

Questions?

Weekdays from 8 a.m. to 4 p.m., call the Surgical Specialties Nurse Advice Line at 206-598-4549.

After hours and on weekends and holidays, call 206-598-6190 and ask for the resident on call for Surgery to be paged.

Or, ask for your surgeon to be paged:

Dr. _____

Return to Work

How much time you take off work depends on what you do for a living. Most people take 6 weeks to a few months off to recover after this operation. Return to work when you feel ready. Some patients choose to start back part-time, then work more as their energy allows.

Call the Nurse Advice Line or Your Doctor If You Have:

- Bleeding or drainage that soaks your dressing
- A fever higher than 100.5°F (38°C)
- Shaking and chills
- Any sign of infection in your incision:
 - Redness
 - Increasing pain
 - Swelling
 - Foul-smelling drainage
 - A change in the type or amount of drainage
- Nausea and/or vomiting
- Concerns that cannot wait until your follow-up visit

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Surgical Specialties Center

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Gastrectomy

What to expect and how to prepare for your operation

A gastrectomy is surgery to remove part or all of your stomach. It is most often done to remove a tumor or treat severe ulcers.

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**Remember:
Do not take
any aspirin or
other products
that affect
blood clotting
for 1 week
before your
operation.**

How to Prepare for Your Operation

Things to Remember

- **Aspirin and other medicines:** Do **not** take any aspirin or other products that affect blood clotting for 1 week before your operation. Two of these are ibuprofen (Advil, Motrin) and naprosyn (Aleve, Naproxen). See attached sheet for more information.
- **Shaving:** Do **not** shave any part of your body that you do not already shave every day. If you normally shave near your surgical site, do **not** shave that area for 2 days (48 hours) before your surgery.
- **Hospital stay:** You will stay in the hospital for 7 to 10 days after your operation. When you go home, you will need someone to help you prepare food and do household chores for 2 to 3 weeks.
- **Coughing and deep breathing:** Your nurse will teach you coughing and deep-breathing exercises. These are important to do after surgery to help prevent pneumonia.

24 Hours Before Your Operation

Things to Do

- **Take 2 showers:** Take 1 shower the night before, and a second shower the morning of your operation. Use the antibacterial soap your nurse gave you to wash your body.

First Follow-up Visit

At your first clinic visit after your operation, your nurse and doctor will talk with you about how you are doing at home. They will want to know how your appetite is, what your calorie intake is, and how your bowels are working. If you are getting liquid tube feedings, they will ask you how that is going and will check your weight. They will check your incision and remove your surgical staples.

Your doctor and nurse will also ask how your pain is, what pain medicines you are taking, what activities you are doing, and when you plan to return to work.

Exercise

- Walking every day will help speed your recovery. Slowly increase how far you walk.
- Do **not** lift anything heavier than 10 pounds for 6 weeks after your operation.
- You may resume sexual activity when it is comfortable and desirable. If you have any questions, talk with your doctor or nurse.

B12 Injections

After a gastrectomy, your body can no longer absorb vitamin B12. Your body needs B12 to produce healthy red blood cells and keep your nervous system healthy.

You will need to get monthly B12 shots from your primary care doctor for the rest of your life.

You will need someone to pick you up from the hospital and help you at home for the first week or longer.

Activity

Every day you will become more active. Moving around is very important to prevent pneumonia in your lungs and blood clots in your legs.

Your nurse will help you sit on the edge of your bed on the day of your operation. The day after your operation, you will get up and sit in a chair. You will also begin to walk. Two days after your operation, you will walk in the hall. As your strength returns, you will be encouraged to do more.

Bowel Movements

It will be several days after your operation before you have your first bowel movement. After you go home, your bowels may still be irregular.

If you have diarrhea that does not go away in 2 or 3 days, or nausea and/or vomiting, call your nurse. Avoid getting constipated. Please read the handout "Constipation After Your Operation."

Bladder Catheter

You may have a catheter in your bladder for 3 to 5 days after surgery. It will be removed when you can get up and use the bathroom.

Precautions and Self-care to Speed Your Recovery

Shower

You may shower every day. Do not take a bath, sit in a hot tub, or swim until your incision is healed. This will take about 4 weeks.

Do **not** use the antibacterial soap on your face and hair. (See directions that came with the soap.) Use your own soap and shampoo on your face and hair. Use clean towels to dry off, and put on clean clothing.

- **Arrival time:** The pre-surgery nurse will call you by 5 p.m. the night before your operation. If you are having surgery on a Monday, the nurse will call you the Friday before. If you do not hear from the pre-surgery nurse by 5 p.m., please call 206-598-6334.

The pre-surgery nurse will tell you when to come to the hospital and will remind you:

- Not to eat or drink after a certain time.
- Which of your regular medicines to take or not take.
- To sip only enough water to swallow your pills.
- **Heating blanket:** To reduce your risk of infection, you will be covered with a heating blanket to warm your body while you wait to go into the operating room. Ask for a heating blanket if you do not receive one.

What to Expect After Your Surgery

Waking Up After Your Operation

You will wake up in the recovery room. You will feel sleepy.

You will have:

- An **IV** (flexible tube) in your vein, which will be used to give you medicine for pain and nausea.
- A **catheter tube** inserted into your bladder to drain your urine.

- One or more **drains** (tubes) in your abdomen. These remove excess fluid that builds up after your operation. The drains will be removed when your drainage lessens.
- **Sequential compression devices (SCDs)** on your legs. These are inflatable stockings that help with blood flow to keep blood clots from forming.

You may also have:

- An **epidural catheter** in your back to give you pain medicine. Your anesthesiologist will decide if this will help you.
- A **gastrectomy tube** inserted through your skin and into your stomach. This tube will drain air and fluid out of your stomach until your body can digest again.
- A **feeding jejunostomy tube** inserted through your skin into your small intestine. You will receive high-nutrition liquid food through this tube.

Recovering in Your Hospital Room

Incision Care

Your doctor will talk with you about which incision will be used for your operation. It will be either vertical, down the middle of your abdomen, or transverse, across your abdomen. The incision will be closed with surgical staples.

Not putting stress on your abdomen will improve healing. Do **not** lift anything heavier than 10 pounds for 6 weeks after your operation.

When you go home, you will be asked to check your incision every day. Tell your doctor if you have any of the signs of infection listed on the last page of this handout.

Pain Management

You will probably have a pain-medicine pump called a PCA (patient-controlled analgesia) for 1 to 4 days after your operation. This will allow you to get pain medicine when you need it. The anesthesiologist may also talk with you about having an epidural catheter to control pain after your operation.

When you go home, use the pain medicine your doctor prescribed for you. It is important to take it before your pain is severe.

Nutrition

You will not be allowed to eat anything by mouth on the day of your operation. You will receive fluids through your IV to keep you from getting dehydrated.

As your intestines recover from your operation, you will pass gas. After this happens, you will be able to drink clear liquids. When you can drink clear liquids and not feel nauseous, your doctor will add regular foods back into your diet.

Your dietitian will plan a special diet for you that will meet your calorie needs.

If you have a feeding tube (*jejunostomy*), it may be used to give you more calories until you can eat. If you need tube feedings at home, we will help arrange for a company to provide the supplies. A visiting nurse will follow your progress. You may have the feeding tube for up to 3 months.