



Patient & Family Guide  
2018

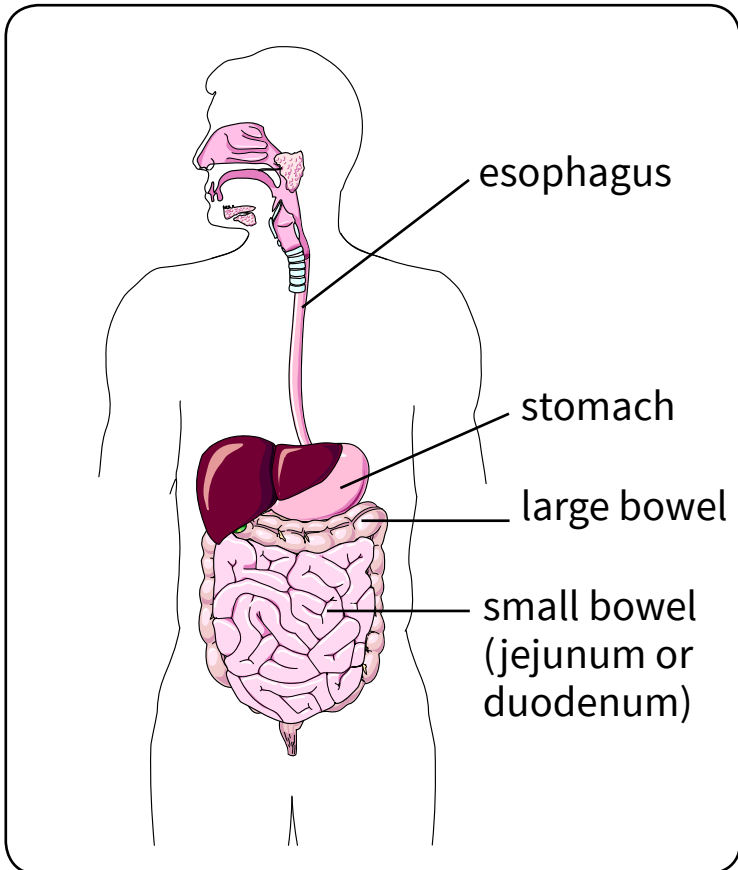
# Gastrectomy



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# Gastrectomy

Your surgeon has arranged for you to have surgery on your stomach (gastrectomy). Your surgeon will remove part, or all, of your stomach. If part of your stomach is removed, the rest may be attached to part of your small bowel (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 the pamphlet *Planning for Your Hospital Stay after Surgery* to learn about what will happen during this time.

## **After your surgery**

- You will be taken to a special recovery area. Your breathing, pulse, and blood pressure will be checked often.
- When you are fully awake and stable, you will go to your hospital room.

## **Eating and drinking**

- A tube may be placed into your nose and down to your stomach. It is attached to a small suction machine. This tube will keep your stomach empty and help to prevent nausea (feeling sick to your stomach). The nurse will give you swabs to wet your mouth. The tube may be in place for 2-3 days or longer. Sometimes an X-ray is done before the tube is taken out. After the tube is taken out, you will be given sips of fluid. When you are ready, your doctor will order food for you.
- You will have a small plastic tube (intravenous or IV) in your arm until you are able to eat and drink. This will give you liquids, salts, and some sugar.

- Bowel sounds will be heard when the normal actions of the bowels return. Your nurse will be checking your bowels.
- You may see a dietitian before you leave the hospital. They will talk with you about the special diet that you must follow.

### **Incision (cut)**

- Your wound will be closed with staples or Steri-Strips™ (special tape).
- If you have staples, you will have an appointment with your surgeon or family doctor to remove them 7-10 days after surgery.
- If you have Steri-Strips™, they can be peeled off when they get loose. This is usually about 7-10 days after surgery.

### **Discomfort and pain**

- It is normal to have pain after surgery. Pain medication will be given, as needed. We recommend taking pain medication regularly for the first 24 hours 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 will talk about this with you before your surgery.

## **Activity**

- Move your legs and wiggle your toes often to help blood flow. This prevents blood clots from forming in the veins in your legs.
- Your nurse will help you to get out of bed. You will slowly increase your activity over time. Although you may have discomfort, 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 1-2 hours.

## **At home**

### **Food**

- Follow the special diet as told by your dietitian at the hospital.
- It may take a while for your appetite to return to normal.
- Ask your family doctor 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

- You may shower 2 days after your surgery. Pat your incision lightly to wash and dry. Do not rub your incision. If your bandage must be left on, tape plastic wrap over it to keep it dry.
- There should not be any drainage or increased redness from the incision.

## Managing pain

- You may take pills for pain or soreness at home for a short period of time. Take the pills as instructed.
- Watch out for constipation (not being able to poop). Ask your family doctor about using stool softeners or laxatives, if needed.
- **Do not drink alcohol while taking pain pills.**

## Activity

- You may find that you tire easily and need extra rest. Your energy will return over time.
- Some examples of good activities are: light housework, making small meals, and riding as a passenger in a car for short distances.
- Walking is the best exercise after surgery. Start slowly and increase how far you walk each day.

- For the next 6 weeks **do not**:
  - › lift anything heavy (e.g., children, laundry, groceries, luggage, etc.)
  - › move furniture, mow the lawn, or shovel snow
  - › take a long car trip – if you must take a long car trip, have someone else drive
  - › do any strenuous (hard) exercises
- You can go back to sexual activity (sex) when you feel well enough.
- Do not drive while taking pain pills.

## **Followup care**

You will have a followup visit with your family doctor a few weeks after you go home. It is very important that you keep this appointment.

## **Going back to work**

Your general health, recovery, and type of work will determine when you can go back to work. Talk about this with your doctor.

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

- › fever and chills
- › nausea and vomiting (throwing up)
- › increased redness, swelling, or warmth around the incision
- › increased pain or tenderness around the incision
- › separation (coming apart) at the edges of the incision
- › drainage from the incision

### Looking for more health information?

Find this pamphlet and all our patient resources here: <http://library.nshealth.ca/PatientGuides>

Contact your local public library for books, videos, magazines, and other resources.

For more information, go to <http://library.novascotia.ca>

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

Learn about other programs and services in your community: call 211 or visit <http://ns.211.ca>

*Nova Scotia Health Authority promotes a smoke-free, vape-free, and scent-free environment.*

*Please do not use perfumed products. Thank you!*

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