



Patient & Family Guide

2024

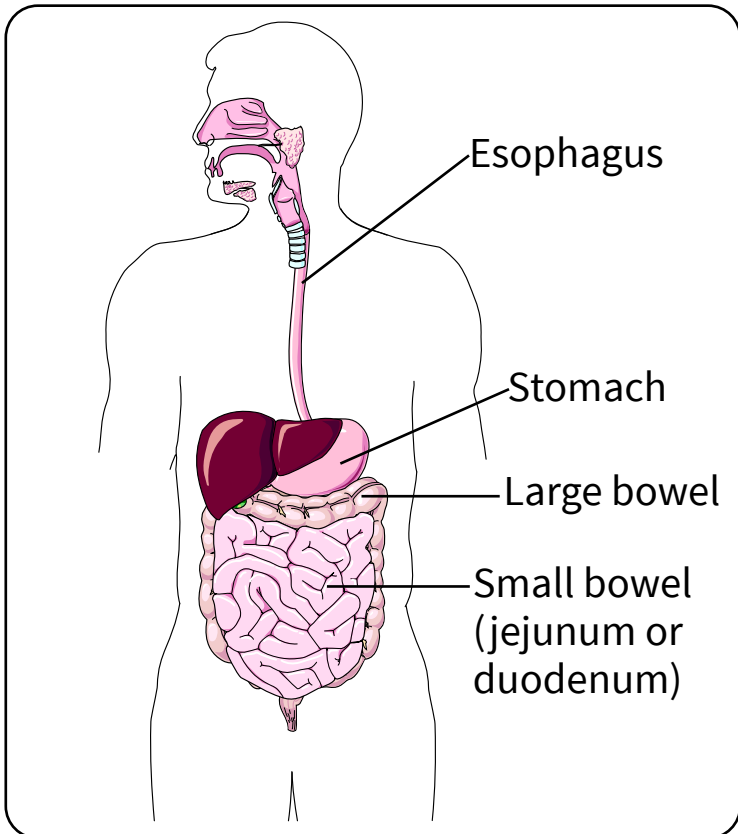
# Gastrectomy



[www.nshealth.ca](http://www.nshealth.ca)

# Gastrectomy

- Your surgeon has arranged for you to have surgery to remove part, or all, of your stomach. This is called a gastrectomy.
- If part of your stomach is removed, the rest may be attached to part of your small bowel (also called the jejunum or duodenum). This is called a gastroenterostomy or partial gastrectomy.
- If all of your stomach is removed, your esophagus will be attached to your small bowel.



## Before your surgery

- Please read pamphlet 1395, *Planning for Your Hospital Stay After Surgery - Halifax Infirmary (HI), Victoria General (VG), Dartmouth General Hospital (DGH)*:

- › Visit [www.nshealth.ca/patient-education-resources/1395](http://www.nshealth.ca/patient-education-resources/1395)

**OR**

- › Scan the QR code on your smartphone (open the camera on your smartphone, point the camera at the code, and tap the banner or border that appears):



## After your surgery

- You will be taken to the recovery area. We will check your breathing, pulse (heart rate), and blood pressure often.
- When you are fully awake and you are ready to be moved, we will take you to your hospital room.

## Eating and drinking

- You may have a tube placed into your nose and through to your stomach. It will be attached to a small suction machine. While the tube is in place, you will not be able to eat or drink. This helps prevent nausea (feeling sick to your stomach).
- The tube may be in place for 2 to 3 days or longer. Your nurse will give you a swab to wet your mouth.

- You will have an intravenous (I.V.) tube in a vein in your hand or arm. You will get liquids, salts, and some sugar through the tube until you are able to eat and drink by mouth.
- Before the tube can be taken out, you may need to have an X-ray or a test where you drink blue Gatorade®. This is to check for leaks.
- After the tube is taken out, you will be able to have clear fluids. Once your health care team is able to hear bowel sounds and you are able to pass gas, you will be able to eat solid food.
- A dietitian will meet with you before you are discharged. They will explain the eating guidelines you must follow.

## **Managing pain**

- It is common to have pain after surgery. We will give you pain medication, as needed. We recommend taking pain medication regularly for the first 24 hours (1 day) after surgery and before doing any activity. Your nurse will help you to plan your activities for when you take your medication.
- You may get pain medication after surgery through a catheter (tube) in your back (epidural). Your anesthesiologist (doctor who puts you to sleep for your surgery) will talk with you about this before your surgery.

## Activity

- Move your legs and wiggle your toes often to help with blood flow. This prevents blood clots from forming in the veins in your legs.
- **The first time you get out of bed, ask your nurse to help you. Do not try to get up on your own. This is for your safety.**
- Slowly become more active over time. Although you may be in pain, it is important to get up and move around as much as you are able.
- To prevent pneumonia (lung infection), you will be asked to do deep breathing exercises every 1 to 2 hours.

## At home

### Eating and drinking

- Follow the eating guidelines your dietitian gave you at the hospital.
- It may take a while for your appetite to return to normal.
- Ask your primary health care provider about using stool softeners or laxatives (medication to help you poop), if needed. Remember that you do not need to have a bowel movement (poop) every day to be healthy.

## Care of your incision (cut)

- Your incision will be closed with staples or Steri-Strips™ (strong pieces of tape).
  - › If you have staples, you will be given an appointment with your surgeon or your primary health care provider (family doctor or nurse practitioner) to remove them 7 to 10 days after your surgery.
  - › If you have Steri-Strips™, you can peel them off when they get loose. This is usually about 7 to 10 days after surgery.
- You may shower 48 hours (2 days) after your surgery. Pat your incision lightly to wash and dry it. **Do not** rub your incision. If your bandage must be left on, tape plastic wrap over it to keep it dry before you shower.
- Call your primary health care provider or 811 right away if you have any drainage or more redness from the incision. **This could be a sign of infection.**

## Managing pain

- You may be prescribed medication for pain or soreness for a short time. Follow the directions on the package.
- Pain medication may cause constipation (not being able to poop). Ask your primary health care provider about using stool softeners or laxatives, if needed.
- **Do not drink alcohol while taking pain medication.**

- **Do not drive while taking pain medication.**

## **Activity**

- You may find that you get tired easily and need extra rest. Your energy will return over time.
- Start with activities like:
  - › Light housework
  - › Making small meals
  - › Riding (not driving) in a car for short distances
- Walking is the best exercise after surgery. Start slowly and walk further each day.

## **For the next 6 weeks, do not:**

- › lift anything heavy (like children, laundry, groceries, luggage).
- › move furniture, mow the lawn, or shovel snow.
- › ride for a long time in a car. If you must, have someone else drive.
- › do any strenuous (hard) exercise.
- You can go back to having sex when you feel well enough.

## **Follow-up care**

You will have a follow-up visit with your primary health care provider a few weeks after you go home. It is very important that you keep this appointment.

## **Going back to work**

When you can go back to work will depend on your overall health, recovery, and the type of work you do. Talk about this with your surgeon.

## Call your primary health care provider if you have:

- › Fever (temperature above 38 °C or 100.4 °F)
- › Chills
- › Nausea or vomiting (throwing up)
- › More redness, swelling, or warmth around the incision
- › More pain or tenderness around the incision
- › Drainage from the incision
- › Edges of the incision come apart

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find this pamphlet and all our patient resources here:  
<https://library.nshealth.ca/Patients-Guides>

Connect with a registered nurse in Nova Scotia any time:  
Call 811 or visit: <https://811.novascotia.ca>

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The information in this pamphlet is to be updated every 3 years or as needed.