Endoscopic treatment using stents to relieve stomach blockage

If the tumour has blocked the bottom part of the stomach where food enters the small bowel, and it is not possible to undertake surgery, stents (small flexible mesh pipes) may be inserted which relieve the blockage and allow food to pass into the small bowel again.

Whatever treatment is chosen, alongside it you will have supportive care, with medicines to control symptoms/side effects and specialist nurses to help look after you and your family.

In simple terms, surgery may be used to remove the tumour completely (if it is small and has not spread beyond the stomach area). It may also be used to bypass the tumour if it cannot be removed.

Who will talk to me about surgery?

The Plymouth oesophago-gastric specialist centre has 6 consultant surgeons. They are:

Joe Rahamim

Richard Berrisford

Grant Sanders

Lee Humphries

Tim Wheatley

They work as a team, and discuss all their patients regularly through the week.

You may meet one or all of them, in the clinic or whilst an in-patient.

Risks associated with surgery

Giving your consent

Before you have any treatment your doctor will explain the aims of the treatment to you and ask you to sign a consent form giving hospital staff permission to give you the treatment. No treatment can be given to you without your consent and before you are asked to sign you should have been given full information regarding the risks and benefits of the proposed treatment, plus possible alternatives.

Alternatives

Surgery or in rare cases, chemotherapy plus radiotherapy, are the only treatments which have a realistic chance of curing your cancer.

Some people, however, do not wish to go through major surgery. This does not mean that no treatment is possible; it

may be possible to hold the cancer at bay for a period of time by giving chemotherapy and / or radiotherapy. As mentioned above, one of the simplest ways of improving swallowing is to insert a stent (a metal and plastic tube) into the oesophagus or the outlet of the stomach, where it is being narrowed. These alternatives will be discussed with you, if you wish to consider them.

Risks of Surgery

On the following page there is an overview of the risks, in order to help you decide whether to go ahead with surgery.

- **Anastomotic leak:** With any new join (anastomosis) in the gut there is a small chance that it could leak. If a leak does occur you may need a second operation to repair it. Sometimes leaks heal by themselves, but this takes time.
- **Duodenal Stump leak:** The end of the duodenum is closed off during the operation (see previous surgery picture). The closed off end can leak bile and pancreatic juice which may necessitate a second operation to repair it.
- **Chyle leak:** Chyle is a milky bodily fluid formed from the digestion of fatty foods and taken up the lymphatic system. As part of your operation, lymph glands will be removed, along with your stomach, as these are often the first area cancers spread to. A possible side effect of this is to interrupt the flow of chyle, which may then leak out of the lymphatic system into a drain. This often settles by itself, but occasionally we need to rest the gut from food for several days.
- **Infection:** Infection can occur after any operation. The possibilities include the urine, the skin (related to an intravenous cannula) but most

commonly, the chest. This is one of the commonest problems after a Gastrectomy. To minimise any risks the physiotherapist will visit you immediately after your operation to help you to cough and breathe properly. It is important to carry out the breathing exercises you are shown, and to avoid smoking before the operation.

- **Bleeding:** With any operation there is a possibility of bleeding postoperatively. Occasionally you may need a second operation to locate and repair a bleeding blood vessel.
- **Damage to surrounding structures:** Although rare, it is possible to inadvertently damage nearby structures during any operation. Examples of this include damage to the spleen, which may have to be removed as a result (less than 1% of cases).
- You will have gone through a series of tests to make sure that an operation on your gullet is the appropriate treatment for you, and that you are fit to withstand this operation. However it would be unrealistic to ignore that the possibility of death, which, however remote, is present whenever major surgery takes place. We know that 20% of patients undergoing this surgery will get a complication. Although most of these complications can be dealt with, we know that some patients will not survive after surgery and national data suggests that 6% of patients may die as a result of complications from surgery.

What will happen if I don't have the surgery?

Cancer cells can spread to other organs and grow into secondary tumours. It is therefore a potentially fatal disease. If you decide not to go for the operation, and the tumour proves to be cancerous, it is possible to shrink the tumour by use of chemotherapy, but not to get rid of it completely.

How can I prepare for the surgery?

- Stop smoking
- Regular exercise e.g. walking 3 miles a day
- Eat high calorie high protein foods to maintain your weight

If you are losing weight and/or finding it difficult to swallow it is important to change the texture of your food. A soft diet served with extra sauce or gravy can improve your energy levels and make swallowing less painful. You may need to liquidise food. Nutritional supplements, written information and advice are available from a dietitian if needed.

It is very important to drink enough. Try and have at least 8 cups of fluid daily as water, milk or squash.

NB If you are taking Aspirin, Clopidogrel, or Warfarin please tell your specialist nurse or surgeon as early as possible. Sometimes these medicines need to be stopped before surgery.

Admission to hospital

You will usually come to the hospital within 2 weeks of your operation for your pre-assessment tests, and then be admitted on the day of your operation. Occasionally you will be admitted on the day prior to surgery.

The pre-assessment tests will include:

Chest Xray

This will look at the size and shape of the heart and the general condition of your lungs.

Electrocardiogram (ECG)

This shows the electrical activity of the heart and is routine for anyone undergoing an anaesthetic.

Blood tests

A blood sample is taken from your arm and various tests are carried out including your blood group.

Lung Function Tests

These are breathing tests, which measure how well your lungs are working so that your anaesthetic and operation can be performed as safely as possible.

Heart scan (ECHO test)

An echocardiogram is a test in which ultrasound is used to examine the heart. In addition to providing single-dimension images, the echo test allows accurate measurement of the heart chambers.

Occasionally further tests will be needed this depends on your medical history, and will be discussed with you.

Would you like help to find a parking space?

Patients who are travelling to Plymouth Hospital for their oesophago-gastric surgery can get help to find a car park space. Please report to car park A parking office on arrival at the hospital for assistance.

The parking office is open 24 hours a day, 7 days a week.

Full information re transport cost and parking at Derriford are available in a separate booklet given to you at pre assessment and can also be found on the hospital web page list at the end of booklet.

Help with travel costs for carers

NHS Transport is **not** routinely provided for carers.

However carers can claim back travel costs from the DWP social fund if the patient is in receipt of:

- Pension credit
- Income support
- Income based job seeker allowance

Other funding for travel costs

If none of the above apply, you may still be eligible for assistance via other sources of charitable funding, such as Macmillan grants or local cancer charities. You can speak to your local specialist nurse to check your entitlement.

If you have any questions regarding your admission, you can contact Derriford Specialist Nurse Marilyn Bolter on (01752 431528)

Crownhill Ward

You will be cared for on Crownhill Ward located on level 7 of the Terence Lewis Building. The ward has 26 beds for patients who need heart and chest surgery.

Although the ward is mixed sex, men and women are nursed in separate bays.

Would you like help to find your ward?

If you need help finding Crownhill Ward, please report to the reception desk at the main entrance of the hospital, where a member of staff or volunteer will show you to the ward.

Crownhill Ward contact details

For general information: † **0845 155 8274**

Please bear in mind that mornings and mealtimes are the busiest time on the ward.

To speak to the patient personally:

† **Use Hospedia**

Telephone cards are available on every floor of the hospital. There is a charge of 10p per minute to phone out. To phone in the cost is 39p per minute between 7pm and 7am, and 49p per minute at all other times

Ward visiting times

We actively encourage visiting and the involvement of visitors and carers while patients are in hospital. Keeping in contact with friends and relatives is an important part of a patient's treatment, care and recovery.

The ward is open to visitors from 2pm to 8pm. However:

- Visiting times may be extended for compassionate reasons

- Visiting times are restricted occasionally to allow patients to rest and for care and treatment to be carried out.
- If you have a problem visiting within these times, please ask one of the nurses, who will make arrangements to suit your needs.

In order to prevent the ward getting overcrowded, the number of visitors is restricted to two per patient at any one time.

When not to visit

Please do not visit if you are not feeling well, or have been exposed to any infection. Symptoms such as coughs, nausea, vomiting and diarrhoea can easily spread to vulnerable patients and make their condition worse. If you have symptoms of diarrhoea or sickness, please do not visit the hospital until you have been better for 48 hours.

If the hospital is experiencing difficulties with an outbreak of infection, please do not bring young children or frail, elderly visitors. They may be at particular risk from the infection.

Doctors' ward rounds

A doctor on the consultant's team will see you every day during the week and at the weekend.

Doctors' ward rounds aren't normally completed until late morning. It would be appreciated, and hopefully more informative for relatives to leave *non-urgent* calls until after 11am and to avoid ringing during mealtimes.

If one member of the family is nominated to ring for information, then feeds back to the rest of the family, this puts less pressure on ward staff.

If you wish to see a doctor to discuss your relative's

condition, please talk to the ward clerk or ring the ward to arrange an appointment.

NB Due to confidentiality, a patient's diagnosis cannot be discussed over the telephone.

Ward meal times

Breakfast	8am
Morning coffee	10.30am
Lunch	12 midday
Afternoon tea	2.30pm
Evening meal	6pm

Drinks and snacks are available at any time, including supplementary drinks such as 'build-up' soups and milkshakes, Ensures and Enlives. After meeting you, the dietitian will let the housekeeper know of any special dietary needs you may have and if you need a 'little and often' diet.

Personal food

Cold snacks, biscuits, juice etc can be brought in for patients, but please don't use glass containers. For safety reasons, meals brought in can't be warmed through.

Mobile telephones

The use of mobile phones is prohibited in some areas of the hospital as they can interfere with medical equipment. Mobile phones can be used in the hospital corridors, main entrance, and outside. Areas where mobile phones can be used will be clearly signed.

Public telephones are available on the main concourse on level 6 and in many other departments throughout the hospital.

Valuables

The bedside cabinet provided is for storage and does not lock. Valuables are therefore left at the patient's own risk. We ask you to keep valuables and cash to a minimum. If you wish to have your valuables put in the hospital safe, please ask a member of staff. Remember, the hospital does not accept responsibility for loss or damage to any personal property you choose to keep with you. There is very little space for suitcases, if possible these should be taken home by a relative after admission.

Hearing aids, false teeth, walking aids

Please inform one of the nursing team if you (or your relative/friend) normally use a hearing aid, false teeth or walking aid. It is advisable to label these items appropriately.

Smoking

The Trust is a smoke-free environment. If you would like support to give up smoking, contact:

Plymouth Smoking Advice Service **†(01752) 314040**
or NHS Smoking Quit line **†0800 169 0 169**

Hairdresser

A hairdresser is available for patients. To book an appointment contact her via **pager 89640**

Hand hygiene

Please take note of the advice about hand hygiene, which is displayed throughout wards and departments.

Hand gel is available outside all wards for everyone to use. Please help to minimise the risk of infection by using this. If the container is empty, please tell a member of staff.

Flowers

Flower water can carry infection risk to patients who are susceptible. Flowers themselves can also cause allergic reactions for some patients. For this reason, flowers are not allowed on Crownhill Ward.

Hospital environment

We are committed to maintaining a comfortable, clean environment for patients, visitors and staff. If you visit an area where the standard of cleanliness is not what you would expect, please tell a member of staff.

Post-operative Care

Recovery Area

Your operation, including anaesthetic, will take approximately 4-6 hours after which you will wake up in the recovery/critical care area. There will be a nurse in attendance who will be monitoring you very closely. 90% of the time, you will then be moved to Crownhill ward. Occasionally it may be necessary to spend some time in the high dependency unit or intensive care. When the doctors are satisfied with your recovery you will be moved to Crownhill ward, where nurses will continue to monitor you closely.

Breathing

While you are still sleepy you will be given some oxygen to breath. It is important that you take deep breaths and cough. This will help to keep your lungs free from infection.

Tubes/drains

When you come round after your operation you will have some tubes attached to you. These will have been put in place while you were asleep under anaesthetic. The type and

number will vary depending on your operation, but will include:

- A tube in the vein in your neck to give you fluid and certain medications.
- A tube in the vein in your arm to give additional fluids and medication.
- A tube that passes through your nose and into your small bowel. This allows us to drain off digestive juices that might make you feel uncomfortable, and can make you feel sick.
- Near to your wounds, you may find one or two drainage tubes (drains) that go under the skin. These drain off fluid to prevent swelling.
- A catheter (a fine tube) will have been placed into your bladder to collect your urine into a bag. This means you do not have to worry about passing water initially and we are able to monitor your urine production.

As you recover your drains and tubes will be removed as directed by your doctor.

Feeding Tube

During your surgery you may have a feeding tube placed in your abdomen. This tube allows the delivery of nutrition directly into your small bowel. You may continue feeding via this tube for a short period of time when you are at home. Your Dietitian will advise you if this is required before your discharge. The tube will be removed after you have recovered from your surgery and are eating and drinking well.

Will it be painful?

The amount of pain you will experience is variable and individual, but we will work with you to ensure that pain is kept to the minimum. It is important you tell the nursing staff if you have pain, discomfort, or if there is any change in the amount of pain felt.

There are several ways of reducing pain including:

- Epidurals (the same as for pregnant woman in labour) which tend to stay in for up to 5 days.
- Patient controlled analgesia (this will be explained before your surgery).
- Pain killing injections, which can be given regularly every 3-4 hours.
- Some painkillers can be given in suppository form.

Once you are able to drink, your painkillers will be gradually changed to soluble tablets. It is advisable to take these regularly to prevent the pain coming back. You will also be shown how to support your wound when you cough.

Personal hygiene

Initially you will need help with your personal hygiene, however in a few days you will regain your independence. Once your drains have been removed and you are feeling well enough, you will be able to have a shower.

Mobilisation

The day after your operation you will be encouraged to get out of bed and sit in a chair, building up to short walks at frequent intervals over the next few days. This will help

prevent stiffness, bed sores and constipation and help keep your chest clear. You will be given a pair of elastic stockings to wear, and also be given a small injection of clexane (anti-coagulant) into your tummy or thigh. This will help the blood flow freely around your body, to help reduce the chance of clots in the leg, which will reduce the chance of clots in your lungs.

Wound

Your wound will be closed with either a stitch which is absorbable, or with clips. Clips resemble 'staples' and will be removed about 10 days after your surgery. Keyhole wounds may be closed with glue.

Dressings around your drains will be renewed daily or when required. It is important to report if there is any discharge from your wounds so that it may be treated appropriately.

Nutrition information

If my stomach is removed how will I be able to eat?

As the diagrams on page 5-6 show, if all of your stomach is to be removed we will bring the top part of the small bowel (the jejunum) and join it to the bottom of the gullet (oesophagus). If only part of the stomach is to be removed the small bowel is joined to the remaining part of the stomach. Whichever operation is performed, the food you eat will pass quickly from the gullet into the small bowel.

The stomach has important functions in storing food and mixing it with stomach juices to help with digestion. The operation will have reduced the size of your stomach or may have removed your stomach totally. This means that you will not be able to eat as much at mealtimes as previously and

you may find you feel full quickly. It also means that it is most important to chew your food well before swallowing. Once you start to eat a dietitian will see you and arrange appropriate meals and snacks for you to have.

Eating after your operation

Usually, once you are awake enough, you can have small sips of water, up to a maximum of 100ml per hour. In some situations, your surgeon may ask you to have nothing to eat / drink via your mouth for a few days following your operation. At this point you may have a special x-ray called a gastromiro swallow which involves swallowing some dye whilst x-rays are taken. This will determine if the new join has healed. Sometimes this is not needed and the amount and type of fluid you are allowed to drink will be increased from the fourth day following your operation. Either way, you will gradually build up to eating food. A dietitian will see you and arrange small meals and snacks once you are able to start eating.

General advice

Do not try to eat large meals. Start off with a small amount of food and stop as soon as you begin to feel full or uncomfortable.

Take your time eating and chew your food well.

Try not to eat and drink at the same time, this can make you feel full very quickly, and lessen the amount of food you eat. Try and leave drinking to 20 minutes either side of meals and snacks.

It is important to drink enough. Try to have 6-8 cups of fluid each day. Ideally choose nourishing

drinks e.g. milk, milky drinks, drinking chocolate, a nutritional supplement drink instead of water, tea or low calorie squash.

Try to have 5-6 small meals or snacks each day rather than 2-3 larger meals. If you do not feel like a cooked meal have a nourishing snack instead. At home it is important not to liquidize food unless swallowing has become difficult again.

Avoid eating or drinking within one hour of going to bed. If you are troubled by reflux at night, you may find sleeping with the bed head raised by 4 inches helpful.

Check your weight weekly and aim to keep your weight steady.

Eating a balanced diet

Try to drink at least 1 pint of full cream milk daily. This can be used on cereals, for milky drinks, in puddings or in soups.

Have two helpings of the following food daily e.g. meat, fish, chicken, eggs, cheese, yoghurt, beans, lentils or nuts.

Try and include a bread or cereal food at every meal e.g. breakfast cereals, crackers, rice, pasta or potatoes.

Again it is still very important to drink enough. Try and have at least 8 cups or glasses of fluid daily as water, tea, coffee, milk or squash.

Fruit and vegetables

Fruit and vegetables provide fibre and vitamins however they may cause you to feel full quickly. Try to have one small portion each day. Try serving a small portion of fruit with ice cream, cream or yoghurt to increase your energy intake. If you continue to take only small portions of fruit and vegetables a vitamin and mineral supplement may be

necessary. Ask your dietitian for advice.

To fortify your diet

You may need extra calories if you have a poor appetite or are losing weight.

Extra sugar or glucose can be added to drinks, cereals and desserts **only if you do not have problems with your blood sugars e.g. diabetes**. To fortify milk add 4 tablespoons skimmed milk powder to one pint of milk and mix well.

Serve cream, custard or full fat yoghurt with puddings and cakes.

Add butter and cheese to potatoes and vegetables.

Nutritional supplements

They are available if you are unable to get everything you need from your dietary intake:

Milk shake powder e.g. Fresubin/Complan/Build up and Soups are available from your chemist or pharmacist.

Other products including Fresubin, Ensure Plus, Fortisip, Enlive (juice drinks) are available from your G.P. in a variety of flavours.

Please contact your dietitian if you are struggling with eating enough. He/she will be happy to discuss this and other dietary issues.

How long will I be in Hospital?

You should expect to remain in hospital for 7-10 days. This may vary according to the individual. Your progress will be assessed closely by the doctors and nurses. During your first week following discharge you may feel quite vulnerable, so it

is an advantage to have someone at home with you. **If you are worried about returning straight home please speak to your nurse on admission, as the nurses start to plan your discharge with you from the start of your hospital stay.**

Discharge home

Medication

When you are ready for discharge your nurse will explain the drugs, you need to take home with you. You will be given a two week supply of tablets. These may include acid reducing tablets and anti- sickness tablets. You will have some painkilling tablets, which you should take regularly to allow you to cough and breathe deeply without discomfort.

Consult your GP or specialist nurse if your painkillers are not working. When you feel ready to cut them down, try taking one tablet instead of two reducing the dose of medication before reducing the frequency).

Approximately 2-4 weeks after your operation the surgeon will see you as an outpatient.

At home

Exercise

Your physiotherapist will give you information about how to build some form of exercise into your lifestyle. When you go home, you may become quite tired at times, so continue to have a rest after lunch for an hour or so. Don't be afraid to go out. Start with walks around the garden or up the street. You should aim to be able to walk at least 1-2 miles after 6-8

weeks. If it is raining or too cold to go out use your stairs to exercise.

Housework

Light work (e.g. dusting or drying up) can be introduced into your regime when you feel fit and able, usually within the first 1-2 weeks you are at home. Avoid any heavy lifting, pushing or pulling for the first 6-8 weeks.

Alcohol

There should be no reason why you cannot drink alcohol but the effect maybe felt a little earlier than before. Remember that certain medications can react with alcohol.

Showering and bathing

It is sensible to have someone else in the house when you take your first shower/bath, even if no help is needed. Bathing is not harmful to your wound.

Wound healing

Healing of your wound will take place over a period of time as all wounds progress through stages of natural healing.

- **Do not** pull off scabs as these protect new tissue underneath.
- **Seek advice** if the wound becomes very painful, if it starts to discharge or becomes red or inflamed.
- **It is normal** for the wound to tingle, itch, or feel slightly numb.
- **It is normal** for the wound to feel slightly hard and lumpy.
- **it is normal** to experience a slight pulling around the wound.

Gardening

Light gardening such as weeding may be done 2 weeks after discharge. Mowing the lawn and heavy digging should not be done for 6 weeks.

Driving

Everybody recovers differently. In general you should be able to safely resume driving 6 weeks after discharge.

Sexual Activity

Resume sexual intercourse once you feel confident. When your health has recovered you should be able to return more easily to your normal routine.

Back to Work

This depends on your job and on your recovery. Returning to work can be discussed at your clinic appointment. A time frame of 3 to 4 months after you have returned home is reasonable, but remember it is individual. When at work you must also remember to stick to your usual diet routine of “little and often”. If you require advice regarding work and benefits whilst in hospital, ask your nurse who can arrange for you to see a social worker.

Potential problems

Dumping Syndrome

If too much is eaten at once you may feel discomfort, nausea (feeling sick) and perhaps dizzy and hot. This is known as ‘Dumping Syndrome’. This happens because, after your surgery, food passes more quickly than before into the small bowel. Some patients report that it can be aggravated if sweet foods or drinks have been taken. This feeling does not

indicate any damage and will normally disappear in half an hour or so. Eat slowly and in small amounts until you know what you can manage. Avoid eating and drinking at the same time. If you would like more information about this problem, please contact your local specialist nurse (see contact numbers at end of booklet) or contact Marilyn Bolter at Derriford Hospital Tel 01752 431528.

Gaining Weight

It is quite common to continue losing weight after leaving hospital. Try not to worry about it. You may have a feeding tube deliberately left in place. If so, it can be used to give you nourishment through overnight feeds while you are asleep.

You will probably find that you will not return to the weight you were before you became unwell. You will establish a new weight. This can take a long time, maybe 6 months or a year. The 'little and often' eating routine will be a good way to achieve this. When you do not feel like eating much, supplementary drinks such as Fresubin, Complan, Build Up, Fortijuce, Ensure plus, Enlive Plus, etc may help to ensure a balanced intake of nutrients, which is very important. Some of these supplements are available on prescription from your GP. Your dietitian will be pleased to advise you about what is suitable for your needs.

Indigestion

Keeping some food in your system may help to prevent acid (if some stomach is remaining) or bile reaching the throat or mouth, which is very unpleasant. As well as keeping some food in the system there are also medicines that can help prevent acid and bile regurgitation or reduce its formation. Some people find that extra pillows or raising the bed head by about 4-6 inches can be very beneficial.

Swallowing

Swallowing should not be impaired but may feel different at first due to the new connection inside you.

Liquid or soft diets should not be necessary. Eating more solid food actually helps to exercise the new join, and aids swallowing.

'Wind' Problems

This may be a long-term effect. You may have a tendency to "burp" rather more than before as the throat and small intestine are closer together. With time this will lessen.

Diarrhoea

You may experience some changes in bowel habit. Diarrhoea or constipation is common. If you have severe diarrhoea it can be treated so be sure to tell your nurse or GP. If you feel you need dietary advice contact your dietitian.

Vitamin B12 and Anaemia

If all, or a large part of your stomach has been removed, you are likely to develop a type of anaemia resulting from a deficiency in Vitamin B12. Removing all or part of your stomach removes special cells, which absorb vitamin B12 from your diet. Without absorption of this vitamin you will slowly become anaemic. If you are at risk from this type of anaemia you will require a Vitamin B12 injection every 3 months from your GP. There should be no need for iron supplements.

Splenectomy

Sometimes with gastric surgery it is necessary to remove the spleen. Without the spleen there is a small but real risk of developing a serious infection caused by certain bacteria, therefore you will need to take a long term antibiotic to protect yourself against infections in the future.

Remember

We expect your recovery to continue when you go home. You will be asked to come back to outpatients within a few weeks of discharge, where your progress will be monitored.

It may be useful to write down anything that you wish to talk about and you are welcome to bring someone with you.

Fatigue (feeling exhausted most of the time), emotional impact

Everyone has good days and bad days, but due to this operation and any other treatment you may have undertaken prior to surgery, fatigue is a very common experience. This can last for several weeks or months after treatment is completed. There are many ways of combating fatigue and many strategies which can help you manage your everyday activities. For more information contact your local specialist nurse (see contact numbers at end of booklet) or contact Marilyn Bolter, oncology nurse specialist at Derriford Hospital, on 01752 431528.

Similarly, fear, anxiety, depression, changes in mood are all possible for patients undergoing this operation. Your life may feel like it has been turned upside down, and that all your future plans are on hold. Everyone needs support through difficult periods in their life. See information on who to contact for advice page 35.

Will I need any further treatment?

The surgeon will be able to tell you immediately after the operation some details about what was found and what he did, but it can take two weeks for the laboratories to study the samples sent to them and to interpret the findings. This will give a clearer picture and may enable the surgeon to tell you more about the stage of the disease removed. Some patients who had chemotherapy prior to surgery may need more post operatively in order to help reduce the chance of the cancer returning. More information about this is available from your oncology nurse specialist / keyworker.

Who can I contact for advice if I have any questions?

You will already have been offered a cancer nurse specialist (key worker) who has been responsible for co-ordinating your care in your local hospital. When you undergo surgery in Plymouth your Key worker will be Marilyn Bolter (or in her absence Claire Downing). When you are discharged home your local specialist nurse who will take over again as your key worker.

All of the team can be contacted via your key worker. They are available to you, your family and close friends for any questions, concerns or worries during your treatment and after it has ended. They are the main means of communication between all parties involved. The local cancer nurse specialist numbers are outlined on the last page of this booklet.

Help is also available from your GP or by contacting Crownhill Ward directly (open 24hours a day). Contact details for

Crownhill Ward are listed on the page 37 of this booklet.

The Mustard Tree – Macmillan Cancer Support Centre

If you would value the opportunity to talk to someone about how you feel, or just need a break from the usual routine we invite you to visit the Mustard Tree.

The centre is available to anyone affected by cancer at any stage of the illness and offers a comfortable space where you can share your concerns, ask questions and receive support. It is staffed by professionals and trained volunteers many of whom have a personal experience of cancer.

Macmillan Cancer Support Centre (01752) 763672

The centre is open Monday – Friday 09.00 am – 5.00 pm

Local Support Groups

Local support groups have been established in all the trust hospitals in south west. These local meetings provide a focal point for Gastrectomy patients and their carers, to chat and exchange experiences, and hopefully to feel less isolated. Your Specialist Nurse and other Health care professionals also attend the meetings for advice and support. If you are interested in going to one of these meetings please contact your local Specialist nurse (see contact numbers at end of booklet) or contact Marilyn Bolter, oncology nurse specialist at Derriford Hospital, on 01752 431528

Patient Oesophageal Association

Some of the Local support groups are affiliated with The Oesophageal Patients Association, set up by a former patient David Kirby, from Solihull. They support patients who have undergone Gastrectomy as well as Oesophagectomy. Their contact numbers and web page are listed on page 34.

Buddy List

A buddy list has been compiled with names of patients who have undergone the operation and who are willing to talk to new patients.

If you would like to take advantage of this or to be a buddy, please contact: your local Specialist nurse (see contact numbers at end of booklet) or contact Marilyn Bolter, oncology nurse specialist at Derriford Hospital, on 01752 431528.

Where can I find further help or information

NHS Choices web page
www.cancerinfo.nhs.uk

Macmillan Cancer Support (0808 808 0000)
www.Macmillan.org.uk

Oesophageal Patients Association (0121 7049860)
www.opa.org.uk

Cancer Research UK (0300 123 1022)
www.cancerresearchuk.org

Mustard Tree: Macmillan Cancer Support Centre
(01752)763672

Oesophageal Patients Association (0121) 7049860
www.opa.org.uk

This booklet and other local patient information, including a short 'meet the team' film, can be found on:
www.plymouthhospitals.nhs.uk

Contact details

Derriford Hospital Switch board 0845 155 8155

Crownhill Ward 08415 155 8274

Plymouth Nurse Specialist

Mailyn Bolter 01752 431528

Claire Downing 01752 431527

Exeter Nurse Specialist

Frances Robinson 01392 402775

Kevin Mitchell 01392 402775

North Devon Nurse Specialist

Sarah Dowson 01271 314147

Torbay Nurse Specialist

Steve Harris 01803 655890

Clare Harker 01803 655890

Truro Nurse Specialist

Lorna Kennedy 01872 252177

Melanie Murrey 01872 252177

Your Plymouth Dietetic team:..... 01752 792266

This booklet and other local patient information can be found on: www.plymouthhospitals.nhs.uk

**This leaflet is available in large print and
other formats and languages. Contact:
Administrator
Tel. 01752 431344**

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