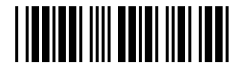
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香港浸信會醫院
Hong Kong Baptist Hospital

Procedure Information Sheet

Introduction

Surgical resection of the stomach is most commonly performed as treatment for malignancy. It is also sometimes indicated for benign pathology in the stomach such as gastrointestinal stromal tumor. An adequate surgical resection remains the only effective treatment which offers a chance of cure or long term survival in cancer of the stomach. Furthermore, a palliative resection whenever feasible is also more effective in relieving symptoms such as obstruction, bleeding and perforation.

Indication

Gastric Malignancy or benign gastric tumour not amenable to endoscopic resection.

The Operation / Procedure

The operation is carried out under general anesthesia. Surgical approach may include conventional open or minimally invasive techniques:

1. Conventional open gastrectomy is suitable for all operable gastric cancers and generally involves a midline incision in the upper abdomen and follows all the surgical principle listed below.
2. Minimally invasive gastrectomy is suitable for most operable gastric cancers and generally involves five 1 to 4 cm incisions in the upper abdomen and the procedure is carried out laparoscopically. This approach requires pneumoperitoneum, which is gas insufflated abdomen. It is therefore not suitable for patients whom have poor physiological tolerance to an insufflated abdomen such as severe respiratory and kidney diseases. However, it is currently accepted that the minimally invasive approach is suitable for early stage gastric cancers and this approach may hasten patient recovery due to less access trauma compared with conventional open approach.

Before the Operation / Procedure

1. Nasogastric tube and Foley's catheters might be inserted with the purpose to empty the stomach and bladder for the surgery and post-operative monitoring.
2. One to two tubal drains within the abdominal cavity to avoid intra-abdominal collection following extensive dissection for lymphatic clearance.

After the Operation / Procedure

1. Pain relief is usually well managed with the epidural anesthesia or patient-control-anesthesia.
2. Early ambulation, vigorous breathing and coughing exercise are much encouraged. These help to reduce the chance of chest infection, urinary retention as well as venous thrombosis.
3. Patients undergoing total resection of stomach are prone to anaemia due to impaired vitamin B12 absorption. Hence, supplement in form of regular intra-muscular injection is required.
4. According to individual's tolerance, some form of dietary adjustment is likely especially in the early post-operative period. Frequent small meal is advisable.
5. Post-operative adjuvant treatment, such as chemotherapy and radiotherapy, may be considered in selected cases.

Risk and Complication

Surgical risks associated with gastrectomy occur in 1-5% and include:

1. Intra-operative / post-operative bleeding in view of the extensive field of dissection.
2. Anastomotic leakage.
3. Intra-abdominal collection and abscess.
4. Fistulation – e.g. pancreatic fistula.
5. Chest complications such infection and pneumonia, pleural fluid collection.
6. Late sequelae – bowel disturbance, dumping syndrome, mal-nutrition, anaemia etc.
7. Mortality from gastrectomy occurs in less than 1% of case.

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

Smart Patient Website of Hospital Authority: Gastrectomy (2017)

Patient's Label
Patient Name: ______________
Hospital No:________________
Episode No:________________

Patient's Signature:__________________ Date:_____________